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Assessments of Community Knowledge, Attitude and Practice on Zoonotic Disease in and Around Gondar City, North-West Ethiopia

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Abstract

A cross-sectional study was conducted among 384 participants in Gondar City, Ethiopia, from March to December 2023 to assess community knowledge, attitudes, and practices (KAP) regarding zoonotic diseases and associated factors. Participants were selected using systematic random sampling, and data were collected using a semi-structured questionnaire. Data were analyzed using SPSS version 20, with Pearson's chi-square test used to assess associations between sociodemographic characteristics and KAP outcomes. Good knowledge, favorable attitudes, and good practices were reported by 63.8%, 65.6%, and 64.3% of participants, respectively. Education and occupation were significantly associated with knowledge and attitudes, whereas sex, education, and occupation were significantly associated with practices ($p < 0.05$). Rabies was the most recognized zoonosis (51.3%), followed by tuberculosis (26.0%), brucellosis (11.7%), and anthrax (10.9%). Although 84.6% of participants recognized that zoonotic diseases are preventable, 43.0% reported consuming milk from animals that had aborted, indicating potentially unsafe practices. These findings highlight gaps in zoonotic disease awareness and prevention. Targeted community education, safer animal-product handling, and coordinated veterinary and public health interventions are needed to improve prevention practices and reduce zoonotic disease risks.

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Attitude; Gondar; Knowledge; Practice; Zoonoses.

Introduction

Zoonoses are infectious diseases transmitted naturally between humans and vertebrate animals. They include viral, bacterial, fungal, rickettsial, parasitic, and prion diseases, with domestic animals, wildlife, and companion animals serving as reservoirs (Tesfaye *et al.,* 2013). Close human–animal contact is a major contributor to zoonotic transmission, particularly in communities where livelihoods depend on livestock (Babu *et al.,* 2015; Dubal *et al.,* 2014). Interactions among humans, animals, and the environment contribute to the emergence and spread of infectious diseases (Thompson and Kutz, 2019). Approximately 60% of emerging human infectious diseases are zoonotic, and many zoonotic pathogens originate from wildlife (Rahman *et al.,* 2020).

Domestic and wild animals therefore play important roles in maintaining and transmitting zoonotic pathogens (Haydon *et al.,* 2002). However, inadequate surveillance, limited public awareness, and insufficient training of frontline health workers can hinder effective prevention and control, particularly in resource-limited settings (Kahn, 2006; Asano *et al.,* 2003).

Zoonotic diseases can be transmitted through direct contact with infected animals, contaminated materials, aerosols, ingestion of contaminated animal products, and vectors (Pelzer and Currin, 2005). Consumption of raw or inadequately processed animal products further increases exposure risk (Ameni and Erkihun, 2007). Animals are responsible for a substantial proportion of emerging human infections, highlighting the need for integrated approaches to zoonotic disease prevention (Lindahl and Grace, 2015).

Ethiopia has Africa's largest livestock population, and livestock production, particularly dairy farming, supports rural livelihoods, nutrition, and household income (Ayenew *et al.,* 2009). Despite these benefits, close human–animal contact and unsafe handling or consumption of animal products increase the risk of zoonotic transmission. Approximately 80% of Ethiopian households reportedly have direct contact with domestic animals, contributing to potential exposure (Lindahl and Grace, 2015). The country also faces a substantial zoonotic disease burden, particularly among resource-limited livestock-keeping communities (Grace *et al.,* 2012; McDermott and Grace, 2012).

Zoonotic diseases affect both public health and livestock productivity, causing morbidity, mortality, reproductive losses, reduced milk production, and economic hardship. Effective control requires coordinated veterinary and medical interventions, improved surveillance, community awareness, and practices that minimize exposure to infected animals and contaminated products (WHO, 2010).

