



Assessment of knowledge, practice and factors associated with Brucellosis prevention among residence in Bati district, Oromiya Zone, Amhara state, Ethiopia

Hussein Mohammed (Msc in MPH), Dr. Tadesse Guadu (MPH), Mr Malede Fentie (MPH), Teleko Girma (MPH)

¹University of Gondar College of medicine and Department of public health and veterinary medicine, Gondar, Ethiopia P.O. Box: 196

²University of Gondar College of medicine and Department of Environmental Health, Gondar, Ethiopia P.O. Box: 196

³University of Gondar College of medicine and Department of Public Health Biostatistics, Gondar, Ethiopia P.O. Box: 196

⁴University of Gondar College of medicine and Department of Public Health and veterinary medicine, Gondar, Ethiopia P.O. Box: 196

Email: husienmoha660@gmail.com

Abstract: This study was done on residents of Bati district farmers from April to May 2018 to assess the knowledge and practice to prevention of the disease in the area of study. Cross-sectional study design and multistage sampling procedures were employed to select households for this study. The data were collected from 785 households, using pretested and structured questionnaire. Data entry was done by using Epi info version 7 statistical software and SPSS version 20 software were used for data analysis. Both Bivariable and multiple logistic regressions were fitted. P-value with 95% CI was used and p-value < 0.05 were declared the significant association between knowledge and practice on brucellosis prevention and its associated factors. A total of 806 respondents were participated with a response rate of 97.4% (785). Among those, 785 respondents 682 (86.9%) of them were males. Moreover respondents those educated had 2.863 times more likely good knowledge of brucellosis prevention (AOR=2.863, 95% CI: 2.215-3.700) than those not educated. Respondents those that had shared homes with animals were 2.041 times less likely had good practice of brucellosis prevention (AOR=2.041, 95% CI: 1.091-3.816).

[Hussein Mohammed (Msc in MPH), Dr. Tadesse Guadu (MPH), Mr Malede Fentie (MPH), Teleko Girma (MPH). **Assessment of knowledge, practice and factors associated with Brucellosis prevention among residence in Bati district, Oromiya Zone, Amhara state, Ethiopia.** *Rep Opin* 2020;12(7):1-8]. ISSN 1553-9873 (print); ISSN 2375-7205 (online). <http://www.sciencepub.net/report>. 1. doi:[10.7537/marsroj120720.01](https://doi.org/10.7537/marsroj120720.01).

Keywords: Bati district, Ethiopia, Brucella, Knowledge, Practice and Associated factors.

1. Introduction

Brucellosis is a contagious bacterial zoonotic disease of public health importance worldwide. The disease affects, wildlife, humans and domestic animals especially livestock (cattle, goats, sheep, camels and pigs) and it is the longest known infectious diseases in human history [1]. Currently it is an emerging and reemerging most common zoonotic disease and considered globally, with more than 500,000 cases recorded yearly [2]. Furthermore, it is of public health and economic burden to livestock production systems especially in pastoral and agro-pastoral communities [3]. The economic loss is mainly due to abortions, giving birth to weak calves and decrease in milk productivity in addition to posing a major obstacle for international trade moreover inadequate preventive and control measures potentially influence disease transmission between animals and humans in the community[4].

Brucellosis is an occupational hazard among herders, veterinarians, laboratory technicians, butchers, and handlers of infected animal products. In addition, the disease is common among community members who consume poorly prepared animal products such as meat and milk [5]. Human brucellosis has a broad clinical picture as its presentation mimics conditions like malaria and typhoid fever, joint diseases and other conditions causing pyrexia [4]. This usually causes diagnostic challenges for brucellosis in health facilities especially in developing countries due to inadequate laboratory facilities. The disease manifests with intermittent or irregular fever, headache, weakness, profuse sweating, depression, weight loss, and generalized aching [4]. In sub-Saharan Africa, the prevalence of brucellosis is not clear with reports varying from country to

country and the disease has been reported in most parts of Africa [6]. This variation could be attributed to diagnostic challenges, underreporting, and lack of surveillance systems.

