ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY

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JANINE R. COLEBRA

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APPROVAL SHEET

In partial fulfilment of the requirements for the degree, **MASTER OF SCIENCE IN NURSING**, this thesis entitled **"ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY"**, has been prepared and submitted by **JANINE R. COLEBRA** who, having passed the comprehensive examination and pre-oral defense, is hereby recommended for final oral examination.

May 09, 2019
Date

RHEAJANE AGUILAR-ROSALES, DM
Instructor, SSU
Adviser

Approved by the Committee on Oral Examination on May 09, 2019 with a rating of **PASSED**.

ESTEBAN A. MALINDOG, JR., Ph.D.
Dean, College of Graduate Studies, SSU
Chairman

RONALD L. ORALE, Ph.D.
Vice President for Research, Development and Extension Services, SSU
Member

DOLORES L. ARTECHE, DScN
Dean, College of Nursing, SSU
Member

BEGONIA YBOA
Instructor, SSU
Member

Accepted and approved in partial fulfilment of the requirements for the degree, **MASTER OF SCIENCE IN NURSING**.

July 29, 2019
Date

ESTEBAN A. MALINDOG, JR., Ph.D.
Dean, College of Graduate Studies, SSU

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The researcher humbly dedicates this work to Almighty God for His blessings and guidance in every step of the way.

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Janine R. Colebra

ABSTRACT

Animal bite is one main health problem in the Philippines causing a number of deaths in the different parts of the county. One reason for the numerous deaths can be accounted to the presence of rabies virus which is a consequence of a bite or scratch of an animal. Rabies causes death although this viral disease is a vaccine-preventable one. Thus, DOH considered rabies a neglected disease. This study utilized the descriptive-correlational method of research to determine the knowledge on rabies and animal bite management practices among communities in Catbalogan City. In gathering the needed information, the researcher used questionnaire as its principal data-gathering instrument.

In this study, it was found out that most of the respondents believed that rabies could be transmitted through biting of dog and cat, however, some of them were not aware on other animals capable of releasing rabies virus. Also, they believed that death and rabies are consequences of animal bite to individuals. Thus, majority of the respondents distinguished the need for vaccination. Furthermore, the respondents' practices after animal bite was in accordance with their knowledge on rabies. Therefore, this study recognized the need to raise awareness about rabies in the community since an increase of knowledge in rabies also means an increase of possible ways and practices to prevent rabies.

Keywords:*Animal Bite, Community, Knowledge, Practices, Management, Rabies*

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Chapter 1

THE PROBLEM AND ITS SETTING

Introduction

Animal bites pose a major public health problem in children and adults and is considered one of the significant causes of morbidity and mortality worldwide since rabies infection caused by animal bites result to tens of thousands of deaths every year, mainly in Asia and Africa (WHO, 2019). Also, dog bites account for tens of millions of injuries annually. Additionally, according to World Health Organization (2018) the health effects of animal bites are reliant on the type of animal, health of the animal species, and also on the size of the person involved, health of the bitten person, and ease of access to appropriate health care.

Furthermore, bites of an animal can turn into infection or virus called rabies. Rabies is a viral zoonosis or a disease, which can be transmitted from animals to humans affecting the central nervous system of warm-blooded animals. The tragedy is that there is no treatment for rabies once the patient begins to show symptoms and usually dies within 10 days (Uy, 2011). Fever, headache, anxiety, confusion, difficulty swallowing, and paralysis are some of the symptoms of rabies (Ong, 2014). Transmission occurs when saliva containing the rabies virus is introduced into an opening in the skin, usually via the bite of a rabid animal. Transmission of rabies virus may also occur but in rare cases

through infected saliva contacting mucous membranes or might be a scratch or other break or opening in the skin (Wilson & Rohde, 2015).

The bite or scratch causing rabies virus comes from different sources. However, the most common and considered the principal reservoir of rabies in the Philippines are dogs. They are responsible for rabies virus transmission to humans that comprise 99% of the cases (WHO, 2018). Aside from this animal, rabies can also be released by domestic animals like cattle, carabao, pigs, goats (DOH, 2012). Additionally, Kim (2015) emphasized that bats are also able to transfer the rabies virus to humans via bites and scratches.

The rabies virus coming from those animals especially dogs continue to be a public health problem. It is estimated to cause 59,000 human deaths annually in over 150 countries, with 95% of cases occurring in Africa and Asia (WHO, 2018). In addition, Philippines ranked third worldwide in rabies incidence in 2000. And for the past 10 years, animal bite cases have been increasing. In 2010, there were 266, 220 animal bite cases and these continued to increase. It reached 1, 229, 607 animal bite cases in 2017. Rabies is also responsible for the death of 219 Filipinos in 2017. For those animal bite cases reported, dogs remain the principal cause of animal bites and rabies cases. It has a total percentage of 74.9 when compared to other sources of rabies. Cats comprise only the 20.4%, and the remaining percentage comes from other sources (DOH, 2017).

Moreover, rabies cannot only cause injury, but also death even though rabies is a vaccine-preventable viral disease. Even if there are ways to prevent the disease, still, a number of cases continue to rise. Thus, there is a need to increase the knowledge and

awareness of people regarding rabies virus. As according to Dr. Deray, one way to help reduce incidents of deaths is through dispelling myths about rabies (Uy, 2011).

Region VIII ranked 7 with the highest human rabies cases in 2016 which included 10 human rabies death cases. In 2017, human rabies death in Region VIII recorded a total number of eight (8) cases. One of those cases occurred in Sta. Rita, Samar. Other cases occurred in Leyte, Baybay City and Northern Samar (DOH, 2017). Therefore, rabies continues to be a significant public health problem in Region VIII. In fact, there were eight (8) human rabies deaths and 28, 789 animal bite cases reported by the region to the DOH-National Center for Disease Prevention and Control (NCDPC) in 2018 (DOH, 2018).

Reflecting on the data presented, the researcher was motivated to conduct this study; as it concerns the welfare of everyone. Knowing that rabies continues to be a public health problem, people must be aware of what rabies is in order for them to identify and recognize ways of prevention and management of rabies.

Statement of the Problem

This study aimed to determine the knowledge on rabies and animal bite management practices among communities in Catbalogan City. Specifically, it sought to answer the following questions:

1. What is the profile of the respondents in terms of;
    1.1 age and sex;
    1.2 educational attainment;

1.3 monthly income; and

1.4 distance to animal bite treatment center?

2. What is the prevalence rate of animal bite cases in Catbalogan City from 2014-2018?

2.1 data from hospital and clinic records; and

2.2 data from community cases

3. What is the knowledge of the respondents about rabies in terms of;

3.1 Rabies Transmission;

3.2 Source of Information about Rabies;

3.3 Consequences of Animal Bite;

3.4 Symptoms of Rabies Infection in Animals;

3.5 Anti-Rabies Vaccine; and

3.6 Treatment and Prognosis of Rabies?

4. What are the practices of the respondents after animal bite in terms of;

4.1 Immediate Action after Animal Bite;

4.2 Prevention and Control of Rabies;

4.3 Time Interval of Taking Local Treatment; and

4.4 Seeking Medical Help in Animal Bite Cases?

5. Is there a significant relationship between the profile of respondents and their knowledge on rabies?

6. Is there a significant relationship between the profile of respondents and the practices after animal bite?

7. Is there a significant relationship between the knowledge on rabies and the practices of the respondents after animal bite?

Hypotheses

This study was intended to assess the knowledge on rabies and animal bite management practices among communities in Catbalogan City. Based on the research questions, the following null hypothesis were tested:

1.There is no significant relationship between the profile of respondents and their knowledge on rabies.

2. There is no significant relationship between the profile of respondents and the practices after animal bite.

3.There is no significant relationship between the knowledge on rabies and the practices of the respondents after animal bite.

Theoretical Framework

This study was anchored on the theory of Social Cognitive Theory, Health Belief Theory, and, The Theory of Planned Behaviour (TPB).

Social Cognitive Theory is a learning theory developed by Bandura. This theory provides a framework for understanding how people actively shape and are shaped by their environment. This emphasizes that humans learn not only through their own experience, but also by observing actions of other people and the outcome of those actions. Thus, a person would try to imitate what he observed from others to gain the same outcome or result. Moreover, in this theory, a person is viewed as an active agent who is influenced by his surroundings and may also be the one to effect and influence actions to others (Vinney, 2019). Therefore, a person who is bitten by an animal tends to look into the actions done by the people around him when faced with same scenario, thus, emphasizing the strong influence of his environment in making decisions as to what actions or practices to be made.

Additionally, another theory which serve as guide to the researcher is called The Health Belief Model or The Health Belief Theory. This theory emphasizes that a person's willingness to change his/her health behaviors is primarily due to the idea that people will not change their health behaviors unless they believe that they are at risk. Also, the chance that a person will change his health behavior depends on how serious he or she considers the consequences to be (Boskey, 2019). This shows why people still often play with animals like dogs and cats even if they are aware of the possibility of those animals releasing rabies virus. People tend to neglect the harmful effect of the virus because they will only realize its risk when consequences arise.

The Theory of Planned Behavior (TPB) was developed by social psychologists and has been widely employed as a tool to aid our understanding of a variety of behaviors including health behaviors. The TPB details how the influences upon an individual determine that individual's decision to follow a particular behavior. According to the TPB, individuals are likely to engage in a health behavior if they believe that the behavior will lead to particular outcomes which they value, if they believe that people whose views they value think they should carry out the behavior, and if they feel that they have the necessary resources and opportunities to perform the behavior (Conner, 2001). Health care facilities, pharmacological companies, and even governments employ the key concepts of TPB in studying and predicting human behavior on matters such as disease prevention, birth control, and family planning, to name a few (Martin, 2017).

Conceptual Framework

Figure 1 presents the entire study, what it is about and how it was conducted. As reflected in the diagram, the study makes an attempt to determine the respondents' knowledge on rabies and animal bite management practices.

The said figure shows the conceptual framework of the study. At the bottom of the diagram are the research environment and the identified respondents of this study, the communities in Brgy. Canlapwas, Brgy. Mercedes, Brgy. Maulong, Brgy. Lagundi, Brgy. Old Mahayag, and Brgy. San Vicente. The bigger frame represents the first variable that shows the demographic profile of the respondents in terms of: age, sex, educational

attainment, monthly income, and distance to Animal Bite Treatment Center. The second variable is Knowledge about Rabies which includes Rabies Transmission, Source of Information about Rabies, Consequences of Animal Bite, Symptoms of Rabies Infection in Animals, Anti-Rabies Vaccine, and Treatment and Prognosis of Rabies. The third variable is on Practices of the Respondents after Animal Bite which includes Actual Practices after Animal Bite, Methods for Prevention and Control of Rabies, Knowledge about Time Interval for Taking Local Treatment, and Knowledge on Seeking Medical Help in Animal Bite Cases. As indicated by the double headed-arrow, relationship between the dependent variables (Knowledge on Rabies and Practices after Animal Bite) was determined. Moreover, all the data that were gathered from the respondents were statistically analyzed and interpreted to determine if there was a significant difference between the variables.

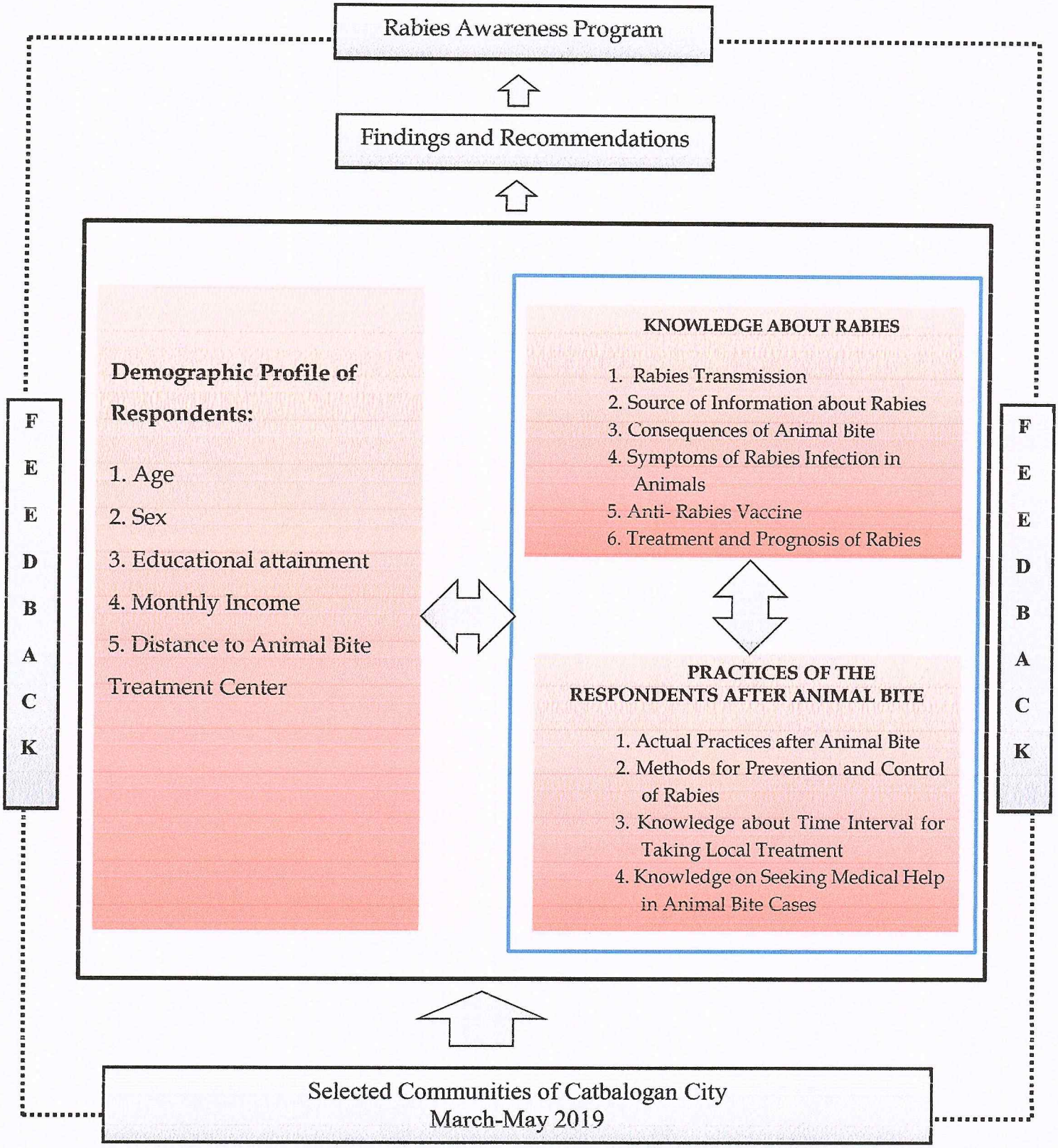

Figure 1. The Conceptual Framework of the Study

Significance of the Study

This study would be beneficial to the community, Health personnel, University, Local Government Unit, and future researchers in terms of increasing level of awareness regarding rabies.

Community. This will help the community understand rabies and become a responsible pet owner. Also, it will inform them as to whom they should seek help and find ways in the prevention and management of the problem.

Health Personnel. This will make them gain insights regarding their patient's needs which would determine if there is a need for further client education. The findings of this study will also aid them in redirecting the preventive treatment of the patients in order to obtain accurate result.

University Extension/CONHS Extension Area. This will help the university to determine what program to be developed and executed that will make their students, faculty, and even the community aware of rabies and its prevention.

Local Government Unit. This will help them strengthen their health care services to individuals, family, and to the community. Also, this study will give them an idea to make policies and ordinances regarding pet ownership in order to lessen animal bite and rabies cases.

Future Researchers. This will serve as their model in remarking other theses that are specifically related to this study. Furthermore, this will help them obtain other results

for comparing and analyzing the respondents' knowledge on animal bite management and practices after animal bite in relation to this study.

Scope and Delimitation of the Study

The primary focus of this study was to gather data of communities in Catbalogan City regarding their knowledge on rabies and practices after animal bite and to correlate it with the respondents' identified demographic profile. Also, it made use of a questionnaire-checklist.

The study participants were taken from the 10%, nine (9) barangays of the total barangays in Catbalogan City which were suggested by the panel or expert validators of this study. For the purpose of equal representation, the participants were taken from the top-three barangays with highest number of rabies cases, three (3) middle barangays, and bottom-three the bottom 3 barangays with the least rabies cases. These barangays include Brgy. Canlapwas, Brgy. Mercedes, Brgy. Maulong, Brgy. Estaka, Poblacion 1, Brgy. Pupua, Brgy. Lagundi, Brgy. Old Mahayag and Brgy. San Vicente. This study was conducted in the months of March to May 2019.

Definition of Terms

Animal Bite. This term refers to an injury caused by the mouth and teeth of an animal (Spencer & Banerjee, 2018).These bites can cause pain and other problems, especially when they become infected (American Society for Surgery of the Hand, 2019).

In the study, this term was the focus or emphasis since the management practices of the respondents when bitten by an animal were determined.