Community knowledge, attitudes, and practices (KAP) are essential determinants of zoonotic disease prevention. Improving awareness of transmission routes, disease recognition, safe food handling, and appropriate animal management can reduce exposure risks (Gustafson *et al.,* 2015). Assessing community KAP also helps identify knowledge gaps and behavioral risk factors, informing targeted interventions. Collaboration between veterinary and human health professionals is particularly important because effective zoonosis control requires an integrated One Health approach (Gezmu *et al.,* 2017). Despite the public health importance of zoonoses, evidence on community KAP in Gondar City remains limited. Close human–animal interactions and the consumption of animal-source foods may increase exposure to zoonotic pathogens, particularly when preventive practices are inadequate. Therefore, this study assessed community knowledge, attitudes, and practices regarding zoonotic diseases in Gondar City, Ethiopia, and identified associated sociodemographic factors.

Materials and Methods

Study Area

The study was conducted in Gondar City, Central Gondar Zone, Amhara Regional State, northwestern Ethiopia, from March to December 2023. Gondar is located approximately 748 km northwest of Addis Ababa and 180 km from Bahir Dar, the regional capital. The area lies at approximately 12°04′ N latitude and 27°02′ E longitude, with elevations ranging from 1,800 to 2,500 m above sea level. The region experiences wet (June–September) and dry (October–May) seasons. Mixed crop–livestock farming is common, with small ruminants predominantly managed under extensive production systems (Haile *et al.,* 2019; GTAO, 2021).

Study Design and Population

A cross-sectional questionnaire-based study was conducted from March to December 2023 to assess community knowledge, attitudes, and practices (KAP) regarding zoonotic diseases. The study population comprised permanent residents of Gondar City who had lived in the area for at least six months.

Inclusion and Exclusion Criteria

Residents aged 15 years or older who had lived in the study area for at least six months were eligible. Individuals younger than 15 years, temporary residents, visitors, and individuals unable to participate because of communication-related disabilities were excluded.

Sample Size Determination and Sampling Technique

The sample size was calculated using the single-population proportion formula described by Thrusfield (2005):

$$n = \frac{Z^2 P(1-P)}{d^2}$$

Where n is the required sample size, Z=1.96 represents the 95% confidence level, P=0.50 is the expected proportion, and d=0.05 is the desired absolute precision. In the absence of prior estimates, a 50% expected proportion was assumed, yielding a sample size of 384

participants. Participants were selected using systematic random sampling.

Data Collection

Data were collected using a semi-structured questionnaire assessing participants' knowledge, attitudes, and practices regarding zoonotic diseases. The questionnaire was translated into Amharic and administered through face-to-face interviews. Participants were informed about the study objectives, and informed consent was obtained before data collection.

Data Management and Statistical Analysis

Data were entered into Microsoft Excel 2010, checked for completeness, coded, and analyzed using SPSS version 20. Descriptive statistics, including frequencies and percentages, summarized participants' sociodemographic characteristics and KAP responses. Pearson's chi-square test was used to assess associations between sociodemographic variables and KAP categories.

Scores for knowledge, attitudes, and practices were dichotomized using the mean score for each domain as the cutoff. Statistical significance was set at $p<0.05$, with a 95% confidence level.

Operational Definitions

- Good knowledge: A knowledge score equal to or above the mean.
- Poor knowledge: A knowledge score below the mean.
- Favorable attitude: An attitude score equal to or above the mean.
- Unfavorable attitude: An attitude score below the mean.
- Good practice: A practice score equal to or above the mean.
- Poor practice: A practice score below the mean.

Results and Discussion

Sociodemographic Characteristics of Study Participants

A total of 384 respondents participated in the study. Females accounted for 52.6% (202/384) of respondents, while males represented 47.4% (182/384). More than half (54.7%) were aged 15-29 years. Most respondents resided in urban areas (66.4%), and 29.4% had attained higher education. Christians constituted 72.1% of the study participants, while merchants represented the largest occupational group (29.4%). Furthermore, 35.4% of respondents owned livestock (Table 1).

Community Knowledge Regarding Zoonotic Diseases

Overall, 51.6% of respondents reported knowing the meaning of zoonosis, while 59.6% recognized that diseases can be transmitted from animals to humans. Among respondents, 62.2% knew at least one route of transmission. Rabies was the most frequently recognized zoonotic disease (51.3%), followed by tuberculosis (26.0%), brucellosis (11.7%), and anthrax (10.9%). More than half of the respondents (51.8%) were unaware of the public health and economic impacts of zoonotic diseases (Table 2).