In most low and middle income countries where Brucellosis is endemic physicians diagnose disease using clinical symptoms due to inadequate laboratory facilities. However, Brucellosis shares clinical symptoms with other diseases like tuberculosis and malaria common in these countries [7]. This increases the risk of misdiagnosis and treatment of the disease and potentially worsening of disease outcomes. The prevalence of Brucellosis in most communities of Africa is not known. In Ethiopia the disease Brucellosis has been noted as one of the important livestock diseases in the country [8-10]. However, most reports made on limited or single species of animals and there prevalence understanding studies in animals and human were largely confined to serological surveys and commonly targeted bovine brucellosis, occasionally sheep and goats and rarely camels. Also a comprehensive of disease occurrence in livestock production systems and potential risk factors across the district are not carried out to shape possible future intervention programs in the district livestock.

Lack of sufficient knowledge of the disease accompanied by high-risk practices and absence of effective prevention and management strategies results for circulating of the disease in the population [11-13]. The aim of this study was to assess knowledge and practices towards on prevention of brucella disease and associated factors that contribute to contracting human brucellosis in farmers of Bati district, Oromiya zone, of Amhara region since interaction between humans and their animals is inevitable.

Materials And Methods

Study Area

This study was done on residents of Bati district farmers from April to May 2018. Bati is one of the woreda in the Amhara Region of Ethiopia. Part of the Oromiya Zone, It is bordered on the south by Dawa Harewa, on the southeast by the Argobba special woreda, on the west and north by the North Wollo Zone, and on the east by Afar Region. Majorities of lively hood depend on livestock with integration of agriculture which commonly cultivated crops Sorghum and some Maize. Irrigation system using the largest rivers of Mea and Cheleka were used for cash crops mainly Chat. Moreover, the district has an estimated total population of 24,257 of whom 12,229 are men and 11,958 are women and also high population of livestock such as cattle, goats, sheep and camels. Some of the peoples migrate seasonally to

Cheffa valley for searching feed and water for their animals.

Study design

Community based cross sectional study design was used to assess the level of knowledge and practice of the community with its associated factors towards brucellosis prevention.

Source and Study population

The source populations of this study those of all the 27 kebeles households of the district's resident farmers who had cattle and exposure to rearing of animals in Bati district.

The study populations were those households in randomly selected 8 kebeles of among the 27 of total kebeles of the district of randomly the selected 24 gotes with those of 8 kebeles and who had cattle and exposure to rearing of animals. The study subject was those householder and or members either male or female whose age is 18 and above years old in randomly selected kebeles who had cattle and exposure to rearing of animals.

Sample Size and sampling method

The sample size was determined using single population proportion formula [26]. In this study the area there were for lack of;-regarding of communities knowledge and practices on prevention of brucellosis and its associated factors. Therefore; I assumed population proportion of 50% were good knowledge and practice towards on prevention of brucellosis and to obtain the maximum sample size at 95% certainty. $n = Z (\alpha/2)^2 p (1-p)/d^2$ Where: n = the sample size to be determined Z ($\alpha/2$)= the standard normal deviate set at 1.96, which corresponds with the 95% confidence interval: p = the estimated proportion of knowledge and practice towards prevention of brucellosis in a population=50% (0.5) d = the proportion of sampling error between the sample and the population = 5% (0.05) So, to calculate sample size; $n=(1.96)^2 \times 0.5 \times (1-0.5) / (0.05)^2$ n=384 * design effect 2 * 5 % non response rate=A total of 806 samples.

Data processing and analysis

Data entry was made using Epi info version 7 statistical software. Descriptive static's such as frequency distribution, percentage, P-values less than 0.05 and odds ratio for statically significance test were employed with SPSS version 20 soft ware. Logistic regression analysis also using SPSS, were used to see the influence of the different factors on the level of knowledge and practice of Brucellosis prevention.