Community. This term refers to a group of species who reside in a designated geographic area and who share common interest or bonds (Mosby's Pocket Dictionary of Medicine, Nursing and Allied Health 4th Edition, 2002). In the study, this term serves as the respondents of the study, specifically, the selected communities in Catbalogan City such as Brgy. Canlapwas, Brgy. Mercedes, Brgy. Maulong, Brgy. Lagundi, Brgy. Old Mahayag, and Brgy. San Vicente.

Knowledge. This term refers to information, understanding, or skill that you get from experiment and learning process. In the study, this term refers to the general awareness or possession of information, facts, ideas, truths, or principle toward rabies.

Management. This term is in connection with the functions of planning, organizing, directing, controlling, and the application of these principles (Management Study HQ, 2019). In the study, this term refers to the ways or processes of preventing rabies.

Practices. This term refers to anything a person does regularly (Twichell, 2013). In the study, this term refers to the actions performed by the respondents after bitten by an animal.

Rabies. This term refers to an acute, usually fatal viral disease of the central nervous system of mammals. It is transmitted from animals to people through infected saliva (Mosby's Pocket Dictionary of Medicine, Nursing and Allied Health 4th Edition, 2002). In the study, this term serves as the focus of the study because the knowledge of the respondents of this term was determined.

Chapter 2

REVIEW OF RELATED LITERATURE AND STUDIES

Significant literatures and studies that take into some aspects of this research had been surveyed and reviewed to have better insights in conducting the present study. This chapter presents the review of related literatures and studies gathered by the researcher to support the study.

Related Literature

The following related literatures were taken from reading materials that are relevant to the present endeavor of the researcher.

Rabies is caused by the rabies virus which infects the brain and ultimately leads to death. The virus is deposited in the muscle and subcutaneous tissue after being bitten by a rabid animal and it stays close to the exposure site for most of the incubation period (which is usually one to three months). Then, it travels via peripheral nerves to the brain and from there, again via peripheral nerves, to nearly all parts of the body (Balentine and Stöppler, 2016). The time for the infection to develop for rabies, or also called the incubation period, can be as short as few days, but it can also last as five years. However, roughly 95% of people who are infected by a rabid animal usually develop the disease within a year (Uy, 2016). It is commonly too late to save the patient when the symptoms of rabies appear already (Newman, 2017).

Rabies transmission usually occurs through the bite of a rabid mammal shedding the virus in its saliva. Non bite exposures such as scratches and licks can also lead to rabies infection (Robertson & Johnson, 2012).

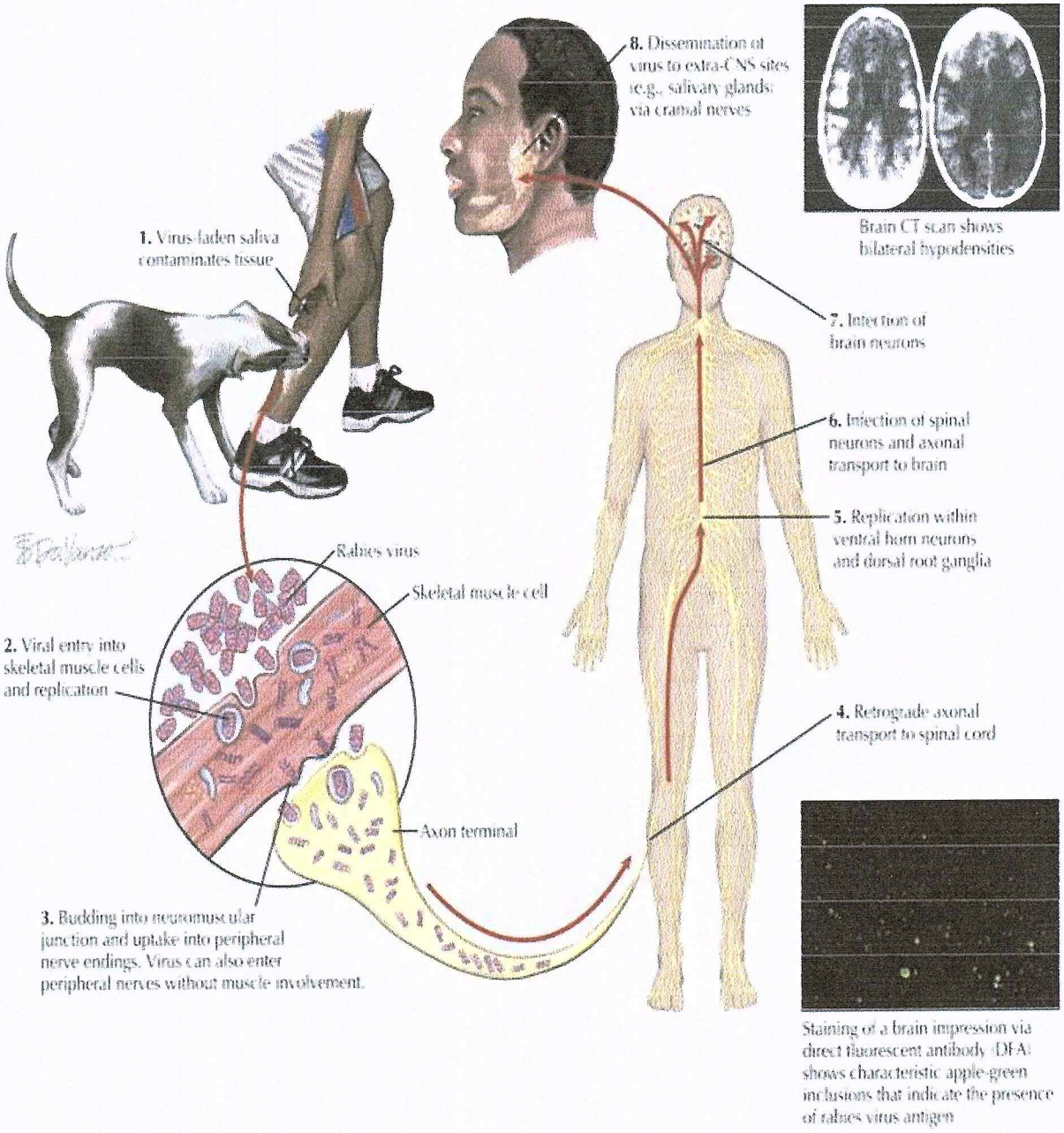

Figure 2. Rabies Transmission

Source: Robertson & Johnson (2012), ScienceDirect.com

Rabies has one of the highest case-fatality ratios among infectious disease; almost always fatal, caused by lyssavirus infection. It is associated with dysfunction of the neurons after the entrance of rabies virus to the central nervous system, usually in the spinal cord (Shite, Guadu & Admassu, 2015).

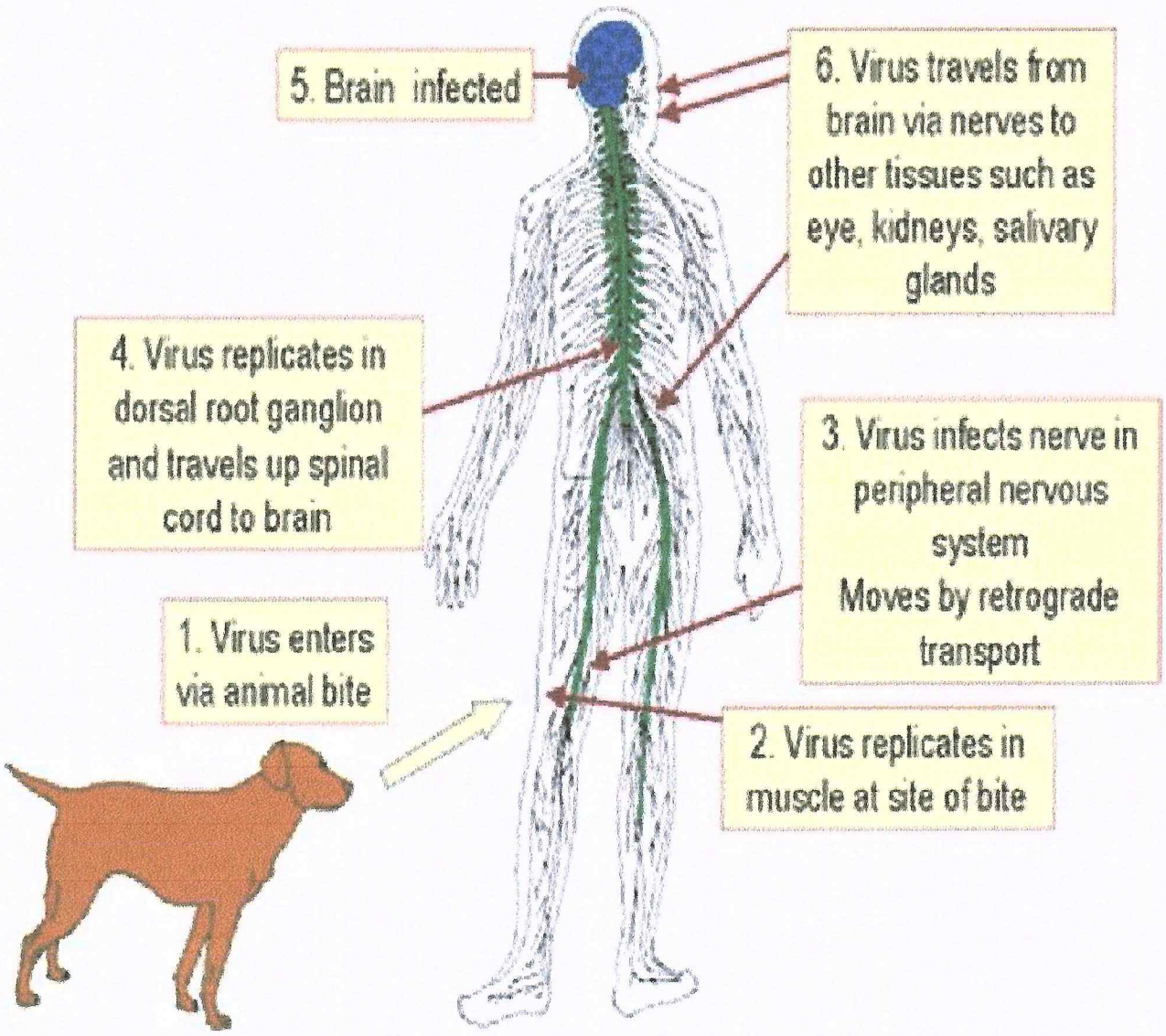

Figure 3. The Overall Pathogenesis and Spread of Rabies Virus from the Site of Bite to Brain

Source: Shite, Guadu & Admassu (2015), ResearchGate.net

All species of mammals are susceptible to rabies virus infection, but only few of them are reservoirs for the disease. When infected saliva of a host is passed to an uninfected animal, transmission of rabies virus usually starts. The rabies virus is most commonly transmitted through the bite and virus-containing saliva of an infected host. Transmission of rabies virus has been occasionally documented through other routes like the contamination of mucous membranes (i.e., eyes, nose, mouth), aerosol transmission, and corneal and organ transplantations (Centers for Disease, Control and Prevention, 2011).

Bad bite to the head or neck are some situations where very prompt treatment is indicated. This is because rabies virus can move through the nerves to the brain much faster given the close proximity (Weese, 2017).

Rabies has always been considered as an enigma in the healthcare world. It reflected as the deadliest disease in the world since rabies has the capacity to quickly and mercilessly kill its victims, even those victims treated with modern medicines. At present, new data have revealed that rabies causes the death of 160 people every single day. According to the US Centers for Disease Control and Prevention (CDC), the first symptoms of rabies includes general weakness or discomfort, fever, or headache that is very similar to those of the symptoms of flu. These symptoms mentioned may last for days (Stallard, 2015).

In an article entitled "Developing a Stepwise Approach for Rabies Prevention and Control" (2012), it states that of all human diseases, rabies is perhaps the deadliest,

as once clinical symptoms appear that rabies is almost 100 percent fatal (Food and Agriculture Organization of the United Nations, 2012).

In an article entitled "Bite prevention awareness in children to prevent injury and rabies"(2017), states that the leading factors for the high incidence of rabies are lack of awareness, disregard of post-exposure precautionary measures and/or an inadequate availability of primary health care services. Thus, community involvement is encouraged in order to address the existing gaps in community-based and formal health education. Furthermore, children are able to take initiatives to prevent disease incidence once they have acquired basic knowledge of how disease is transmitted and prevented. Also, one fundamental aspect of ongoing rabies control efforts is through changing the current public perceptions of rabies prevention and control. Effective educational initiatives that target at-risk children are therefore vital to such efforts (WHO, 2017).

Rabies deaths occur because of lack of awareness to it. In developing countries where the virus is endemic and thousands die annually, this is truly a big problem when public awareness of what to do is still poor. In many parts of the world, this disease is a major concern. Vaccination may be expensive but this is a very effective preventive measure for a fatal disease (Weese, 2017).

Thus, according to Secretary Garin (2016), we have the necessary ways to prevent rabies like the promotion of responsible pet ownership, and when bitten by animals there is an early consultation, timely administration of vaccines, thus, none of these

deaths should have occurred. However, despite the left and right programs of DOH, the public still lacks awareness about this disease. In fact, according to the article posted in Philippine Daily Inquirer, not very many are aware that the incubation period for rabies can be as short as a few days, but can also last as long as five years. Thus, DOH considered rabies a neglected disease that is 100 percent fatal but is actually a highly preventable one (Uy, 2016).

DOH's rabies program manager Raffy Deray (2015) noted that it is important to be responsible pet owners through submitting the animals to vaccination and also by making sure that their pets are properly taken care of in order to effectively eliminate rabies. Under Republic Act 9482 or the Anti-Rabies Act of 2007, pet owners are required to maintain control over their dog and not allow it to roam the street or any public place without a leash (Crisostomo, 2015).

In an article entitled "Anti-rabies vaccines can now be availed for free in ABTCs nationwide, says DOH", it was stated that in 2015, the health department recorded 432, 458 animal bite cases with 226 fatalities. According to Health Secretary Janette Garin, people could have prevented those deaths if, when bitten by animals, they immediately take on early consultation and follow timely administration of the vaccines (Macolor , 2016).

A concept note from the World Health Organization (WHO), the United Nations Food and Agriculture Organization (FAO), the World Organization for Animal Health (OIE), and the Global Alliance for Rabies Control (GARC) shows how rabies control

capacity can be built in countries. This is where the disease is prevalent. This argues that developing "stimulus packages" can actually provide a technical and material support to initiate programs for canine rabies elimination (WHO, 2017).

Related Studies

Previous studies related to the present problem have been reviewed by the researcher and were taken as basis in the procedure and conduct of the present studies.

The study entitled "Community Knowledge, Attitude, and Practice of Rabies in and Nearby Gondar Town, North West Ethiopia", states that rabies is a deadly disease for both animal and human beings. Rabies is a viral disease transmitted by the bite or scratch from a rabid animal (Serebe, et.al., 2014).

The previous study is similar with the current study since it both aims to determine the knowledge of the respondents regarding rabies.

According to the study entitled "Assessment of Knowledge, Attitude and Practices about Rabies and Associated Factors: In the Case of Bahir Dar Town", rabies is one of the longest known infectious diseases in human history. Rabies virus infection most commonly occurs when a rabid animal bites an animal or a person. Rabies also occurs when infected saliva from a rabid animal contaminates an open wound, a scratch or skin abrasion, or a mucous membrane (Guadu, et.al., 2014).

The previous study is similar with the current study since it both aims to determine the knowledge of the respondents regarding rabies.

According to the study of Prakash, Bhatti and Venkatesh (2012) entitled "Rabies menace and control: An Insight into Knowledge, Attitude and Practices", rabies is an enzootic and epizootic disease of worldwide importance. One of the reasons the disease has been neglected is because the deaths are scattered and never amount to the kind of a crisis that gets other infectious and non-infectious disease epidemics the top billing.

The previous study is similar with the current study since both aimed to determine the knowledge of the respondents regarding rabies.

The study entitled "Para-Medical Students' Perceptions Regarding Treatment and Prevention of Animal Bites for Prevention of Rabies" states that rabies continues to be a significant cause of morbidity and mortality worldwide (Jahnavi, et.al., 2014).

The previous study is different from the current study as it focused only on the students' perception regarding animal bite and rabies, while the current study focused on the community.

According to the study of Banyard, et.al. (2013) entitled "Control and Prevention of Canine Rabies: The need for building laboratory-based surveillance capacity", dogs are the source of more than 99% of human rabies virus infections in endemic regions. The case fatality rate of human rabies is the highest of all infectious diseases; once clinical disease develops, the resulting illness is almost uniformly lethal. Insufficient financial resources, a weak health care infrastructure, and inadequate reporting systems all contribute to under-reporting of the disease.

The previous study is different from the current study since it focused on the control and prevention of rabies by building laboratory-based surveillance capacity, while the current study focused on the knowledge on rabies and the practices of the respondents after animal bite.

According to the study entitled "A study on knowledge of animal bite victims regarding animal bite and rabies attending tertiary care hospital of Rewa City, Madhya Pradesh", states that rabies is a 100% fatal disease. The disease is entirely preventable and, provided with complete post exposure prophylaxis, is implemented promptly. Globally, rabies is the tenth leading cause of death due to infection in humans (Kumar, et.al., 2016).