Community Attitudes toward Zoonotic Diseases

Most respondents agreed that zoonotic diseases can be prevented (84.6%). Approximately 62.8% believed that consuming raw meat could transmit disease to humans, while 59.1% believed the same regarding raw milk consumption.

Avoiding consumption of raw meat and milk was the most commonly identified preventive measure (36.7%), followed by vaccination (18.5%) (Table 3).

Community Practices Related to Zoonotic Diseases

Overall, 57.0% of respondents reported that they did not consume milk from aborted animals, and 74.5% boiled milk before consumption.

Approximately 52.6% used protective measures during animal delivery, while 59.9% washed their hands with soap afterward. Nearly two-thirds (62.5%) reported that their animals had not been vaccinated (Table 4).

Association between Sociodemographic Characteristics and Knowledge of Zoonotic Diseases

Overall, 63.8% (245/384) of respondents demonstrated good knowledge of zoonotic diseases. Education level ($\chi^2 = 38.195$, $P < 0.001$) and occupation ($\chi^2 = 35.820$, $P < 0.001$) were significantly associated with knowledge status. No significant associations were observed for sex, age, residence, religion, or livestock ownership (Table 5).

Association between Sociodemographic Characteristics and Attitudes toward Zoonotic Diseases

Overall, 65.6% (252/384) of respondents had a favorable attitude toward zoonotic diseases. Education level (χ^2 = 16.9, P = 0.001) and occupation (χ^2 = 21.5, P < 0.001) were significantly associated with attitude status, whereas other sociodemographic variables showed no significant associations (Table 6).

Association between Sociodemographic Characteristics and Practices Related to Zoonotic Diseases

A total of 247 respondents (64.3%) demonstrated good practices regarding zoonotic disease prevention and control. Significant associations were observed between practice level and sex (χ^2 = 4.613, P = 0.032), education level (χ^2 = 11.055, P = 0.011), and occupation (χ^2 = 19.505, P < 0.001). No significant associations were found for age, residence, religion, or livestock ownership (Table 7).

This study assessed community knowledge, attitudes, and practices (KAP) regarding zoonotic diseases in Gondar City, Ethiopia. Overall, 63.8% of respondents demonstrated good knowledge, 65.6% had favorable attitudes, and 64.3% reported good practices.

These findings indicate moderate community awareness, although important gaps in disease recognition and preventive behaviors remain. Differences between knowledge and practices may reflect barriers to translating awareness into effective prevention (Gezmu *et al.,* 2017; Gustafson *et al.,* 2015).

Awareness varied substantially across zoonotic diseases. Rabies was the most recognized disease (51.3%), followed by tuberculosis (26.0%), brucellosis (11.7%), and anthrax (10.9%). These findings were lower than those reported by Gemechu (2019) in Lalo Kile and Sisay *et al.,* (2012) in and around Addis Ababa, where awareness of major zoonoses was higher. Similarly, Tesfaye *et al.,* (2013) reported greater awareness of rabies and anthrax in Jimma, southwestern Ethiopia. Differences in educational attainment, access to health information, animal husbandry practices, and exposure to awareness campaigns may explain these variations. The limited recognition of anthrax and brucellosis highlights the need for targeted education on less-recognized zoonotic diseases (Chikerema *et al.,* 2013; Kuma *et al.,* 2013).

Although 59.6% of respondents recognized that diseases could be transmitted from animals to humans, 51.8% were unaware of the public health and economic impacts of zoonoses. Furthermore, only 51.6% reported knowing the meaning of zoonosis. These findings suggest that recognizing animal-to-human transmission does not necessarily indicate a comprehensive understanding of zoonotic diseases.

Similar knowledge gaps have been documented among communities in Ethiopia (Gezmu *et al.,* 2017; Fesseha and Abebe, 2020). Strengthening community education on transmission routes, health consequences, and preventive measures is therefore essential.