Results

Socio demographic characteristics

A total of 806 respondents were participated with a response rate of 97.4% (785). Among those, 682(86.9%) of the respondents were males and about

ages, mean ages of participants was 39.46 (± 11.45). Educational status of respondents, 424 (54%) were unable to read and write and regarding occupational status 661(84.2%) of them, were agro pastoralists (Table 1).

Table 1: Socio-demographic characteristics of respondents (n=785) in Bati district, Ethiopia, April 2018. Below

Socio demographic variables	Frequency (n)	Percentage (%)
Sex		
Male	682	86.9
Female	103	13.1
Age (category)		
18-29	152	19.4
30-44	420	53.5
45-59	192	24.5
60 \geq	21	2.7
Marital status		
Married	638	81.3
Divorced	62	7.9
Widowed	44	5.6
Single	41	5.2
Occupation		
Agro pastoral	661	84.2
Pastoral	82	10.4
Others (merchants, gov.worker and supported)	42	5.4
Education		
Un able to read and write	424	54
Secondary education (7 & above)	72	9.2
Primary education (1-6)	227	28.9
Adult education	62	7.9
Religion: Orthodox	39	5.0
Muslim	746	95.0

Knowledge's of respondents towards prevention of brucellosis

Our study findings about knowledge of respondents, towards prevention of brucellosis for majorities of them, had good overall level of knowledge 530 (67.5%) with 95% confidence interval. Thus knowledge level's of respondents were about; brucellosis as of animals aborting diseases 717(91.3%) and those who had heard about brucellosis directly as 'brucellosis' and had

information's to its 68(8.7%). Moreover for sources of brucellosis, 678(86.4%) mentioned as of wild animals contacts and also for causes majorities 609(77.6%) of the respondents had no ideas. Regarding symptoms in humans 600(76%) of them suggested as nothing knows, for animals, abortion 636(81.0%) at six to seven months were mentioned. Moreover for transmission; unpasteurized dairy products 77(9.8%) were mentioned in (Table 2).

Table 2. Knowledge's of respondents towards prevention of brucellosis

Variables	Frequency (n)	Percentage (%)
Do you know brucellosis (animals abortions)		
Yes	717	91.3
No	68	8.7
Heard or any information about brucellosis		
Yes	68	8.7
No	717	91.3
Symptoms of brucella in human		
Lack of sleep at night	1	0.1
Fever and sweating	155	19.5
Fatigues and muscle pain	25	3.2
Head ache and back pain	6	0.8
Have nothing about it	600	76.0
Symptoms of brucella in animals		
Abortion	636	81.0
Prolonged calving interval	26	3.3
Sterility	110	14.0
Drop milk production	11	1.4
Retained fetal membranes	4	0.5
Transmission route brucellosis		
Raw or unboiled milk	125	15.9
Uncooked meat	47	6.0
Blood of animals contacts	12	1.5
Cow dung contacts	1	0.1
Do not know about	600	76.4
Control measures brucellosis		
Drugs of moderns from health	567	72.2
Traditional healers locally	153	19.5
Separate and feed properly	18	2.3
Nothings for	47	6.0
Preventing ways for brucellosis		
Boiled milk used for consumption	106	13.5
Cooked meat consumed	173	22.0
No ideas about	506	64.5

Practice towards prevention of brucellosis among study respondent

Overall practices of participants towards prevention of brucellosis were poor, about 496 (62.4%) of them had poor practices. Majority of the study participants 708(90.2%) consumed un boiled milk and 403(51.3%) of them ate raw meat culturally as food sources. Assisting of animals for production

had practiced 619(78.9%) for an abortion commonly faced 580(73.9%) without using protective gloves and unhygienic ally, aborted materials exposed to the areas, only few of participants 68(8.7%) were properly discard. Closely living even sharing homes with animals practiced 690(87.9%). Moreover milking without properly washed hands and animals teats were practiced 664(84.6%) by women's. (table3).