The previous study is similar with the current study since both aimed to determine the knowledge of the respondents regarding animal bite and rabies. However, they differ on the selection of the respondents since the previous study focused on animal bite victims attending tertiary care hospital, while the present study focused on the community.

The study entitled "Awareness of Rabies and Response to Dog Bites in aBangladesh Community", states that community awareness regarding rabies and treatment seeking behaviours are critical both for the prevention and control of the disease in human and animals (Ghosh, et.al., 2016).

The previous study is similar with the current study since both aimed to determine the knowledge of the community regarding rabies.

According to the study of Yalemebrat, Bekele and Melaku (2016) entitled "Assessment of public knowledge, attitude and practices toward rabies in Debark Woreda, North Gondar, Ethiopia", community awareness about rabies is very crucial in rabies prevention and control. For efficiently increasing awareness, the knowledge gap among the community should be identified and targeted. Community awareness of all aspects of rabies is generally lacking or limited, such as first aid or management of animal bites, pre- and post-exposure prophylaxis, responsible pet dog ownership, dog population management.

The previous study is similar with the current study since both aimed to determine the knowledge of the community regarding rabies and animal bite management.

The study entitled "Community perception regarding rabies prevention and stray dog control in urban slums in India", states that the lack of community awareness about rabies control is a major issue that thwarts efforts to prevent human deaths caused by rabies (Herbert, Basha & Thangaraj, 2012).

The previous study is similar with the current study since both aimed to determine the knowledge of the community regarding rabies.

The study entitled "Community-based survey during rabies outbreaks in Rangjung town, Trashigang, eastern Bhutan" revealed that human deaths can be prevented by prompt administering of rabies vaccine and rabies immunoglobulin following the exposure. An assessment of community knowledge, awareness and practices on rabies is important during outbreak to understand their preparedness and

target educational messages and response activities by the rapid response team (Tenzin, Namgyal and Letho, 2016).

The previous study is similar with the current study since both aimed to determine the knowledge of the respondents regarding rabies immunization.

According to the study of Sambo et.al. (2013) entitled "The Burden of Rabies in Tanzania and Its Impact on Local Communities", rabies remains a major public health problem, although the means to control and prevent this disease are available through mass dog vaccination and provision of post-exposure prophylaxis (PEP) to people exposed to bites by rabid or suspect rabid animals.

The previous study is similar with the current study since both aimed to determine the knowledge of the respondents regarding rabies immunization.

The study of Kessels, et.al. (2016), entitled "Pre-exposure rabies prophylaxis: a systematic review", states that human rabies is preventable through canine vaccination to eliminate rabies at its source or by administering rabies vaccines and immunoglobulin following bites, scratches or saliva exposure from suspected rabid mammals (i.e. postexposure prophylaxis). Another preventive strategy is pre-exposure prophylaxis, which involves giving a series of intramuscular or intradermal injections of rabies vaccine to prime the immune system.

The previous study is similar with the current study since both aimed to determine the knowledge of the respondents regarding rabies immunization. However,

the current study focused also on knowledge and practices of respondents about animal bite management.

According to the study of Shaw, O'Brien and Leggat (2009) entitled "Rabies post exposure management of travelers presenting to travel health clinics in Auckland and Hamilton, New Zealand", rabies is a fatal disease, and travelers going to endemic areas need to take precautions.

The previous study is similar with the current study since both aimed to determine the knowledge of the respondents regarding rabies immunization. However, they differ on the selection of the respondents since the previous study focused on animal bite victims attending health clinics, while the present study focused on the community.

The study of Singh and Choudhary (2009) entitled "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" is undertaken to highlight the knowledge, behavior, attitude, and practices regarding dog bites. According to this study, there are many myths and false beliefs associated with wound management. These include application of oils, herbs, and red chilies on the wounds inflicted by rabid animals.

The previous study is similar with the current study since both aimed to determine the knowledge and practice of the community regarding rabies and animal bite management.

The study of Abdela, et.al. (2017) entitled "Knowledge, Attitudes and Practices toward Rabies in Dedodistrict of Jimma zone, Southwestern Ethiopia: A community based cross-sectional study", states that rabies is one of the most neglected infectious diseases affecting mainly the low- and middle-income countries. Controlling rabies in dogs, and especially free-roaming (stray) dogs, is also the first priority for prevention of human rabies.

The previous study is similar with the current study since both aimed to determine the knowledge of the community regarding rabies.

According to the study of Ali, Ahmed, and Sifer (2013) entitled "A Study on Knowledge, Attitude and Practice of Rabies among Residents in Addis Ababa, Ethiopia", poor public awareness toward rabies is considered as one of the bottlenecks for the prevention and control of the disease. Understanding communities' perceptions of cause, mode of transmission, symptoms, treatment, and possible intervention measures of rabies are an important step toward developing strategies aimed at controlling the disease and determining the level of implementation of planned activities in the future.

The previous study is similar with the current study since both aimed to determine the knowledge and practices of the respondents regarding rabies.

Chapter 3

METHODOLOGY

This chapter is concerned with the research methods and procedures employed to systematically answer the specific problems posed for this study. Specifically, the chapter elucidates on the research design, sampling procedure, instrumentation, validation of the instrument, data gathering procedure and the corresponding statistical techniques that were used for accurate data analysis and interpretation.

Research Design

This study utilized the descriptive-correlational method of research. The descriptive method was used to describe the profile of the respondents in terms of their age, sex, educational attainment, monthly income, distance to animal bite treatment center, and knowledge and practices of animal bite management. On the other hand, the correlation method was used to determine if relationship exists between the knowledge on rabies, the practices of the respondents after animal bite and the respondents' demographic profile.

In gathering the needed information, the researcher used questionnaire as its principal data-gathering instrument. Descriptive statistical tools used were the frequency counts, percentage, and weighted mean as well as inferential statistics. Chi-Square and Pearson Product Moment Correlation are the inferential statistical tool that were used.

Sampling Procedure

The researcher utilized the random sampling as sampling technique to gather data from the selected communities of Catbalogan City. There are 57 barangays in Catbalogan City and 15% of this total number of barangays were selected. With this, the respondents were from the nine (9) barangays of Catbalogan City; the top 3 with highest animal bite cases, top 3 with middle animal bite cases, and top 3 with bottom animal bite cases. Therefore, Brgy. Canlapwas, Brgy. Mercedes, Brgy. Maulong, Brgy. Estaka, Poblacion 1, Brgy. Pupua, Brgy. Lagundi, Brgy. Old Mahayag and Brgy. San Vicente were the focus of this study.

Table 1

Distribution of Target No. of Respondents per Barangay

Barangay	Total No. of Household	Target No. of Respondents	Actual number of respondents
Brgy. Canlapwas	2,464	246	230
Brgy. Mercedes	1,943	194	194
Brgy. Maulong	1,140	114	114
Brgy. Estaka	213	21	21
Poblacion 1	270	27	27
Brgy. Pupua	304	30	30
Brgy. Lagundi	166	17	17
Brgy. Old Mahayag	278	28	28
Brgy. San Vicente	189	19	19
TOTAL	**6,967**	**697**	**680**

The questionnaires were given to every respondent at a specific barangay to gather data. Furthermore, inclusion criteria were set for study participation among respondents, as follow: (1) respondents who are 18 years old and above; (2) respondents who agree to

participate in the study; and (3) communities living in Brgy. Canlapwas, Brgy. Mercedes, Brgy. Maulong, Brgy. Estaka, Poblacion 1, Brgy. Pupua, Brgy. Lagundi, Brgy. Old Mahayag and Brgy. San Vicente.

Instrumentation

The main source of data of the study were gathered through the use of a questionnaire. The questionnaire served as the principal instrument used by the researcher to gather relevant information in this particular study. The questionnaire was consist of six parts:

Part I. The questionnaire was utilized to survey each respondent's profile such as age, sex, educational attainment, monthly income and distance to Animal Bite Treatment Center (km).

Part II. The questionnaire was utilized to survey the background of the respondents regarding animal bite cases in their family.

Part III. The questionnaire was utilized to survey the respondents' knowledge about rabies in terms of knowledge on rabies transmission, source of information about rabies, consequences of animal bite, knowledge about symptoms of rabies infection in animals, and knowledge about rabies immunization.

In part IV, the questionnaire was utilized to survey the respondents' Knowledge on the Treatment and Prognosis of Rabies. Part V was utilized to survey the Actual

Practices after Animal Bite. Finally, Part VI was utilized to survey the Knowledge on Seeking Medical Help in Animal Bite Cases.

The researcher personally administered the questionnaires to the respondents in the selected barangays. The respondents were given enough time to answer the said questionnaire and were free to ask questions or clarifications regarding the content of the questionnaire.

Validation of the Instrument

The questionnaire was the main instrument in gathering the data. It was translated to "Waray-waray" language to ensure better understanding of each question and was first validated through the following procedures:

Initially, a draft of the questionnaire was submitted to the research adviser for content validation where the latter indicated corrections, suggestions, and recommendations for the refinement of content. Next, the method of forward translation and backward translation was used. Also, the researcher consulted two experts of the English language. Upon incorporation of all the adviser and experts' corrections, suggestions, and recommendations to ascertain the reliability of questionnaire, the test-retest method was applied. The same questionnaire was administered to fifteen (15) residents of Brgy. 3, Pier 2, Catbalogan City. They were chosen for the purpose of validating the questionnaire and determining the reliability of the said instrument. It was administered to the same group of people twice in an interval of one (1) week for the re-

test. The coefficient of the correlation between the first administration of the questionnaire (test) and the second (re-test) was computed using Pearson Product Correlation. The computed value was 0.98 which denoted excellent internal consistency or very high value of reliability in which this value determines the strength of the questionnaire.

Data Gathering Procedure

The researcher first asked for the approval of the Barangay Chairman to conduct a survey in their barangay by providing a letter to each barangay. In gathering the data, the respondents were informed of the objective of the study. The researcher also personally asked the respondents for their participation. Each respondent was given enough time to answer each question. With this, they were informed that all answers they would reveal would remain confidential.

The data gathered were from the records of animal bite cases in the hospital and from the respondents' answers in the questionnaire. The whole process of data gathering was accomplished according to the purpose of this study.

Statistical Tools Used

To ensure better and reliable results, the following statistical treatment was employed in analyzing the raw data collected. The data were gathered through the use

of questionnaire, and then came up with the tabulation, analysis and interpretation of the data using appropriate statistical tools.

Frequency Count. This statistical tool was used in reporting the number of respondents of the same age, sex, educational attainment, monthly income, and distance to animal bite treatment center.

This was also used in tallying the number of respondents who answered the particular statement of the research instrument.

Percentage. This was employed in the analysis and interpretation of data on age, sex, educational attainment, monthly income, and distance to animal bite treatment center.

Weighted Mean. This was used to express the collective perceptions of each group of respondents as to their knowledge on rabies and the practices after animal bite.

Standard Deviation. This statistical measure was utilized in describing the extent to which the data varied among themselves.

Chi-Square. This was used to determine the relationship between respondents' profile and their perceived knowledge on rabies and the practices after animal bite.

Pearson Product Moment Correlation. This was used to determine the relationship between respondents' profile and their perceived knowledge on rabies and the practices after animal bite.

Finally, in testing the hypothesis, α =0.05 level of significance was applied. Moreover, the analysis of the data was facilitated using the computer software Microsoft Excel and SPSS.

Ethical Consideration

This study conformed the national and institutional guidelines of the university. Ethical approval for the study was obtained before the conduct of this study. All participants received written and oral information about the aim of the study and the possibility of withdrawing their participation at any time without the need to give reasons for doing so. Confidentiality was assured according to ethical research guidelines. Moreover, informed consent was obtained from all participants.

Chapter 4

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the data gathered, the analysis undertaken as well as the interpretation made.

Demographic Profile of Respondents

The demographic profiles of the respondents are represented in terms of age and sex, educational attainment, monthly income, and distance to Animal Bite Treatment Center.

Table 1
Age and Sex Distribution of the Respondents

Age (in years)	Sex Category				Total	Percent
	Female		Male			
	f	%	f	%		
> 65	8	1.87	5	1.99	13	1.91
60-65	10	2.34	7	2.79	17	2.50
54-59	19	4.44	14	5.58	33	4.85
48-53	24	5.61	19	7.57	43	6.32
42-47	48	11.21	27	10.76	75	11.03
36-41	51	11.92	39	15.54	90	13.24
30-35	72	16.82	42	16.73	114	16.76
24-29	103	24.07	52	20.72	155	22.79
18-23	85	19.86	39	15.54	124	18.24
Not specified	9	2.10	7	2.79	16	2.35
Total	**429**	**100.00**	**251**	**100.00**	**680**	**100.00**
Mean	**33.92 years**	**-**	**35.80 years**	**-**	**34.67 years**	**-**
SD	**12.59 years**	**-**	**12.72 years**	**-**	**12.53 years**	**-**

Table 1 shows that majority of the respondents were between the ages 24-29 years old. According to Philippine Statistics Authority (2019), the largest number of employed persons is in age group 25 to 34 years which means most of those belonging to this age serve as head in their household. Furthermore, as shown in the table, 251 respondents were male while 429 respondents were female. This denotes that majority of the respondents were females.

Table 2
Educational Attainment of the Respondents

Educational Attainment	F	Percent
College Graduate	206	30.29
College Level	188	27.65
High School Graduate	154	22.65
High School Level	71	10.44
Elementary Graduate	33	4.85
Elementary Level	21	3.09
Not Specified	7	1.03
Total	**680**	**100.0**

The table above suggests that majority of the respondents were college graduates (30.29%).

Table 3

Monthly Income of the Respondents

Monthly Income (in Php)	F	Percent
50,000 & above	4	0.59
45,000 - 49,999	1	0.15
40,000 - 44,999	1	0.15
35,000 - 39,999	0	0.00
30,000 - 34,999	8	1.18
25,000 - 29,999	13	1.91
20,000 - 24,999	30	4.41
15,000 - 19,999	65	9.56
10,000 - 14,999	103	15.15
5,000 - 9,999	292	42.94
below 5,000	55	8.09
Not Specified	108	15.88
Total	**680**	**100.00**
Mean	**Php9,645.40**	**-**
SD	**Php9,322.78**	**-**

About 42.94 % of the respondents had monthly income between 5,000 to 9,999 pesos which reflected the highest percentage of monthly income of the respondents. As cited by PSA (2014), at least P5, 590 is needed on the average, every month, to meet the family's basic food needs, and at least P8, 022 on the average, every month, to meet both basic food and non-food needs.

Table 4
Distance to Animal Bite Treatment Center of the Respondents

Distance (in Km)	F	Percent
> 30	41	6.0
20-30	55	8.1
10-20	116	17.1
1-10	452	66.5
Not Specified	16	2.4
Total	**680**	**100.0**

Table 4 shows that majority of the respondents' distance to animal bite treatment center was between 1-10 kilometers (66.5%).

Prevalence Rate of Animal Bite Cases in Catbalogan City

Table 5.1
Data from Hospital and Clinic Records

Year	Animal Bite Cases
2014	711
2015	845
2016	1013
2017	1189
2018	1293

Table 5.2

Data from Community Cases

Has anyone in your household been bitten by an animal?	F	Percent
YES	592	87.06
NO	84	12.35
Not Specified	4	0.59
Total	680	100.00

As shown in Table 5.1, there were 711 animal bite cases recorded for the year 2014; 845 recorded animal bite cases for the year 2015; it reached a 1,013 animal bite cases for the year 2016; 1,189 animal bite cases for year 2017; and for year 2018, there were 1,293 recorded animal bite cases. While in Table 5.2, 592 participants or 87.06 percent answered "Yes" which meant that they had household members that were bitten by an animal. As according to World Health Organization (WHO), Philippines is considered one of the top 10 countries with rabies problem. As mentioned by Cariño (2018), the number of animal bite victims who sought anti-rabies vaccines from animal bite treatment centers (ABTCs) in the Philippines kept increasing. Thus, rabies remains a public health problem.

Table 6

Knowledge of the Respondents about Rabies in Terms of Rabies Transmission

Biting of:	Responses								Not Specified		Total
	I don't Know		No		Uncertain		Yes				
	f	%	f	%	F	%	f	%	F	%	
Dog	32	4.7	37	5.4	18	2.6	589	86.6	4	0.6	680
Cat	60	8.8	40	5.9	31	4.6	546	80.3	3	0.4	680
Horse	295	43.4	143	21.0	116	17.1	121	17.8	5	0.7	680
Goat	297	43.7	152	22.4	117	17.2	110	16.2	4	0.6	680
Cattle	290	42.6	155	22.8	118	17.4	113	16.6	4	0.6	680
Bat	240	35.3	118	17.4	120	17.6	197	29.0	5	0.7	680
Monkey	229	33.7	100	14.7	116	17.1	231	34.0	4	0.6	680
Pig	221	32.5	113	16.6	131	19.3	212	31.2	3	0.4	680
Licking of Open wound	186	27.4	81	11.9	151	22.2	260	38.2	2	0.3	680
Scratching	178	26.2	101	14.9	143	21.0	255	37.5	3	0.4	680
Teeth	161	23.7	77	11.3	137	20.1	298	43.8	7	1.0	680
Nails	186	27.4	112	16.5	140	20.6	237	34.9	5	0.7	680

As shown in Table 6, 589 respondents or 86.6 percent had the knowledge of rabies transmission through biting of a dog, while, there were 546 respondents or 80.3 percent who had the knowledge of rabies transmission through biting of a cat. Thus, this table suggests that majority of the respondents knew that rabies can be transmitted through a bite coming from a dog. According to WebMD Veterinary Reference from the American Society for the Prevention of Cruelty to Animals (2019), rabies is a virus that may affect the brain and spinal cord of all mammals, including dogs and cats. This suggests that not only dogs and cats are possible of rabies virus but also other mammals. It can be noticed in this table that there were a number of respondents who did not know and were uncertain of other animals such as horse, goat, cattle, bat, monkey, and pig of having that potential of releasing rabies

virus. In this manner, the researcher suggests that the concerned authority should provide orientation seminar in order for the community to be well-informed of the list of animals possible of releasing rabies virus.