Table 3: Practice towards prevention of brucellosis among study respondents (n=785) of Bati district, Ethiopia April 2018

Variables	Frequency (n)	Percentage (%)
Un boiled milk consumption		
Yes	708	90.2
No	77	9.8
Raw meat consumption		
Yes	403	51.3
No	382	48.7
Assist animals of reproduction		
Yes	619	78.9
No	166	21.1
Assisted by wearing glove		
Yes	235	29.9
No	550	70.1
Measures for aborted materials		
Buried	207	26.4
Burn	68	8.7
Gave for predators	25	3.2
Simply dispose away	279	35.5
Living share homes with animals		
Yes	690	87.9
No	95	12.1
Separate sick animals from healthy		
Yes	508	53.0
No	277	47.0
Animals abortion practiced with in the herds		
Yes	580	73.9
No	205	26.1

Bivariable and multivariate logistic regression results of factors associated with practice status of the respondent's (785) of Bati district, Ethiopia April 2018.

Variables	Practice		COR with 95%CI	AOR with 95%CI	p-value
	Good	Poor			
Sex of respondents					
Male	257	425	1.034(0.241-2.091)	1.031(0.651-1.632)	0.898
Female	38	65	1	1	
Occupation of respondents					
Agro-pastoral	244	417	0.838(0.0462-1.540)	1.215(0.878-1.680)	0.239
Others	51	73	1	1	
Cat Age of respondents					
In between 30-44	164	256	1.431(0.784-2.604)	1.895(1.340-2.680)	0.000
In between 18-29	47	105	1	1	
Education of respondents					
Educated	234	127	2.808(1.976-5.206)	0.694(0.555-0.868)	0.001
Not educated	168	256	1	1	
Separate sick animals:-					
Yes	394	114	3.583(2.709-8.501)	1.438(1.043-1.982)	0.016
No	136	141	1	1	
Culturally unboiled milk consumed					
Yes	270	440	1.227(0.874-3.043)	1.188(0.657-2.147)	0.569
No	25	50	1	1	
Sudden animals abortion:-					
Yes	224	356	1.188(1.0486-2.860)	1.737(1.174-2.569)	0.006

No	71	134	1	1	
Assisting animals practiced					
Yes	375	245	2.077(1.509-5.301)	1.607(1.096-2.356)	0.015
No	70	95	1	1	
Used protective glove					
Yes	165	72	3.339(2.074-8.404)	0.591(0.421-0.829)	0.002
No	223	325	1	1	
Shared home with animals					
Yes	412	280	2.438(1.403-3.749)	2.041(1.091-3.816)	0.016
No	35	58	1	1	
Wild animals contacts					
Yes	394	284	2.233(1.284-3.043)	5.350(2.719-10.527)	0.000
No	41	66	1	1	

Discussion

The overall result of this study revealed that 530 (67.5%) of the respondent had good knowledge about prevention of brucellosis. Thus findings were in lined with previous studies had done in Uganda 69.2% [15], Egypt [17] 65.5% and Kenya [18] 68.8% had belonged to knowledge level of our findings. Regarding to symptoms, for humans, knew very few of participants 209 (26.5%) but for animals majorities 716 (91.2%) of them knew as of abortion, thus our findings in lined with a study done in Egypt [17] which found high knowledge 94.4% of clinical signs as of abortion in the animals. However it was higher when compared with reported proportion to studies, done in Tajistan where abortion as a sign in animals was mentioned by 11% of the participants [14]. The reason behind this variation is due to reasons for my study result becomes: might be an indicative for endemic situation of brucellosis to the area and poor prevention to my study area but relatively a good prevention to those of low proportion of participants knew about brucellosis to the areas.

Moreover, only of 117(14.9%) respondents knew about transmissions of brucellosis. Similar findings seen in Southwestern Nigeria [16] 14.2% and in Kenya [18] where only 12.9% of the respondents knew the transmission from cattle raw milk to humans. Contrary to our findings, higher knowledge's for transmission of brucellosis seen in studies done Uganda 360(97.0%) of consumption of unpasteurized dairy products[15] and also in Egypt 99 (92.5%) as it through drinking contaminated milk [17]. Explanation to our result of poor knowledge about transmission, might be due to poor awareness of communities about brucellosis and also lack of information as of before since there was not studies done about it.