Furthermore, it was also mentioned in the same reference above that rabies can be transmitted not only through a bite from an infected animal, but also through a scratch or when infected saliva makes contact with an open, fresh wound. However, as shown in the table, there were still participants who did not know, were uncertain, and answered "no" for licking of open wound and scratching as modes of rabies transmission. Thus, it suggests that the concerned authority should provide seminar regarding rabies transmission to the community in order for them to be informed of how rabies can be transmitted and how they can avoid having rabies virus.

Table 7
Knowledge of the Respondents about Rabies in Terms of Source of Information

Source of Information	Responses								Not Specified		Total
	I don't Know		No		Uncertain		Yes				
	F	%	f	%	f	%	f	%	f	%	
TV	41	6.0	52	7.6	54	7.9	530	77.9	3	0.4	680
Newspaper	81	11.9	135	19.9	97	14.3	361	53.1	6	0.9	680
Posters/Leaflet	100	14.7	133	19.6	111	16.3	331	48.7	5	0.7	680
Family Members/friends/neighbors	81	11.9	91	13.4	62	9.1	442	65.0	4	0.6	680
Health facility/health personnel	58	8.5	65	9.6	53	7.8	502	73.8	2	0.3	680

As shown in Table 7, majority of the respondents' source of information on rabies was through watching television since 530 of them or 77.9 percent had responded "yes" to TV as source of information about rabies. According to Lal and Ahamad (2016), television is a very strong first stage of awareness which is considered a credible source of information. Also, as mentioned by Arcangel (2017), television remains the Filipino's go-to media platform for consuming content and spend longer time in front of their TV sets. With that, most of the participants supposed that they got more information about rabies in TV. The researcher suggests that awareness program through orientation seminar should be provided so that aside from the information they gain from watching television, the community will be able to ask questions about rabies virus personally with trained Animal Bite Treatment Center (ABTC) nurses, physicians, and animal bite coordinator.

Table 8
Knowledge of the Respondents about Animal Bite in Terms of Consequences

Consequences	Responses								Not Specified		Total
	I don't Know		No		Uncertain		Yes				
	F	%	F	%	F	%	f	%	f	%	
Death	72	10.6	44	6.5	55	8.1	505	74.3	4	0.6	680
Infection	83	12.2	43	6.3	79	11.6	471	69.3	4	0.6	680
Injury	114	16.8	52	7.6	94	13.8	414	60.9	6	0.9	680
Rabies	77	11.3	44	6.5	57	8.4	498	73.2	4	0.6	680

Table 8 suggests that majority of the respondents believed that death is a consequence of animal bite with 74.3 percentage. According to WHO (2018), animal bites are a significant cause of morbidity and mortality worldwide. Also, it can be seen in the table above that 498 or 73.2 percent of the respondents knew that rabies is a consequence of the biting of animals. Greenlee (2019) stated that rabies virus, which is present in the saliva of a rabid animal, is transmitted through animal bites.

Table 9
Knowledge of the Respondents about Rabies in Terms of Symptoms of Rabies Infection in Animals

Symptoms	Responses								Not Specified		Total
	I don't Know		No		Uncertain		Yes				
	F	%	F	%	F	%	f	%	f	%	
Paralysis, Coma	172	25.3	56	8.2	97	14.3	350	51.5	5	0.7	680
Death	114	16.8	47	6.9	72	10.6	444	65.3	3	0.4	680
Increased Salivation	119	17.5	47	6.9	59	8.7	451	66.3	4	0.6	680
Aggressive behavior, increased biting	192	28.2	68	10.0	71	10.4	342	50.3	7	1.0	680
Silent behavior, lethargic, decreased appetite	163	24.0	50	7.4	101	14.9	360	52.9	6	0.9	680
Change in voice	187	27.5	62	9.1	110	16.2	313	46.0	8	1.2	680

As shown in Table 9, majority of the respondents believed that one symptom of rabies infection in animals is the increased salivation of the animals since 451 or 66.3 percent of the respondents answered "Yes" for increased salivation as a symptom. Rabies is a virus which spreads to people from the saliva of infected animals. It is confirmed in a statement in Mayo Clinic (2016) that one symptom of rabies infection in animals is excessive salivation. Therefore, the researcher recommends on conducting seminar regarding symptoms of rabies infection in animals so that the community will be aware of determining whether an animal is infected of rabies virus or not.

Table 10
Knowledge of the Respondents about Rabies in Terms of Anti-Rabies Vaccine

Anti-Rabies Vaccine	Responses								Not Specified		Total
	I don't Know		No		Uncertain		Yes				
	f	%	f	%	F	%	f	%	f	%	
No. of Doses											
1 dose	262	38.5	118	17.4	164	24.1	124	18.2	12	1.8	680
2 doses	262	38.5	107	15.7	152	22.4	147	21.6	12	1.8	680
Depends on the situation of the biting animal	230	33.8	49	7.2	108	15.9	288	42.4	5	0.7	680
Where anti-rabies vaccine is administered											
Gluteal region	266	39.1	71	10.4	149	21.9	184	27.1	10	1.5	680
Shoulder	241	35.4	48	7.1	106	15.6	281	41.3	4	0.6	680
Abdomen	297	43.7	89	13.1	161	23.7	122	17.9	11	1.6	680
Schedule of anti-rabies vaccine											
w/ in 1 week	285	41.9	63	9.3	149	21.9	173	25.4	10	1.5	680
w/ in 2 weeks	286	42.1	78	11.5	159	23.4	149	21.9	8	1.2	680
Anytime	265	39.0	80	11.8	154	22.6	172	25.3	9	1.3	680

As shown in Table 10, majority of the respondents answered for the no. of doses of anti-rabies vaccine as depending on the situation of the biting animal. Also, majority of the respondents answered "shoulder" in the area or part where anti-rabies vaccine is administered. For the schedule of anti-rabies vaccine, majority of them believed that it is within one week. According to WHO (2018), post-exposure prophylaxis (PEP) is the immediate treatment of a bite victim after rabies exposure. This prevents virus entry into the central nervous system, which results in imminent death. Effective treatment, soon after exposure to rabies, can prevent the onset of symptoms and death. Effective treatment means knowing the

proper administration of anti-rabies vaccine from the no. of doses, area of vaccine administration, and its schedule.

Table 11
Knowledge of the Respondents about Rabies in Terms of Treatment and Prognosis of Rabies

	Treatment & Prognosis of Rabies	Responses								Not Specified		Total
		I don't Know		Disagree		Uncertain		Agree				
		f	%	F	%	F	%	f	%	f	%	
1.	Vaccine is available to prevent rabies	95	14.0	51	7.5	91	13.4	442	65.0	1	0.1	680
2.	Rabies, if untreated is fatal	73	10.7	44	6.5	80	11.8	482	70.9	1	0.1	680
3.	Symptoms of rabies can appear as late as one year after the bite	212	31.2	71	10.4	116	17.1	280	41.2	1	0.1	680
4.	I will not have treatment if the biting animal was vaccinated	203	29.9	215	31.6	141	20.7	120	17.6	1	0.1	680
5.	Licking of a wound by a rabid animal will not need treatment	207	30.4	205	30.1	137	20.1	129	19.0	2	0.3	680
6.	If the biting animal is alive and well, I will not need treatment for the bite	203	29.9	207	30.4	142	20.9	127	18.7	1	0.1	680
7.	Prior vaccination will protect a person from rabies within 2 years of vaccination	170	25.0	62	9.1	109	16.0	338	49.7	1	0.1	680
8.	Vaccination against rabies is available at local health centers	150	22.1	43	6.3	101	14.9	385	56.6	1	0.1	680

As shown in Table 11, majority of the respondents or 482 respondents (70.9%) believed that rabies, if untreated, is fatal. This is agreed in a statement in Cleveland Clinic (2011) which states that rabies is almost always fatal if left untreated. Thus, it is important to have rabies vaccine when bitten by an animal.

As shown in the table, there were a number of respondents who answered "yes" for the statement "I will not have treatment if the biting animal was vaccinated" and for the statement "If the biting animal is alive and well, I will not need treatment for the bite". However, according to Center for Disease Control and Prevention (CDC), anyone who has been bitten by an animal should seek medical treatment since the doctor will determine if they need to be vaccinated. Meaning, they still need to go to hospitals or clinic in order to make sure that they are free from rabies virus. Also, there were participants who answered "yes" for the statement "Licking of a wound by a rabid animal will not need treatment". However, according to Mayo Clinic (2016), rabies can spread when infected saliva gets into an open wound or the mucous membranes. This means that people need treatment even if there is no biting that happen and just licking of rabid animal into an open wound since rabies is a deadly virus from the saliva of an infected animal.

Furthermore, a number of participants answered "yes" for the statement "Prior vaccination will protect a person from rabies within 2 years of vaccination". However, according to WHO (2019), in the event of exposure through the bite or

scratch of an animal known or suspected to be rabid, individuals who have previously received a complete series of pre-exposure or post-exposure rabies vaccine should still receive treatment through booster doses of vaccine. This means that the number of years after primary immunization with rabies vaccine is not a factor in determining whether a person is still protected from rabies. Vaccination is valuable as long as that person is not exposed to biting incident for a second time. According to DOH (2012), patients who have previously received complete primary immunization with rabies vaccine have the advantage that booster doses will rapidly induce a large increase in antibody production.

Table 12

Practices of the Respondents After Animal Bite in Terms of Actual Practices

	Actual Practices	Responses								Not Specified		Total
		I don't Know		No		Uncertain		Yes				
		f	%	f	%	F	%	F	%	F	%	
1.	Consult to local doctor/health personnel	53	7.8	43	6.3	68	10.0	515	75.7	1	0.1	680
2.	Wash the wound with soap and water	63	9.3	45	6.6	84	12.4	486	71.5	2	0.3	680
3.	Kept the wound open	187	27.5	169	24.9	137	20.1	182	26.8	5	0.7	680
4.	Application of antiseptic solution	233	34.3	74	10.9	116	17.1	254	37.4	3	0.4	680
5.	Injection of Anti-rabies vaccine	195	28.7	55	8.1	94	13.8	331	48.7	5	0.7	680
6.	Injection of Immunoglobulin	299	44.0	67	9.9	122	17.9	187	27.5	5	0.7	680
7.	Injection of Tetanus toxiod and anti-tetanus serum	272	40.0	63	9.3	105	15.4	235	34.6	5	0.7	680
8.	Ingestion of antibiotics and anti-inflammatory if needed	290	42.6	73	10.7	107	15.7	204	30.0	6	0.9	680
9.	Suture the wound	278	40.9	80	11.8	116	17.1	201	29.6	5	0.7	680
10.	Nothing should be done	159	23.4	265	39.0	115	16.9	130	19.1	11	1.6	680

Table 12 denotes that majority of the respondents' actual practice after animal bite is consulting local doctor/health personnel. According to CDC (2011), the doctor, possibly in consultation with state or local health department, will primarily be the one to decide if you need a rabies vaccination. This is mainly the reason why it is important to consult immediately a local doctor/health personnel. However, during the conduct of this study, some participants who answered yes to consulting local doctor/health personnel after having been bitten by an animal

had mentioned that they knew it was the right thing to do, but, sometimes, they did not immediately seek medical help or consult doctors because of a number of reasons like lack of time and money. This resulted to delayed consultation with doctors which was a risk on the part of the animal bite patient. The researcher suggests that the concerned authority will emphasize to the community the risk of rabies virus through conducting seminars.

Table 13

Practices of the Respondents After Animal Bite in Terms of Methods for Prevention and Control of Rabies

Methods for Prevention and Control of Rabies	Responses								Not Specified		Total
	I don't Know		No		Uncertain		Yes				
	f	%	F	%	F	%	f	%	F	%	
1. Health education	90	13.2	49	7.2	66	9.7	469	69.0	6	0.9	680
2. Vaccination	83	12.2	41	6.0	62	9.1	486	71.5	8	1.2	680
3. Prohibition of animals in public places and street	104	15.3	80	11.8	117	17.2	371	54.6	8	1.2	680
4. Isolation and killing	137	20.1	169	24.9	136	20.0	230	33.8	8	1.2	680

As shown in Table 13, majority of the respondents believed that one method for prevention and control of rabies is through vaccination. According to DOH (2018), the two main strategies to prevent rabies are dog vaccination and human vaccination. Dog vaccination interrupts virus transmission to humans and human vaccination includes pre-exposure prophylaxis (PrEP) - before exposure to high risk individuals, and post-exposure prophylaxis (PEP) - for exposed individuals.

Table 14

Practices of the Respondents After Animal Bite in Terms of Knowledge About Time Interval for Taking Local Treatment

Time Interval for Taking Local Treatment	Responses								Not Specified		Total
	I don't Know		No		Uncertain		Yes				
	f	%	f	%	F	%	f	%	F	%	
1. As soon as possible, immediately	132	19.4	70	10.3	81	11.9	377	55.4	20	2.9	680
2. Should not be done	186	27.4	244	35.9	116	17.1	111	16.3	23	3.4	680
3. Anytime	180	26.5	186	27.4	95	14.0	197	29.0	22	3.2	680

Table 14 suggests that majority of the respondents believed that the time interval for taking local treatment is as soon as possible or immediately. However, as the findings suggest, there were still respondents who believed that taking local treatment should not be done. Even though you can provide treatment and first aid for a bite, it is still very important to seek for medical help. As according to Hirsch (2018), there is a need to call a doctor if the bite or scratch broke or punctured the skin, even if the area is small. The bite or scratch should be checked immediately by a doctor as soon as possible in order to apply proper treatment.

Table 15
Practices of the Respondents After Animal Bite in Terms of Knowledge on Seeking Medical Help in Animal Bite Cases

Knowledge on Seeking Medical Help in Animal Bite Cases	Responses								Not Specified		Total
	I don't Know		No		Uncertain		Yes				
	f	%	f	%	F	%	f	%	F	%	
1. Bite that produced bleeding	145	21.3	45	6.6	113	16.6	369	54.3	8	1.2	680
2. Bite with no bleeding	183	26.9	51	7.5	131	19.3	308	45.3	7	1.0	680
3. Licking of the wound	217	31.9	60	8.8	144	21.2	252	37.1	7	1.0	680
4. Licking of the mouth	236	34.7	82	12.1	151	22.2	204	30.0	7	1.0	680
5. Licking of eyes	237	34.9	90	13.2	155	22.8	191	28.1	7	1.0	680
6. Licking of skin without a wound	221	32.5	140	20.6	162	23.8	149	21.9	8	1.2	680

Table 15 suggests that majority of the respondents believed that when the bite of the animal produced bleeding, they should seek medical help. As according to Cronan (2018), animal bites and scratches that break the skin can sometimes cause life-threatening infection. Thus, it is important to seek medical treatment immediately after being bitten by an animal. However, seeking medical help is not done only for bites that produce bleeding, but also for bites with no bleeding. And also, as stated by CDC (2011), rabies is transmitted when the virus is introduced into a bite wound, open cuts in skin, or onto mucous membranes such as the mouth or eyes. Meaning, it is also important to seek medical help when there is licking of animals in the mouth, eyes and skin without a wound. The researcher suggests providing information to the community about rabies transmission so that they will realize the importance of seeking medical help immediately.

Table 16

Relationship Between the Respondent's Profile and their Knowledge on Rabies in Terms of Rabies Transmission

Profile	Chi-square Value	df	p-value (2-sided)	Evaluation
Age	26.66	24	.321	Not Significant
Sex	12.51	6	.052	Significant
Educational Attainment	30.52	15	.010	Significant
Income	57.386	27	.001	Significant
Distance to Animal Bite Treatment Center	21.22	9	.012	Significant

As reflected in Table 16, the relationship between the respondent's profile in terms of age and their knowledge on rabies in terms of rabies transmission was not significant. Therefore, the corresponding null hypothesis was accepted. Meaning, the respondents' ages had nothing to do with their knowledge about rabies transmission. While on the relationship between the respondent's profile in terms of sex, educational attainment, income, distance to animal bite treatment center, and their knowledge on rabies in terms of rabies transmission; it was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the knowledge of the respondents on rabies transmission is affected by their profile in terms of sex, educational attainment, income, and distance to animal bite treatment center.