Regarding practices of our respondents towards prevention of brucellosis of majorities 496 (62.4%) of them had poor over all practices, among them 708 (90.2%) consumed unboild milk and 403 (51.3%) uncooked meat, assisting of animals parturition 620

(79 %) shared home with their animals 690(87.9%) were those of major practices. Thus our findings were in lined with previous studies done in Kenya [18] consumption of raw milk 96%, assisting animals 76% also in south western Nigeria [16] consumption of raw milk 95.1% moreover recent studies done in Ethiopia [19] consumption of raw milk 91.9%. Contrary to thus findings, regarding raw meat consumption a low proportion were seen in studies done south western Nigeria [16] about of 27.8% the livestock holder and 12.6% the livestock marketer of the two groups were consumed also in recently studies done in Ethiopia[19] raw meat consumption of only about of 0.2% of respondents. Explanation for our findings of a higher of poor practice might be due to poor knowledge to the risks of brucellosis transmission and also due to cultural influence and adaptation of such practice.

Conclusion

Our findings reveal that for majorities of respondents, 530 (67.5%) as had good overall knowledge on brucellosis about; symptoms, transmissions, treatment, and prevention. Moreover regarding practices of participants; overall practice of respondents towards prevention of brucellosis; were for majorities, poor 496 (62.4%). Knowledge on transmission of brucellosis very low 117 (14.9%). Factors associated with knowledge towards prevention of brucellosis, education, ages, knowledge of animal's signs for brucellosis, cultural un boiled milk and raw uncooked meat consumption. And also those factors associated with practice towards prevention of brucellosis closely contacts even sharing home with their animals and assisting their animals without wearing protective gloves were the majors.

Thus findings highlights that the needs for collaboration between the public health and veterinary sectors in the provision of brucellosis prevention education and information for awareness creation on the cause, symptoms, transmission and prevention of

brucellosis for better management. Moreover there is a need for increased public health education and behavioral change with emphasis on various modes of transmission in order to better control of brucellosis in the areas.

Recommendations

Based on the above conclusion, the following points were recommended; To health extension workers. Need to work with collaboration to veterinary sector workers of the areas as of one health for better awareness' to the areas such as not to be used un boiled and uncooked meat for consumption, separate home for animals and peoples and not contact aborted animals fluid and fetus without wearing protective gloves to brucellosis transmission of prevention. Give to attention for prevention of information about transmit ion ways of brucellosis infection, (Avoiding contacts of aborted materials with bar hands, wild animals contacts, contacts of sick animals, un boiled milk and meat consumption) such and the like to control and prevention of brucellosis.

Corresponding Author:

Hussein Mohammed

Department of public Health and veterinary medicine
College of veterinary medicine and animal science
Tewodros campus, university of Gondar Gondar,
Ethiopia P.O. Box: 196
Telephone: +251925025632
Email: husienmoha660@gmail.com