According to Glasgow, et.al. (2019) in the study entitled "Knowledge, attitudes, and practices regarding rabies in Grenada", males were more likely to

correctly identify animals that are susceptible to rabies as well as the signs of rabies in animals. This finding may indicate differences in access to information about rabies or the influence of livelihood practices—males are generally more involved in animal husbandry. Furthermore, according to Alie, et.al. (2015) in the study entitled "Assessment of Knowledge, Attitude and Practice on Rabies in and Around Debretabor, South Gondar, Northwest Ethiopia", people with high educational attainment have also high level of knowledge on rabies. The explanation for this is that educated person would have better information access and could easily understand rabies. Also, income does affect the knowledge about rabies since increased wealth means increased likelihood to seek medical help (Costa, et.al., 2018) thus, resulting to higher awareness regarding rabies transmission.

Moreover, the likelihood of seeking medical care is in accordance to the distance since people with short distance from the nearest health centre tend to seek medical help more (Beyene , et.al., 2018). Therefore people living near the animal bite treatment center have easier access to information about rabies transmission. Thus, the researcher suggests providing rabies awareness program and health education to every municipality especially to far areas so that they will have access to rabies information. Another is that the seminar and program to be provided should be given freely so that people with less income can join the said activity.

Table 17

Relationship Between the Respondent's Profile and their Knowledge on Rabies in Terms of Source of Information

Profile	Chi-square Value	Df	p-value (2-sided)	Evaluation
Age	27.57	24	.281	Not Significant
Sex	15.03	6	.020	Significant
Educational Attainment	22.74	15	.090	Not Significant
Income	33.34	27	.186	Not Significant
Distance to Animal Bite Treatment Center	18.71	9	.030	Significant

As shown in Table 17, the relationship between the respondent's profile in terms of age, educational attainment and income, and their knowledge on rabies in terms of source of information was not significant. Therefore, the corresponding null hypothesis was accepted. Meaning, the respondents' ages, educational attainment and income, had nothing to do with their source of information about rabies. While on the relationship between the respondent's profile in terms of sex, and distance to animal bite treatment center, and their knowledge on rabies in terms of source of information was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the source of information of respondents about rabies was influenced by their sex and distance to animal bite treatment center. Therefore, the researcher suggests conducting seminars that would increase people's knowledge regarding rabies especially to those who are living in farther areas or barangays.

Table 18

Relationship Between the Respondent's Profile and their Knowledge on Rabies in Terms of Consequences of Animal Bite

Profile	Chi-square Value	df	p-value (2-sided)	Evaluation
Age	37.167	24	.042	Significant
Sex	10.39	6	.109	Not Significant
Educational Attainment	27.68	15	.024	Significant
Income	66.33	27	.000	Significant
Distance to Animal Bite Treatment Center	17.911	9	.036	Significant

As reflected in Table 18, the relationship between the respondent's profile in terms of sex and their knowledge on rabies in terms of consequences of animal bite was not significant. Therefore, the corresponding null hypothesis was accepted. Meaning, the respondents' sex had nothing to do with their knowledge on rabies consequences. While on the relationship between the respondent's profile in terms of age, educational attainment, income, distance to animal bite treatment center, and their knowledge on rabies in terms of rabies consequences was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the knowledge of the respondents on rabies consequences was influenced by their profile in terms of age, educational attainment, income, and distance to animal bite treatment center.

According to the study entitled "Rabies: Knowledge and Practices Regarding Rabies in Rural Communities of the Brazilian Amazon Basin", there is

a tendency for the elderly informants to have more insufficient knowledge (Costa & Fernandes, 2016). This may be related to the idea that younger ones are able to access internet faster and other sources of information that can provide them better knowledge about rabies. Thus, the researcher recommends providing orientation seminars that would increase their knowledge about animal bite, consequences, especially for those who have less access to different sources of information like internet or mass media.

Table 19

Relationship Between the Respondent's Profile and their Knowledge on Rabies in Terms of Symptoms of Rabies Infections in Animals

Profile	Chi-square Value	Df	p-value (2-sided)	Evaluation
Age	38.11	24	.034	Significant
Sex	25.90	6	.000	Significant
Educational Attainment	49.64	15	.000	Significant
Income	57.70	27	.001	Significant
Distance to Animal Bite Treatment Center	21.33	9	.011	Significant

As reflected in Table 19, the relationship between the respondent's profile in terms of sex, age, educational attainment, income, distance to animal bite treatment center, and their knowledge on rabies in terms of symptoms of rabies infection in animals was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the knowledge of the respondents on symptoms of rabies infection in animals was influenced by their profile in terms of sex, age,

educational attainment, income and distance to animal bite treatment center. Thus, the researcher suggests providing orientation seminars that would increase their knowledge about symptoms of rabies infections in animals.

Table 20

Relationship Between the Respondent's Profile and their Knowledge on Rabies in Terms of Anti-Rabies Vaccine

Profile	Chi-square Value	Df	p-value (2-sided)	Evaluation
Age	32.98	24	.105	Not Significant
Sex	10.34	6	.111	Not Significant
Educational Attainment	30.03	15	.012	Significant
Income	27.63	27	.430	Not Significant
Distance to Animal Bite Treatment Center	29.95	9	.000	Significant

As shown in Table 20, the relationship between the respondent's profile in terms of age, sex, and income, and their knowledge on rabies in terms of anti-rabies vaccine was not significant. Therefore, the corresponding null hypothesis was accepted. Meaning, the respondents' ages, sex, and income, had no influence to their knowledge on anti-rabies vaccine. While on the relationship between the respondent's profile in terms of educational attainment and distance to animal bite treatment center, and their knowledge on anti-rabies vaccine, there was a significant relationship. Therefore, the corresponding null hypothesis was rejected. Meaning, the knowledge of the respondents on anti-rabies vaccine was

affected by their educational attainment and distance to animal bite treatment center.

As according to Alie, et.al. (2015), people with high educational attainment have also high level of knowledge on rabies. Furthermore, people with short distance from the nearest health centre tend to seek medical help than those in longer distance which means they are more ready to comply with the treatment routine (Beyene, et.al., 2018). Thus, the researcher suggests providing orientation seminars to far areas so that they will have access to rabies information especially on the importance and ways of administration of anti-rabies vaccines.

Table 21

Relationship Between the Respondent's Profile and their Knowledge on Rabies in Terms of Treatment and Prognosis of Rabies

Profile	Chi-square Value	Df	p-value (2-sided)	Evaluation
Age	32.10	24	.125	Not Significant
Sex	16.16	6	.013	Significant
Educational Attainment	41.36	15	.000	Significant
Income	26.08	27	.514	Not Significant
Distance to Animal Bite Treatment Center	36.89	9	.000	Significant

As shown in Table 21, the relationship between the respondent's profile in terms of age and income, and their knowledge on rabies in terms of treatment and prognosis of rabies was not significant. Therefore, the corresponding null

hypothesis was accepted. Meaning, the respondents' age and income had no influence with their knowledge on rabies treatment and prognosis. While on the relationship between the respondent's profile in terms of sex, educational attainment, and distance to animal bite treatment center, and their knowledge on rabies in terms of treatment and prognosis of rabies was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the knowledge of the respondents on rabies treatment and prognosis was affected by their sex, educational attainment and distance to animal bite treatment center.

Table 22
Relationship Between the Respondent's Profile and their Actual Practices After Animal Bite

Profile	Chi-square Value	Df	p-value (2-sided)	Evaluation
Age	33.304[a]	32	.404	Not Significant
Sex	15.533[a]	8	.050	Significant
Educational Attainment	40.779[a]	20	.004	Significant
Income	37.331[a]	36	.408	Not Significant
Distance to Animal Bite Treatment Center	33.774[a]	9	.000	Significant

As shown in Table 22, the relationship between the respondent's profile in terms of age and income, and their actual practices after animal bite was not significant. Therefore, the corresponding null hypothesis was accepted. Meaning, the respondents' age and income had no influence with their actual practices after animal bite. While on the relationship between the respondent's profile in terms of sex, educational attainment, and distance to animal bite treatment center, and their

actual practices after animal bite was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the respondents' actual practices after animal bite was affected by their sex, educational attainment and distance to animal bite treatment center.

Table 23

Relationship Between the Respondent's Profile and their Practices After Animal Bite in Terms of Methods for Prevention and Control of Rabies

Profile	Chi-square Value	df	p-value (2-sided)	Evaluation
Age	44.322[a]	32	.072	Not Significant
Sex	10.373[a]	8	.240	Not Significant
Educational Attainment	40.999[a]	20	.004	Significant
Income	41.804[a]	36	.233	Not Significant
Distance to Animal Bite Treatment Center	32.534[a]	12	.001	Significant

As reflected in Table 23, the relationship between the respondent's profile in terms of age, sex, and income, and their practices after animal bite in terms of methods for prevention and control of rabies was not significant. Therefore, the corresponding null hypothesis was accepted. Meaning, the respondents' age, sex and income, had no influence with their practices after animal bite in terms of methods for prevention and control of rabies. While on the relationship between the respondent's profile in terms of educational attainment and distance to animal bite treatment center, and their practices after animal bite in terms of methods for

prevention and control of rabies was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the respondents' practices after animal bite in terms of methods for prevention and control of rabies was influenced by their educational attainment and distance to animal bite treatment center.

The result from Tables 21 and 22 can be supported by the study entitled "Knowledge, Attitudes, And Practices Regarding Rabies in Grenada", wherein it was emphasized that males were more likely to identify animals that are at risk to rabies as well as the signs of rabies in animals (Glasgow, et.al., 2019). This indicates that the profile of the respondents in terms of sex can affect their knowledge regarding rabies treatment and practices. Also, for the result from Tables 21, 22, and 23, these can be confirmed in the study entitled "Assessment of Knowledge, Attitude and Practice on Rabies in and Around Debretabor, South Gondar, Northwest Ethiopia", wherein it was stated that people with high educational attainment have also high level of knowledge on rabies (Alie, et.al., 2015). Thus, they are more likely to think on how to prevent and control rabies. The researcher recommends providing seminars that would be an advantage for those who have lesser knowledge about rabies. Moreover, studies have also shown that medical treatment seeking behaviors within communities in developing countries depend on the accessibility of health facilities (Shaikh & Hatcher, 2004; Beyene , Mourits, Revie & Hogeveen, 2018). Thus, the researcher suggests

providing orientation seminars to far areas so that they will have access to rabies information especially on the methods of prevention and control of rabies.

Table 24

Relationship Between the Respondent's Profile and their Practices After Animal Bite in Terms of Knowledge about Time Interval for Taking Local Treatment

Profile	Chi-square Value	df	p-value (2-sided)	Evaluation
Age	48.082[a]	24	.002	Significant
Sex	5.463[a]	3	.141	Not Significant
Educational Attainment	36.526[a]	15	.001	Significant
Income	53.333[a]	24	.001	Significant
Distance to Animal Bite Treatment Center	28.693[a]	9	.001	Significant

As reflected in Table 24, the relationship between the respondent's profile in terms of sex and their practices after animal bite in terms of knowledge about time interval for taking local treatment was not significant. Therefore, the corresponding null hypothesis was accepted. Meaning, the respondents' sex had no influence with their practices after animal bite in terms of knowledge about time interval for taking local treatment. While on the relationship between the respondent's profile in terms of age, educational attainment, income, distance to animal bite treatment center, and their practices after animal bite in terms of knowledge about time interval for taking local treatment was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the

respondents' practices after animal bite in terms of knowledge about time interval for taking local treatment was influenced by their profile in terms of age, educational attainment, income, and distance to animal bite treatment center.

According to Costa, et.al. (2018) in the study entitled "The influence of poverty and rabies knowledge on healthcare seeking behaviors and dog ownership, Cameroon", increased wealth and knowledge were significantly associated with increased likelihood that a respondent would seek medical care and post-exposure prophylaxis immediately. This means that the income of family can greatly affect their access of medical help and treatment.

Furthermore as stated by Beyene , et.al. (2018) in the study entitled "Determinants of health seeking behavior following rabies exposure in Ethiopia", the shorter the distance to the nearest health center and the higher their income, the more likely they are to comply with the treatment schedule. Thus, the researcher suggests providing rabies awareness program and health education to far areas so that they will have access to rabies information especially regarding with rabies treatment.

Table 25

Relationship Between the Respondent's Profile and their Practices After Animal Bite in Terms of Knowledge on Seeking Help in Animal Bite Cases

Profile	Chi-square Value	Df	p-value (2-sided)	Evaluation
Age	27.122[a]	24	.299	Not Significant
Sex	12.992[a]	6	.043	Significant
Educational Attainment	45.442[a]	15	.000	Significant
Income	38.755[a]	27	.067	Not Significant
Distance to Animal Bite Treatment Center	9.850[a]	9	.363	Not Significant

As reflected in Table 25, the relationship between the respondent's profile in terms of age, income and distance to animal bite treatment center, and their knowledge on seeking help in animal bite cases was not significant. Therefore, the corresponding null hypothesis was accepted. Meaning, the respondents' age, income and distance to animal bite treatment center had no influence with their knowledge on seeking help in animal bite cases. While on the relationship between the respondent's profile in terms of sex and educational attainment, and their knowledge on seeking help in animal bite cases was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the respondents' knowledge on seeking help in animal bite cases was influenced by their profile in terms of sex and educational attainment. According to Zimmerman, et.al. (2014), education offers opportunities to learn more about health and health risks. Thus,

research has identified educational status as a major predictor of health outcomes. Achieving positive health outcomes in today's environment may be affected by educational attainment. This means that having sufficient education aid them to take an action and seek for medical help in terms of animal bite cases. Thus, the researcher recommends raising awareness among communities through rabies awareness program.

As shown in Table 26, the relationship between the respondent's knowledge on rabies and their practices after animal bite was significant. Therefore, the corresponding null hypothesis was rejected. Meaning, the respondents' practices after animal bite was influenced by their knowledge on rabies. According to Tiwari, et.al. (2019), the lack of awareness about rabies is a major obstacle to controlling the incidence of disease in humans. In the study entitled "Knowledge, Attitudes and Practices (KAP) about Rabies Prevention and Control: A Community Survey in Tanzania", it was emphasized that knowledge about rabies translates into better practices for control and prevention (Sambo, et.al, 2014). Therefore, an increase of knowledge or awareness in rabies also means an increase of possible ways and practices of humans to prevent from rabies. When there is limited knowledge about rabies, there will also be limited practices in prevention of rabies. Thus, the researcher suggests providing an increase health education programs regarding rabies and conduct orientation seminars in order to improve the knowledge and awareness about rabies of the community.

Table 26

Relationship Between the Respondent's Knowledge on Rabies and their Practices After Animal Bite

Knowledge about rabies/Practices After Animal Bite		Chi-square Value	Df	p-value (2-sided)	Evaluation
Transmission	Actual practices	191.621	12	.0000	Significant
	Prevention & Control of Rabies	139.202	12	.0000	Significant
	Knowledge about Time Interval for taking Local Treatment	197.557	9	.0000	Significant
	Knowledge on Seeking Help in Animal Bite Cases	271.191	9	.0000	Significant
Sources of Information	Actual practices	246.436	12	.0000	Significant
	Prevention & Control of Rabies	325.669	12	.0000	Significant
	Knowledge about Time Interval for taking Local Treatment	225.221	9	.0000	Significant
	Knowledge on Seeking Help in Animal Bite Cases	152.666	9	.0000	Significant
Consequences of Animal Bite	Actual practices	208.911	12	.0000	Significant
	Prevention & Control of Rabies	447.251	12	.0000	Significant
	Knowledge about Time Interval for taking Local Treatment	264.923	9	.0000	Significant
	Knowledge on Seeking Help in Animal Bite Cases	219.217	9	.0000	Significant
Symptoms of Rabies Infection in Animal	Actual practices	237.312	12	.0000	Significant
	Prevention & Control of Rabies	336.605	12	.0000	Significant
	Knowledge about Time Interval for taking Local Treatment	317.508	9	.0000	Significant
	Knowledge on Seeking Help in Animal Bite Cases	313.446	9	.0000	Significant
Anti-Rabies Vaccine	Actual practices	348.147	12	.0000	Significant
	Prevention & Control of Rabies	314.399	9	.0000	Significant
	Knowledge about Time Interval for taking Local Treatment	418.844	9	.0000	Significant
	Knowledge on Seeking Help in Animal Bite Cases	314.399	9	.0000	Significant
Treatment & Prognosis of rabies	Actual practices	509.062	12	.0000	Significant
	Prevention & Control of Rabies	306.024	12	.0000	Significant
	Knowledge about Time Interval for taking Local Treatment	376.578	9	.0000	Significant
	Knowledge on Seeking Help in Animal Bite Cases	266.074	9	.0000	Significant

Chapter 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of findings, the corresponding conclusion and recommendation based on the result of the study.

Findings

The following are the salient findings of the study:

1. There were 680 participants in the study, with age ranges of 18 to 65 and above years. Majority of them were females (429). Most of the participants were college graduates about 30.29%. In terms of monthly income about 42.94% had Php 5,000- 9,999, and majority of the respondents' distance to animal bite treatment center were between 1-10 kilometers (66.5%).
2. The Prevalence Rate of Animal Bite Cases in Catbalogan City according to the Data from Hospital and Clinic Records, showed an increasing number of animal bite cases. For the year 2014, it had 711 animal bite cases, for the year 2015 there were 845 recorded animal bite cases; for the year 2016, it reached a 1,013 animal bite cases; for year 2017, it reached 1,189 animal bite cases; and for the year 2018, there were 1,293 record of animal bite cases. While in the conduct of this study, for the question *Has anyone in your*

household been bitten by an animal?, 592 participants or (87.06%) answered "Yes".

3. For the Knowledge of the Respondents about Rabies in Terms of Rabies Transmission, majority of them or 589 respondents answered "Yes" that rabies can be transmitted through biting of dog.
4. For the Knowledge of the Respondents about Rabies in Terms of Source of Information, majority of the respondents' source of information on rabies was through watching television since 530 of them or 77.9 percent had responded yes to TV as source of information about rabies.
5. For the Knowledge of the Respondents about Animal Bite in Terms of Consequences, majority of the respondents believe that death was a consequence of animal bite with 74.3 percentage.
6. For the Knowledge of the Respondents about Rabies in Terms of Symptoms of Rabies Infection in Animals, majority of the respondents believed that one symptom of rabies infection in animals was the increased salivation of the animals since 451 or 66.3 percent of the respondents answered Yes for increased salivation as a symptom.
7. For the Knowledge of the Respondents about Rabies in Terms of Anti-Rabies Vaccine, majority of the respondents answered for the no. of doses of anti-rabies vaccine as depending on the situation of the biting animal. While, on the part where anti-rabies vaccine is administered, majority of the

respondents answered "shoulder". For the schedule of anti-rabies vaccine, majority of them believed that it was within one week.

8. For the Knowledge of the Respondents about Rabies in Terms of Treatment and Prognosis of Rabies, majority of the respondents or 482 respondents (70.9%) believed that rabies, if untreated, was fatal.
9. For the Practices of the Respondents After Animal Bite in Terms of Actual Practices, majority of the respondents' actual practice after animal bite was consulting local doctor/health personnel.
10. For the Practices of the Respondents After Animal Bite in Terms of Methods for Prevention and Control of Rabies, majority of the respondents believed that one method for prevention and control of rabies was through vaccination.
11. For the Practices of the Respondents After Animal Bite in Terms of Knowledge About Time Interval for Taking Local Treatment, majority of the respondents believed that the time interval for taking local treatment was as soon as possible or immediately.
12. For the Practices of the Respondents After Animal Bite in Terms of Knowledge on Seeking Medical Help in Animal Bite Cases, majority of the respondents believed that when the bite of the animal produced bleeding, they should seek medical help.
13. There was no significant relationship between the respondent's profile in terms of age and their knowledge on rabies in terms of rabies transmission.

Meaning, the respondents' ages had nothing to do with their knowledge about rabies transmission. While there was a significant relationship between the respondent's profile in terms of sex, educational attainment, income, distance to animal bite treatment center, and their knowledge on rabies in terms of rabies transmission. Meaning, the knowledge of the respondents on rabies transmission was affected by their profile in terms of sex, educational attainment, income, distance to animal bite treatment center.

14. There was no significant relationship between the respondent's profile in terms of age, educational attainment and income, and their knowledge on rabies in terms of source of information. Meaning, the respondents' ages, educational attainment and income, had nothing to do with their source of information about rabies. While there was a significant relationship between the respondent's profile in terms of sex, and distance to animal bite treatment center, and their knowledge on rabies in terms of source of information. Meaning, the source of information of respondents about rabies was influenced by their sex and distance to animal bite treatment center.
15. There was no significant relationship between the respondent's profile in terms of sex and their knowledge on rabies in terms of consequences of animal bite. Meaning, the respondents' sex had nothing to do with their knowledge on rabies consequences. While there was a significant

relationship between the respondent's profile in terms of age, educational attainment, income, distance to animal bite treatment center, and their knowledge on rabies in terms of rabies consequences. Meaning, the knowledge of the respondents on rabies consequences was influenced by their profile in terms of age, educational attainment, income and distance to animal bite treatment center.

16. There was a significant relationship between the respondent's profile in terms of sex, age, educational attainment, income, distance to animal bite treatment center, and their knowledge on rabies in terms of symptoms of rabies infection in animals. Meaning, the knowledge of the respondents on symptoms of rabies infection in animals was influenced by their profile in terms of sex, age, educational attainment, income, distance to animal bite treatment center.
17. There was no significant relationship between the respondent's profile in terms of age, sex, and income, and their knowledge on rabies in terms of anti-rabies vaccine. Meaning, the respondents' ages, sex, and income, had no influence with their knowledge on anti-rabies vaccine. While there was a significant relationship between the respondent's profile in terms of educational attainment and distance to animal bite treatment center, and their knowledge on anti-rabies vaccine. Meaning, the knowledge of the respondents on anti-rabies vaccine was affected by their educational attainment and distance to animal bite treatment center.

18. There was no significant relationship between the respondent's profile in terms of age and income, and their knowledge on rabies in terms of treatment and prognosis of rabies. Meaning, the respondents' age and income had no influence with their knowledge on rabies treatment and prognosis. While there was a significant relationship between the respondent's profile in terms of sex, educational attainment and distance to animal bite treatment center, and their knowledge on rabies in terms of treatment and prognosis of rabies. Meaning, the knowledge of the respondents on rabies treatment and prognosis was affected by their sex, educational attainment and distance to animal bite treatment center.
19. There was no significant relationship between the respondent's profile in terms of age and income, and their actual practices after animal bite. Meaning, the respondents' age and income, had no influence with their actual practices after animal bite. While there was a significant relationship between the respondent's profile in terms of sex, educational attainment and distance to animal bite treatment center, and their actual practices after animal bite. Meaning, the respondents' actual practices after animal bite were affected by their sex, educational attainment and distance to animal bite treatment center.
20. There was no significant relationship between the respondent's profile in terms of age, sex, and income, and their practices after animal bite in terms of methods for prevention and control of rabies. Meaning, the respondents'

age, sex and income, had no influence with their practices after animal bite in terms of methods for prevention and control of rabies. While there was a significant relationship between the respondent's profile in terms of educational attainment and distance to animal bite treatment center, and their practices after animal bite in terms of methods for prevention and control of rabies. Meaning, the respondents' practices after animal bite in terms of methods for prevention and control of rabies were influenced by their educational attainment and distance to animal bite treatment center.

21. There was no significant relationship between the respondent's profile in terms of sex and their practices after animal bite in terms of knowledge about time interval for taking local treatment. Meaning, the respondents' sex had no influence with their practices after animal bite in terms of knowledge about time interval for taking local treatment. While there was a significant relationship between the respondent's profile in terms of age, educational attainment, income, distance to animal bite treatment center, and their practices after animal bite in terms of knowledge about time interval for taking local treatment. Meaning, the respondents' practices after animal bite in terms of knowledge about time interval for taking local treatment were influenced by their profile in terms of age, educational attainment, income and distance to animal bite treatment center.
22. There was no significant relationship between the respondent's profile in terms of age, income and distance to animal bite treatment center, and their

knowledge on seeking help in animal bite cases. Meaning, the respondents' age, income and distance to animal bite treatment center had no influence with their knowledge on seeking help in animal bite cases. While there was a significant relationship between the respondent's profile in terms of sex and educational attainment, and their knowledge on seeking help in animal bite cases. Meaning, the respondents' knowledge on seeking help in animal bite cases was influenced by their profile in terms of sex and educational attainment.

23. There was a significant relationship between the respondent's knowledge on rabies and their practices after animal bite. Meaning, the respondents' practices after animal bite were influenced by their knowledge on rabies.

Conclusions

The following were the conclusion formulated based on the findings of the study:

1. There was an increasing number of animal bite cases in Catbalogan City from 2014 to 2018 ranging from 711 to 1,293 animal bite cases. Additionally, most of the participants in this study revealed that they have household members who were bitten by an animal.
2. Most respondents believed that rabies could be transmitted through biting of dog and cat, but a number of participants were still not knowledgeable on other list of animals that were capable of releasing rabies virus.

3. Most respondents believed that death and rabies were consequences of animal bite to individuals. Moreover, on the part of animals, most participants believed that increased salivation was one symptom of rabies infection in animals.
4. Majority of the respondents recognized the right no. of doses of anti-rabies vaccine, the proper area of vaccine administration, and its schedule. However, there were still a number of participants in this study who were not aware of the proper administration of anti-rabies vaccine.
5. Majority of the respondents believed that rabies was fatal when left untreated, thus, they recognized the need for vaccination as one method for prevention and control of rabies. They also supposed that they should seek medical help when the bite of the animal produced bleeding. Additionally, consulting local doctor/health personnel and seeking medical treatment immediately after animal bite were distinguished by most respondents as necessary. However, there were still a number of participants who were not aware of the proper time interval for taking local treatment.
6. The knowledge of the respondents on rabies treatment, prevention and control of rabies and anti-rabies vaccine administration were affected by their educational attainment and distance to animal bite treatment center. The respondents who had higher educational attainment tended to know more the risk of rabies virus, thus, giving importance on taking treatment

immediately. Also, the participants who were nearer to a health center or hospital were most willing to comply for treatment schedule.

7. The respondents' practices after animal bite were in accordance with their knowledge on rabies. Thus, an increase of knowledge in rabies also means an increase of possible ways and practices of humans to prevent from rabies. When there is limited knowledge about rabies, there will also be limited practices in prevention of rabies.

Recommendations

The following are the recommendations based on the findings and conclusions:

1. The Department of Health (DOH) should implement different strategies for Rabies Awareness Campaign in order that the community will be knowledgeable enough of rabies virus;
2. The Provincial Rabies Program Coordinator should conduct health education for each municipality for rabies awareness and responsible pet ownership;
3. The chief of hospital together with the chief nurse should implement orientation seminar for the nurses and animal bite patients for them to be aware of the nature of rabies and in what ways rabies can be prevented;

4. The concerned authority should conduct orientation seminars for community that will help them learn more about the proper management and practices when bitten by animals;
5. Provide information to the community about those animals possible of releasing rabies virus so that they will not only think of dog and cat as source of rabies and will be more cautious in dealing with other animals;
6. Provide orientation seminar that will help the community comprehend that it is not only through biting of animal that rabies virus can be transmitted, but also in many ways like scratching and licking of an open wound;
7. Help the community realize that rabies is 100 percent fatal, but is highly preventable through early consultation, timely administration of vaccines, and responsible pet ownership; and
8. Further studies and research regarding animal bite management practices are recommended but in different settings.

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APPENDICES

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

APRIL, 2019

BARANGAY CHAIRMAN
BRGY. CANLAPWAS
CATBALOGAN CITY

Madam/Sir:

The undersigned researcher is a Master of Science in Nursing student presently conducting a study entitled "ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY". This study aims to determine the knowledge on rabies and animal bite management practices among selected communities in Catbalogan City.

The researcher would like to ask your permission to conduct the study in your barangay. I assure you that all the information gathered will be kept in private.

Hoping for your kind approval pertaining to this request.

Very truly yours,

JANINE R. COLEBRA
Researcher

PROF. RHEAJANE AGUILAR-ROSALES, DM
Thesis Adviser

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

APRIL, 2019

BARANGAY CHAIRMAN
BRGY. MERCEDES
CATBALOGAN CITY

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Thesis Adviser

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

APRIL, 2019

BARANGAY CHAIRMAN
BRGY. MAULONG
CATBALOGAN CITY

Madam/Sir:

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PROF. RHEAJANE AGUILAR-ROSALES, DM
Thesis Adviser

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

APRIL, 2019

BARANGAY CHAIRMAN
BRGY. ESTAKA
CATBALOGAN CITY

Madam/Sir:

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Researcher

PROF. RHEAJANE AGUILAR-ROSALES, DM
Thesis Adviser

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

APRIL, 2019

BARANGAY CHAIRMAN
POBLACION 1
CATBALOGAN CITY

Madam/Sir:

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PROF. RHEAJANE AGUILAR-ROSALES, DM
Thesis Adviser

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

APRIL, 2019

BARANGAY CHAIRMAN
BRGY. PUPUA
CATBALOGAN CITY

Madam/Sir:

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Researcher

PROF. RHEAJANE AGUILAR-ROSALES, DM
Thesis Adviser

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

APRIL, 2019

BARANGAY CHAIRMAN
BRGY. LAGUNDI
CATBALOGAN CITY

Madam/Sir:

The undersigned researcher is a Master of Science in Nursing student presently conducting a study entitled "ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY". This study aims to determine the knowledge on rabies and animal bite management practices among selected communities in Catbalogan City.

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JANINE R. COLEBRA
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PROF. RHEAJANE AGUILAR-ROSALES, DM
Thesis Adviser

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

APRIL, 2019

BARANGAY CHAIRMAN
BRGY. OLD MAHAYAG
CATBALOGAN CITY

Madam/Sir:

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Thesis Adviser

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

APRIL, 2019

BARANGAY CHAIRMAN
BRGY. SAN VICENTE
CATBALOGAN CITY

Madam/Sir:

The undersigned researcher is a Master of Science in Nursing student presently conducting a study entitled "ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY". This study aims to determine the knowledge on rabies and animal bite management practices among selected communities in Catbalogan City.

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Very truly yours,

JANINE R. COLEBRA
Researcher

PROF. RHEAJANE AGUILAR-ROSALES, DM
Thesis Adviser

APPENDIX B

Cover Letter of the Questionnaire

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

Dear Respondents,

The undersigned researcher is a Master of Science in Nursing student presently conducting a study entitled "ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY". This study aims to determine the knowledge on rabies and animal bite management practices among selected communities in Catbalogan City.

In this connection, the researcher is giving you the questionnaire herein attached for the gathering of the data she needs. You are requested to supply the information asked for in Part I and to give your honest information in Parts II, III, IV, V and VI. Please feel free to provide the necessary information with the assurance that your answers will be treated confidentiality.

Thank you for your cooperation.

Very truly yours,

JANINE R. COLEBRA
Researcher

PROF. RHEAJANE AGUILAR-ROSALES, DM
Thesis Adviser

QUESTIONNAIRE

Part I. Respondents' Demographic Profile

DIRECTIONS: Please fill in the following information and answer the following questions by putting a check (✓) inside the box.

1. Name (Optional):_____
2. Age: _____
3. Sex:

   ☐ Female

   ☐ Male

4. Educational Attainment :

   ☐ College Graduate

   ☐ College Level

   ☐ High School Graduate

   ☐ High School Level

   ☐ Elementary Graduate

   ☐ Elementary Level

5. Monthly Income: _____

6.Distance to Animal Bite Treatment Center (km).

☐ >30

☐ 20- 30

☐ 10- 20

☐ 1- 10

Part II.

DIRECTION: Please put (/) for your answer for every statement or put your answer on the blank space provided. If your answer to number 1 is yes, please proceed to the next question and if your answer to number 2 is yes, please proceed to the succeeding questions.

1. Have you heard about Rabies?

   YES ( ) NO ( )

2. Has anyone in your household been bitten by an animal?

   YES ( ) NO ( )

   If yes, what type of animal?

   Ans. _____

3. Of what relation to you was the person bitten by the animal?

   Ans. _____

4. When did it happen?

   Ans. _____

5. Where did it happen?

   Ans. _____

Part III.

DIRECTION: Please put (/) for your answer.

0- I DON'T KNOW
1- NO
2- UNCERTAIN
3- YES

KNOWLEDGE ABOUT RABIES

KNOWLEDGE	0	1	2	3
RABIES TRANSMISSION				
How does rabies occur?				
a) Biting of;				
• Dog				
• Cat				

• Horse				
• Goat				
• Carabao				
• Cattle				
• Bat				
• Monkey				
• Pig				
b) Licking on broken skin, wound				
c) Scratching				
How Rabies is transmitted?				
a) Teeth				
b) Saliva				
c) Nails				

SOURCE OF INFORMATION ABOUT RABIES				
a) TV				
b) Newspaper				
c) Posters/Leaflet				
d) Family members/friends/neighbors				
e) Health facility/Health personnel				
CONSEQUENCES OF ANIMAL BITE				
a) Death				
b) Infection				
c) Injury				
d) Rabies				
KNOWLEDGE ABOUT SYMPTOMS OF RABIES INFECTION IN ANIMALS				
CONSEQUENCES OF RABIES INFECTION IN ANIMAL				
a) Paralysis, Coma				
b) Death				
c) Increased salivation				

d) Aggressive behavior, increased biting				
e) Silent behavior, lethargic, decreased appetite				
f) Change in voice				

KNOWLEDGE ABOUT RABIES IMMUNIZATION

KNOWLEDGE ABOUT ANTI-RABIES VACCINE	0	1	2	3
No. of Doses of Anti- rabies vaccine given				
a) 1				
b) 2				
c) Depends on the situation of the biting animal				
Where anti-rabies vaccine is administered?				
a) Gluteal region				
b) Shoulder				
c) Abdomen				
Schedule of Anti- rabies vaccine				
a) Within 1 week				
b) Within 2 weeks				
c) Any time				

Part IV. DIRECTION: Please put (/) for your answer.