References

- Zinsstag, J., et al., *Brucellosis: Oxford Textbook of Zoonoses*. 2011.
- Seleem, M.N., S.M. Boyle, and N. Sriranganathan, *Brucellosis: a re-emerging zoonosis*. *Veterinary microbiology*, 2010. 140(3-4): p. 392-398.
- Pappas G, Papadimitriou P, Akritidis N, Christou L, Tsianos EV. The new global map of human brucellosis. *The Lancet infectious diseases*. 2006; 6(2):91–99. [https://doi.org/10.1016/S1473-3099\(06\)70382-6](https://doi.org/10.1016/S1473-3099(06)70382-6) PMID: 16439329.
- Corbel M: *Brucellosis in Humans and Animals*: FAO, OIE, WHO. Available: <http://www.who.int/csr/resources/publications/Brucellosis.pdf>. 2006.
- Muma J, Samui K, Oloya J, Munyeme M, Skjerve E. Risk factors for brucellosis in indigenous cattle reared in livestock–wildlife interface areas of Zambia. *Preventive Veterinary Medicine*. 2007; 80 (4):306–17. <https://doi.org/10.1016/j.prevetmed.2007.03.003> PMID: 17481753.
- Gruner E, Bernasconi E, Galeazzi R, Buhl D, Heinzle R, Nadal D. Brucellosis: an occupational hazard for medical laboratory personnel. Report of five cases *Infection*. 1994;22(1):33–6.
- Donev D, Karadzovski Z, Kasapinov B, Lazarevik V. Epidemiological and public health aspects of brucellosis in the Republic of Macedonia. *Prilozi*. 2010; 31(1):33–54. PMID: 20703182.
- Eshetu, Y., et al., Seroprevalnce study of brucellosis on dairy cattle in Addis Ababa, Ethiopia. *Bulletin of Animal health and Production in Africa*, 2005.
- Ibrahim, N., et al., Seroprevalnce of bovine brucellosis and its risk factors in Jima zone of Oromiya Region, South-western Ethiopia. *Tropical Animal Health and Production*, 2010. 42(1): p. 35.
- Kebede, T., G. Ejects, and G. Amana, Seroprevalnce of bovine brucellosis in small holder farms in central Ethiopia Wauchula Jidda district). *Revue de Medicine Veterinaires*, 2008. 159(1): p. 3.
- T debug SF 2013. Factors associated with milk producer's awareness and Practices in relation to zoonoses in northern Malawi. *Vet. World* 6: 249–253.
- Mabel Kamuela A worth, Emmanuel Kwacha, Jacob K wage, Florins Fazing, David Lazarus, Indris Slushy man, Gabriele Pureness, Patrick Ngoc, Peter N bug. Human Brucellosis: Seroprevalnce and associated exposure factors among abattoir workers in Abuja, Nigeria (2013).16;103 doi: 10.11604/pamj.2013.16.103.2143.
- Arif S, Thomson PC, Hernandez-Jover M McGill DM, Warriach HM, Heller J (2017) Knowledge, attitudes and practices (KAP) relating to brucellosis in smallholder dairy farmers in two provinces in Pakistan.
- Nyckelord: brucellosis, KAP-studies, risk factored, Tajikistan Online publication of this work: <http://epsilon.slu.se> ISSN 1652-8697 Examine sorbet 2013:38.
- Kansiime et al.: Knowledge and perceptions of brucellosis in the pastoral communities adjacent to Lake Mburo National Park, Uganda. *BMC Public Health* 2014 14:242. <http://www.biomedcentral.com/1471-2458/14/242>.
- Hezekiah K, Adesokan I P, A labial Judy A, Stack II S, Cadmus I B: Knowledge and practices related to bovine brucellosis transmission amongst livestock workers in Yewa, south-western Nigeria. *J S Afr Vet Assoc* 2013, 84:1. Pretoria 2013.

17. Holt et al Brucella spp. infection in large ruminants in an endemic area of Egypt: cross sectional study investigating seroprevalence, risk factors and livestock owner's knowledge, attitudes and practices (KAPs). BMC Public Health 2011 11:341.
18. Obonyo, Mark. (2015). Knowledge Attitude and Practices towards Brucellosis among Pastoral Community in Kenya, 2013, International journal of innovative research and development, 4.375-384.
19. Legesse M, Medhin G, Bayissa M, Mamo G (2018) Knowledge and perception of pastoral community members about brucellosis as a cause of abortion in animals and its zoonotic importance in Amibara district, Afar Region, Ethiopia. PLoS ONE 13(11): e0206457. <https://doi.org/10.1371/journal.pone.0206457>.
20. Thursfield, M., 2005. Survey in Veterinary Epidemiology. 2 ed. U.K: Blackwell Science, Limited, Cambridge, pp: 297-302.

6/29/2020