0- I DON'T KNOW
1- DISAGREE
2- UNCERTAIN
3-AGREE

KNOWLEDGE ON THE TREATMENT AND PROGNOSIS OF RABIES	0	1	2	3
1. Vaccination is available to prevent rabies				
2. Rabies, if untreated is fatal				
3. Symptoms of rabies can appear as late as one year after the bite				

4. I will not have treatment if the biting animal was vaccinated				
5. Licking of a wound by a rabid animal will not need treatment				
6. If the biting animal is alive and well, I will not need treatment for the bite				
7. Prior vaccination will protect a person from rabies within 2 years of vaccination				
8. Vaccination against rabies is available at local health centers				

Part V.

DIRECTION: Please put (/) for your answer.

0- I DON'T KNOW
1- NO
2- UNCERTAIN
3- YES

PRACTICES AFTER ANIMAL BITE

KNOWLEDGE ABOUT ACTUAL PRACTICES AFTER ANIMAL BITE	0	1	2	3
a) Consult to local doctor/ health personnel				
b) Wash the wound with soap and water				
c) Kept the wound open				
d) Application of antiseptic solution				
e) Injection of Anti-rabies vaccine				
f) Injection of Immunoglobulin				
g) Injection of Tetanus toxoid and Anti-tetanus serum				
h) Ingestion of antibiotics and anti-inflammatory if needed				
i) Suture the wound				

j) Nothing should be done				
METHODS FOR PREVENTION AND CONTROL OF RABIES				
a) Health Education				
b) Vaccination				
c) Prohibition of animals in public places and street				
d) Isolation and killing				
KNOWLEDGE ABOUT TIME INTERVAL FOR TAKING LOCAL TREATMENT				
a) As soon as possible, immediately				
b) Should not be done				
c) Any time				

Part VI. DIRECTION: Please put (/) for your answer.

0- I DO NOT KNOW
1- WILL NOT BRING TO HEALTH CENTER
2- UNCERTAIN
3- WILL BRING TO HEALTH CENTER

KNOWLEDGE ON SEEKING MEDICAL HELP IN ANIMAL BITE CASES	0	1	2	3
1. Bite that produce bleeding				
2. Bite with no bleeding				
3. Licking of the wound				
4. Licking of the mouth				
5. Licking of eyes				
6. Licking of skin without a wound				

QUESTIONNAIRE

Una nga Parte- IMPORMASYON HAN MGA MAMARATON

Direksyon: Alayon pagbutang hin tsek (/) an kaangayan nga kahon nga natungod han imo baton han kada ginhatag nga impormasyon ha ubos.

1. Ngaran (Opsyonal):_____
2. Edad:_____
3. Kinatawo:

   ☐ Babaye

   ☐ Lalaki

4. Lebel han edukasyon:

   ☐ College Graduate

   ☐ College Level

   ☐ High School Graduate

   ☐ High School Level

   ☐ Elementary Graduate

   ☐ Elementary Level

5. Kita/suweldo kada bulan: _____

6. Distansya tikang ha balay ngadto han Animal Bite Treatment Center (km).

☐ >30

☐ 20- 30

☐ 10- 20

☐ 1- 10

Ikaduha nga Parte:

Direksyon: Alayon pagbutang hin tsek (✓) an kaangayan nga kahon nga natungod han imo baton han kada ginhatag nga impormasyon ha ubos. Kun an imo baton ha una nga numero ay **Oo**, padayon pagbaton ha sunod nga pakiana. Ngan kun an imo baton ha ikaduha nga numero ay **Oo**, padayon han pagbaton ha sunod nga pakiana.

1. Nakabati ka na ba han rabies?

   ☐ Oo ☐ Waray

   ➢ Kun Oo, igsaysay an imo nahihibaruan han rabies:

_____

_____

2. May ada ba ha iyo natukob na han hayop?

   ☐ Oo ☐ Waray

   ➢ Kun Oo, ano nga klase hin hayop an nakatukob?

_____

_____

3. Ano iton imo relasyon han tawo nga natukob han hayop?

_____

_____

4. Kakano ito nahinabo?

_____

_____

4. Diin ito nga lugar nahinabo?

_____

_____

Ikatulo nga Parte:

Direksyon: Alayon pagbutang hin tsek (/) an kaangayan nga kahon nga natungod han imo baton

KAHIBABRU-AN HAN RABIES

0- DIRE MAARAM
1- DIRE
2- DIRE SIGURADO
3- OO

KAHIBABRU-AN	0	1	2	3
RABIES TRANSMISSION				
Paano nagkakaada hin rabies?				
a) Pagtukob han:				
• Ayam				
• Misay				
• Kabayo				
• Kambing				
• Karabaw				
• Baka				
• Paniki				
• Unggoy				
• Baboy				
b) pagdilap ha abrido nga samad				
c) kamras				

Paano napapasa an rabies?				
a) Tango				
b) Laway				
c) Kulo				

MAKUKUHAAN HAN IMPORMASYON HIT RABIES				
a) TV				
b) Diyaryo				
c) Posters/Leaflet				
d) usa nga miyembro han pamilya/kasangkayan/kapitbahay				
e) Health facility/Health personnel				
EPEKTO HAN PAGKATUKOB O PAGKAKAGAT HAN HAYOP				
a) Kamatayun				
b) Impeksyon				
c) Injury				
d) Rabies				
KAHIBABRU-AN ***HAN SINTOMAS HAN PAGKAADA RABIES INFECTION HA USA NGA HAYOP***				
EPEKTO HAN RABIES IMPEKSYON HA USA NGA HAYOP				
a) Paralysis, Coma				

b) kamatayun				
c) paglinaway				
d) pagdamo han kakagtun				
e) nahilom an hayop ngan waray gana kumaon				
f) pagbag-o han boses				

KAHIBABRU-AN HAN RABIES IMMUNIZATION

KAHIBABRU-AN HAN ANTI-RABIES NGA BAKUNA	0	1	2	3
ihap han doses han anti-rabies nga bakuna na ihahatag				
a) usa				
b) duha				
c) Depende han sitwasyon han nagkagat nga hayop				
Diin ginbubutang an anti-rabies nga bakuna?				
a) pig-i				
b) Sugbong				
c) Tiyan				
Iskedyul han pagpabakuna han Anti-Rabies				
a) ha sulod han usa kasemana				
b) ha sulod han duha kasemana				
c) bisan ano nga oras				

Ikaupat na Parte:

Direksyon: Alayon pagbutang hin tsek (/) an kaangayan nga kahon nga natungod han imo baton.

0- DIRE MAARAM
1- DIRE NASANG-AYON
2- DIRE SIGURADO
3- NASANG-AYON

KAHIBABRU-AN HAN TREATMENT AND PROGNOSIS HAN RABIES	0	1	2	3
1. May ada bakuna para han pagpugong han pagkaada rabies				
2. An rabies kun dire maaagapan delikado				
3. An sintomas han rabies nagawas han pinakamaiha na hin naabot ha usa katuig pagkatapos han pagkakagat				
4. Dire ko kinahanglan magpabulong kun nabakunahan an hayop nga nakakagat				
5. An pagdilap ha samad han usa nga hayop na posible may rabies ay dire na kailangan han pagbulong				
6. Kun an nakatukob na hayop ay buhi pa , dire ko na kailangan magpabulong				
7. An pagpabakuna ay makakaprotekta ha usa nga tawo laban han rabies ha sulod han duha katuig nga may bakuna				
8. May ada ha local health centers han bakuna laban han rabies				

Ikalima nga Parte:

Direksyon: Alayon pagbutang hin tsek (/) an kaangayan nga kahon nga natungod han imo baton.

0- DIRE MAARAM
1- DIRE
2- DIRE SIGURADO
3- OO

GINBUBUHAT PAGKATAPOS MATUKOB HAN HAYOP

KAHIBABRU-AN HAN GINBUBUHAT PAGKATAPOS MATUKOB HAN HAYOP	0	1	2	3
a) Pagkonsulta ha doctor o health personnel				
b) Paghugas han samad hit sabon ngan tubig				
c) pabay -an an samad na abrido				
d) pagbutang han antiseptic solution				
e) Injection han Anti-rabies nga bakuna				
f) Injection han Immunoglobulin				
g) Injection han Tetanus toxoid ngan Anti-tetanus serum				
h) Ingestion of antibiotics ngan anti-inflammatory kun kinahanglan				
i) pagtahi han samad				
j) waray dapat himoon				
PAMAAGI HAN PREVENTION NGAN CONTROL HAN RABIES				
a) Edukasyon han panlawas				
b) Pagpabakuna				
c) pag-iwas han mga hayop ha pampublikong lugar ngan kalye				
d) pagkulong o pagtago ngan pagpatay				

KAHIBABRU-AN HAN TIME INTERVAL PARA HAN LOCAL TREATMENT				
a) ha pinakadagmit nga panahon na makakaya				
b) dire dapat himoon				
c) bisan ano nga oras				

Ikaunom nga Parte:

Direksyon: Alayon pagbutang hin tsek (/) an kaangayan nga kahon nga natungod han imo baton.

0- DIRE MAARAM
1- DIRE DADAD-ON HA HEALTH CENTER
2- DIRE SIGURADO
3- DADAD-ON HA HEALTH CENTER

KAHIBABRU-AN HAN HAN PAG-ARO BULIG MAHITUNGOD HAN PAGTUKOB HAN HAYOP	0	1	2	3
1. Pagkagat na may ada dugo nga gumawas				
2. Pagkagat nga waray magdugo				
3. Pagdilap han samad				
4. Pagdilap ha baba				
5. pagdilap ha mata				
6. pagdilap ha panit nga waray samad				

APPENDIX C

Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

January 10, 2019

Madam/Sir:

The undersigned researcher is a Master of Science in Nursing student, presently conducting a study entitled "ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY". This study aims to determine the knowledge on rabies and animal bite management practices among communities in Catbalogan City.

In connection with this, may she request from your good office a copy of the total number of households in selected barangays of Catbalogan City namely: Brgy. Canlapwas, Brgy. Mercedes, Brgy. Maulong, Brgy. Estaka, Poblacion 1 (Brgy.1), Brgy. Pupua, Brgy. Lagundi, Brgy. Old Mahayag and Brgy. San Vicente.

The researcher hopes for your favorable response on this matter.

Thank you and God bless!

Respectfully yours,

JANINE R. COLEBRA
Researcher

APPENDIX D
Samar State University
COLLEGE OF GRADUATE STUDIES
Catbalogan City, Samar

April, 2019

RESEARCH INSTRUMENT APPROVAL SHEET

TO THE PANEL OF EVALUATORS:

The undersigned researcher is a Master of Science in Nursing student presently conducting a study entitled "ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY". This study aims to determine the knowledge on rabies and animal bite management practices among selected communities in Catbalogan City.

Attached herewith is the questionnaire to be used in the gathering of the data from the respondents.

Looking forward that you would signify your approval on the said questionnaire so that the researcher can proceed with the gathering of the data for this study.

Very truly yours,

JANINE R. COLEBRA
Researcher
Recommending Approval:

RHEAJANE AGUILAR-ROSALES, D.M.
Thesis Adviser

We, the members of the Panel of Evaluators hereby approve on the use of the attached questionnaire for the above-mentioned study.

GENELIMA A. ARCALES
Member

YOLANDA B. JACOB
Member

RONALD L. ORALE, Ph.D.
Member

DOLORES L. ARTECHE, DScN
Member

BEGONIA YBOA
Member

ESTEBAN A. MALINDOG, Ph.D.
Dean, College of Graduate Studies
Chair, Panel of Evaluator

APPENDIX E

Informed Consent Form to Participate in the Study

Part I. Information Sheet

I, JANINE R. COLEBRA, an MSN student of Samar State University, is doing a research study entitled "ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY" with the purpose of determining the knowledge on rabies and animal bite management practices among communities in Catbalogan City.

Should there be queries on some words or terms along the contents hereof, please feel free to ask the undersigned researcher for clarifications.

JANINE R. COLEBRA
Researcher

Part II. Consent Certification

I have read the foregoing information, or it has been read to me and had the opportunity to ask questions about it and the same had been answered to my satisfaction. I voluntarily give my permission to participate in this foregoing research study.

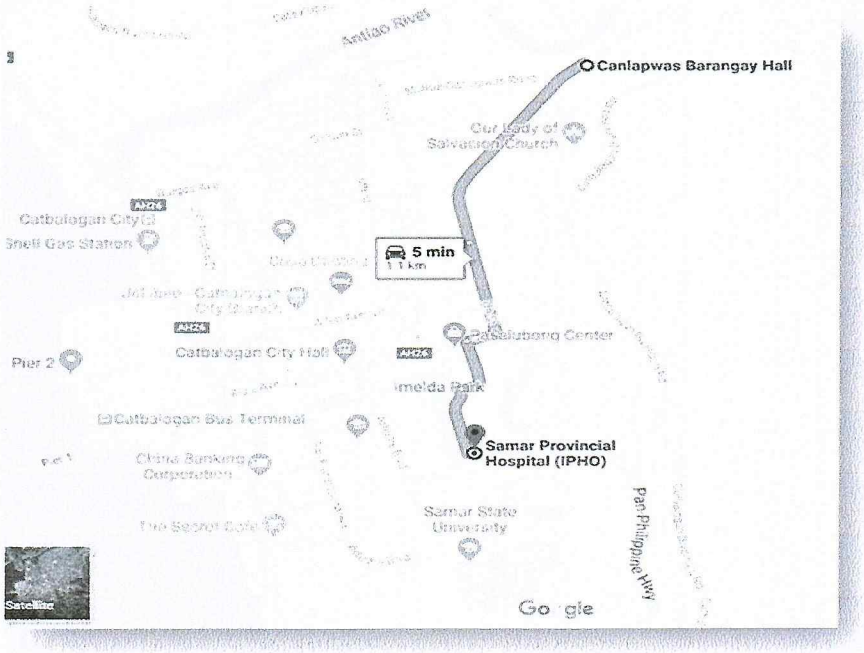
Printed Name of Participant: _____

Signature of Participant: _____

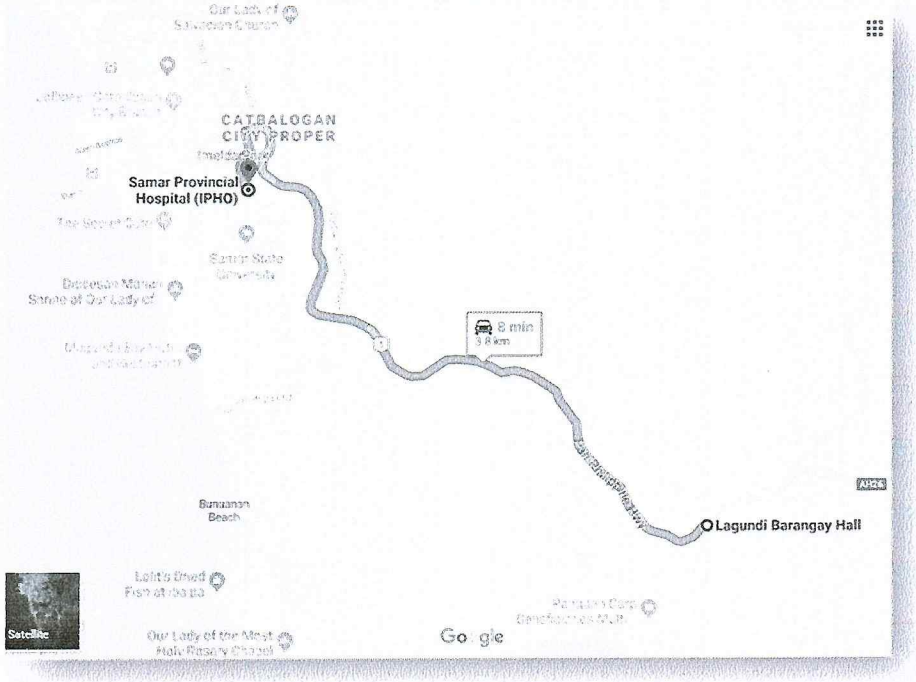
Date: _____

APPENDIX F
DISTANCE FROM SELECTED BARANGAYS TO ANIMAL BITE TREATMENT CENTER

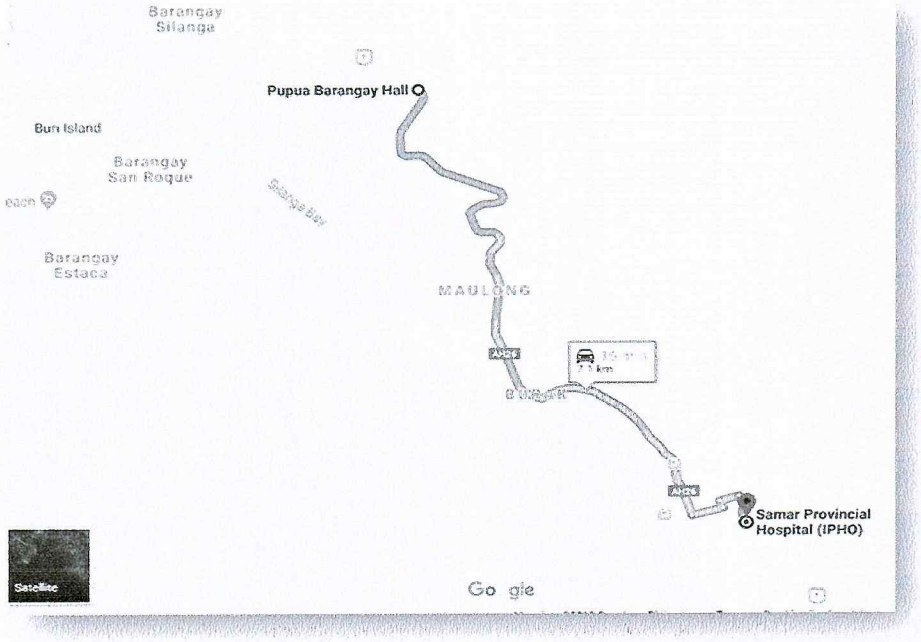
BRGY. CANLAPWAS



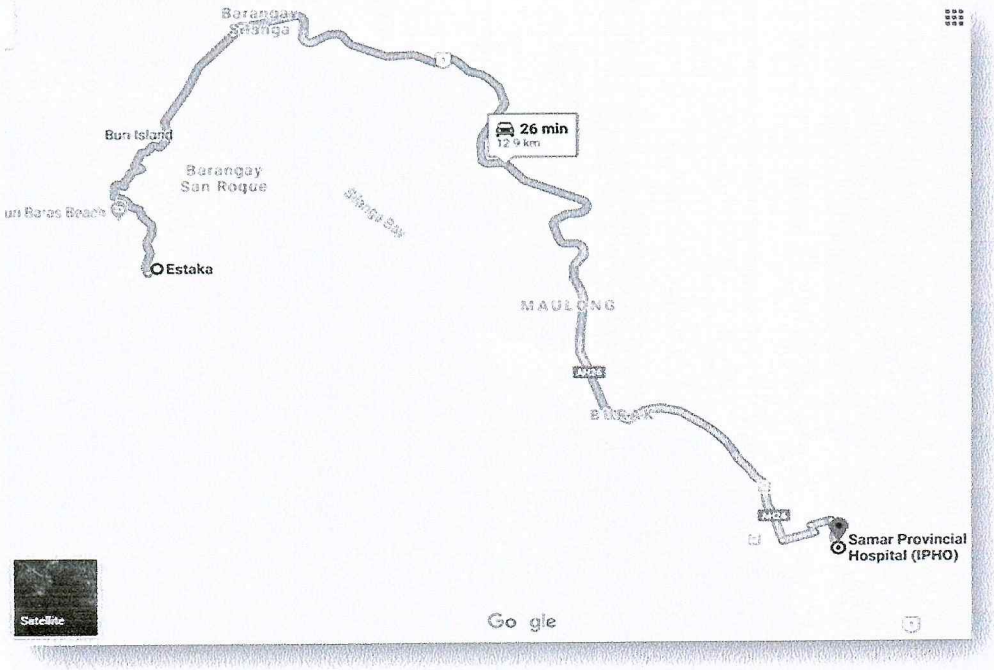
LAGUNDI



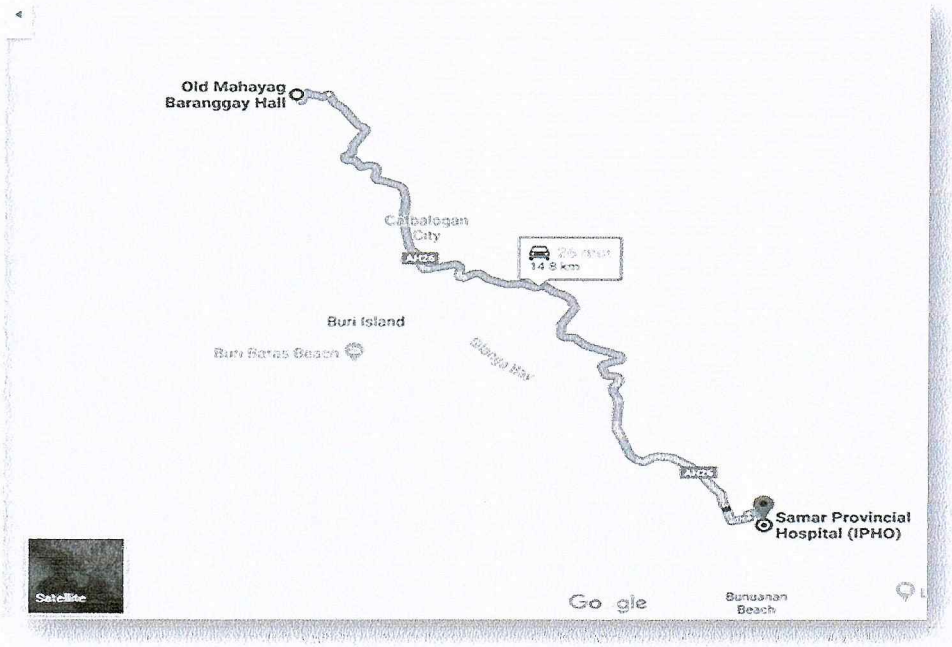
PUPUA



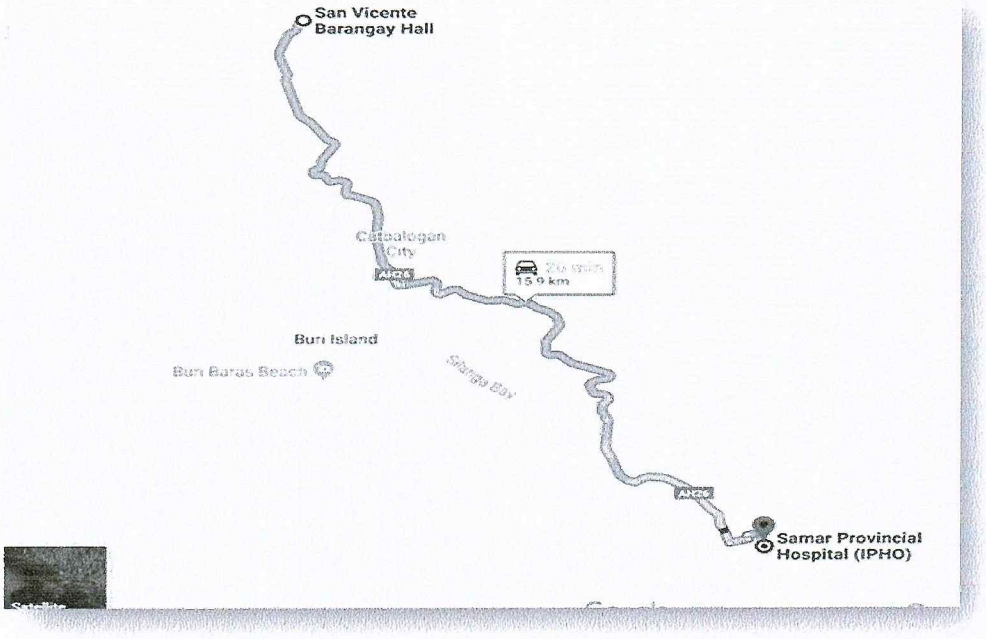
ESTAKA



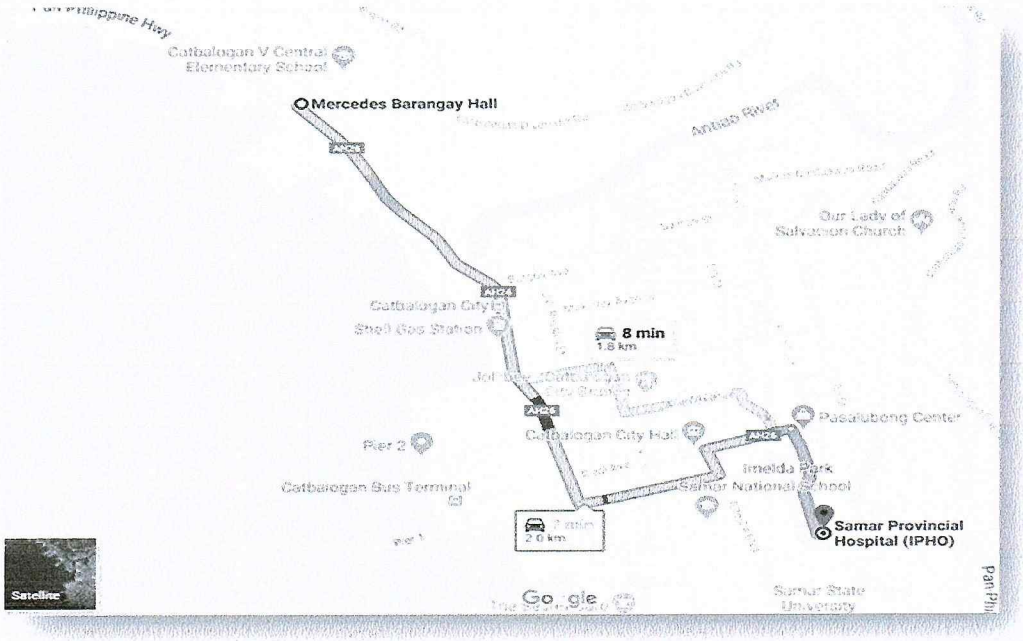
OLD MAHAYAG



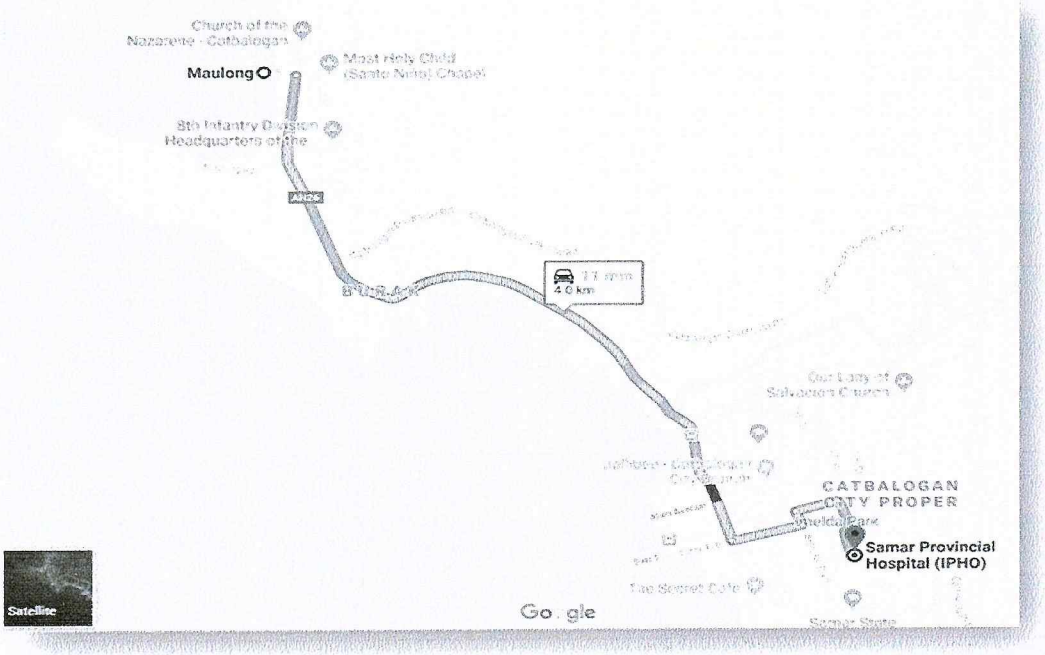
SAN VICENTE



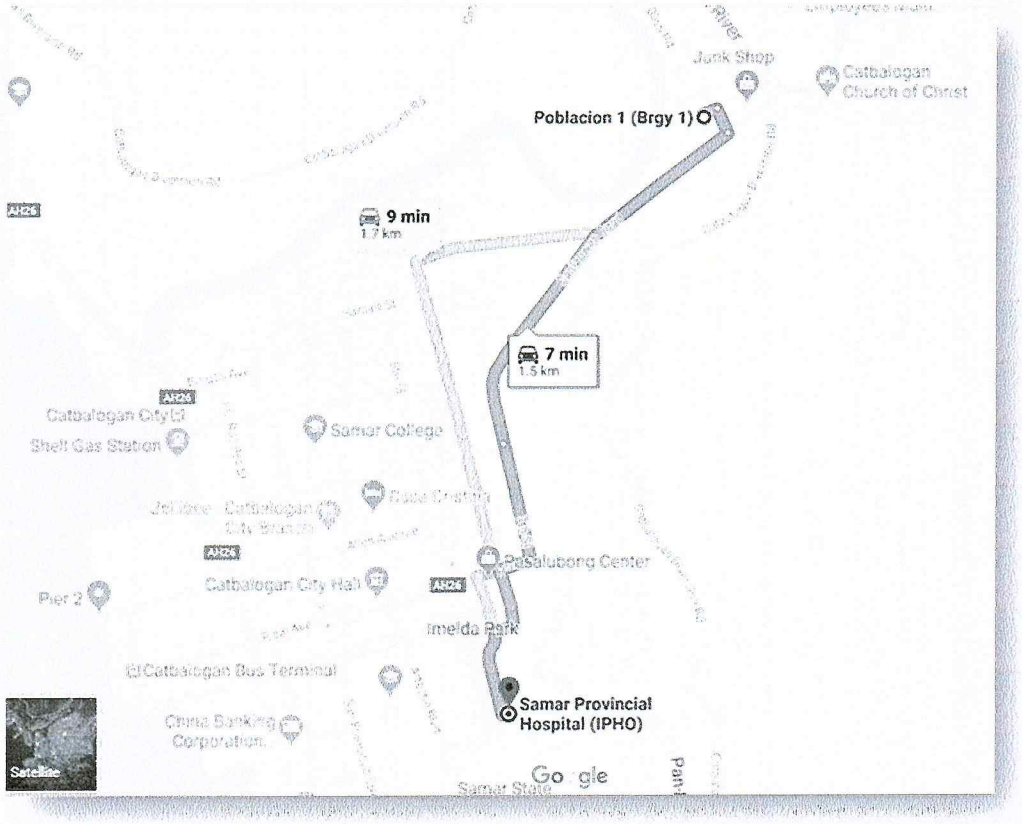
MERCEDES



MAULONG



POBLACION 1


Junk Shop
Catbalogan Church of Christ
Poblacion 1 (Brgy 1)
9 min
1.7 km
7 min
1.5 km
AH26
Catbalogan City Ct
Shell Gas Station
Samar College
Pasalubong Center
Pier 2
Catbalogan City Hall
Imelda Park
Catbalogan Bus Terminal
Samar Provincial Hospital (IPHO)
China Banking Corporation
Satellite
Google
Samar State

CURRICULUMVITAE

CURRICULUM VITAE

PERSONAL BACKGROUND

NAME	: COLEBRA, JANINE R.
ADDRESS	: BRGY. 3 PIER 2 CATBALOGAN CITY
PLACE OF BIRTH	: CATBALOGAN CITY
DATE OF BIRTH	: NOVEMBER 13, 1994
AGE	: 24 YEARS OLD
WORKPLACE	: SAMAR PROVINCIAL HOSPITAL
DESIGNATION	: NURSE I
NO. OF YEARS IN SERVICE	: 3 YEARS
BACCALAUREATE DEGREE	: BACHELOR OF SCIENCE IN NURSING

EDUCATIONAL BACKGROUND

ELEMENTARY	:	SALUG ELEMENTARY SCHOOL CATBALOGAN CITY
SECONDARY	:	EASTERN VISAYAS REGIONAL SCIENCE HIGH SCHOOL CATBALOGAN CITY
TERTIARY	:	SAMAR STATE UNIVERSITY CATBALOGAN CITY

SAMAR STATE UNIVERSITY
Arteche Blvd., Catbalogan City, Philippines 6700
Office of the University President

We Innovate. We Build. We Serve.

Certificate No. AJA18.1089
SSU-PRES-FR. 001
04-FEB-2019 REV. 00

CERTIFICATE OF ETHICS APPROVAL

This is to certify that the Samar State University Institutional Research Ethics Review Committee (IRERC) has reviewed and approved a study entitled:

Title : **Animal Bite Management Practices in Catbalogan City**
Name of Researcher : **Janine R. Colebra**
Reference No : **IRERC EA0001**
Application Date : **February 24, 2019**

It is hereby mandated that in the implementation of the aforementioned study, the subject researcher shall adhere to International ethical guidelines, national guidelines and all other pertinent requirements prescribed by the SSU-IRERC.

The Researcher can now commence to the data gathering process and the study shall be valid for two (2) years from the date of issuance hereof.

DATE OF ISSUANCE: April 15, 2019 VALID UNTIL: April 15, 2021

RHEAJANE A. ROSALES, D.M.
Director, IRERC

MARILYN D. CARDOSO, Ph.D.
University President

SAMAR STATE UNIVERSITY
Arteche Blvd., Catbalogan City, Philippines 6700
College of Graduate Studies

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Certificate No. AJA18.1089

CERTIFICATION OF EDITING

This is to certify that the thesis/dissertation of Ms. JANINE COLEGRA

entitled ANIMAL BITE MANAGEMENT PRACTICES IN CATBALOGAN CITY

has been edited (both grammar and style) as a partial requirement for binding.

ALONA MEDALLA C. GABEJAN, D.A.
Signature over Printed Name of Editor

Date: November 11, 2019

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LIST OF TABLES

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