Regarding attitudes, 84.6% of respondents recognized that zoonotic diseases are preventable. However, only 36.7% identified avoiding raw meat and milk consumption as a preventive measure. Although 62.8% associated raw meat consumption and 59.1% associated raw milk consumption with disease transmission, these findings suggest that general awareness may not translate into comprehensive knowledge of specific preventive actions. Consumption of contaminated or inadequately processed animal products is a recognized route of zoonotic transmission (Ameni and Erkihun, 2007; Vongkamjan and Wiedmann, 2015). Community education should therefore emphasize safe food handling, adequate cooking of meat, and boiling of milk.

Potentially unsafe practices were also evident. Although 57.0% of respondents reported not consuming milk from animals that had aborted, 43.0% reported consuming it. Additionally, 25.5% did not boil milk before consumption, 47.4% did not use protective measures during animal delivery, and 40.1% did not wash their hands with soap afterward. These practices may increase exposure to zoonotic pathogens, including Brucella spp., particularly when handling birth products or consuming contaminated animal products. Furthermore, 62.5% reported that their animals had not been vaccinated, indicating a potential gap in preventive animal health services. Close human–animal contact and unsafe animal-product handling are recognized risk factors for zoonotic transmission (Lindahl and Grace, 2015; Klous *et al.,* 2016). These findings emphasize the importance of improving food safety, protective practices during animal delivery, hand hygiene, and access to veterinary services.

Table.1 Sociodemographic characteristics of study participants (n = 384).

Variable	Category	Frequency	Percentage (%)
Sex	Male	182	47.4
	Female	202	52.6
Age (years)	15-29	210	54.7
	30-40	117	30.5
	>40	57	14.8
Residence	Urban	255	66.4
	Peri-urban	84	21.9
	Rural	45	11.7
Education	Illiterate	112	29.2
	Primary	92	24.0
	Secondary	67	17.4
	Higher education	113	29.4
Religion	Muslim	75	19.5
	Christian	277	72.1
	Other	32	8.3
Occupation	Student	112	29.2
	Farmer/Laborer	92	24.0
	Civil servant	67	17.4
	Merchant	113	29.4
Livestock ownership	Yes	136	35.4
	No	248	64.6

Table.2 Community knowledge regarding zoonotic diseases (n = 384).

Variable	Category	Frequency	Percentage (%)
Knowledge of zoonosis	Yes	198	51.6
	No	147	38.4
	Don't know	38	9.9
Knowledge of animal-to-human disease transmission	Yes	229	59.6
	No	99	25.8
	Don't know	56	14.6
Knowledge of transmission routes	Yes	239	62.2
	No	78	20.3
	Don't know	67	17.4
Transmission route (n=239)	Direct contact	51	21.3
	Ingestion	87	36.4
	Both	101	42.3
Recognized zoonotic disease	Rabies	197	51.3
	Tuberculosis	100	26.0
	Brucellosis	45	11.7
	Anthrax	42	10.9
Zoonoses have public health/economic impacts	Yes	199	51.8
	No	108	28.1
	Don't know	77	20.1

Table.3 Community attitudes toward zoonotic diseases in and around Gondar City, 2023 (n = 384)

Variable	Category	Frequency	Percentage (%)
Does eating raw meat cause disease in humans?	Agree	241	62.8
	Don't know	70	18.2
	Disagree	73	19.0
Does drinking raw milk cause disease in humans?	Agree	227	59.1
	Don't know	87	22.7
	Disagree	70	18.2
Does close contact with sick/dead animals expose humans to zoonotic diseases?	Agree	173	45.1
	Don't know	125	32.6
	Disagree	85	22.1
Is zoonosis preventable?	Agree	325	84.6
	Don't know	38	9.9
	Disagree	20	5.2
Preferred prevention method	Treating sick animals	67	17.4
	Vaccination	71	18.5
	Awareness creation	56	14.6
	Avoiding contact with sick animals	49	12.8
	Avoiding consumption of raw meat and milk	141	36.7

Table.4 Community practices related to zoonotic diseases in and around Gondar City, 2023 (n = 384)

Variable	Category	Frequency	Percentage (%)
Consumption of milk from aborted animals	Yes	165	43.0
	No	219	57.0
Boil/cook milk before consumption	Yes	286	74.5
	No	98	25.5
Boiling method (n = 286)	Pasteurization	92	32.2
	Boiling	194	67.8
Consumption of meat from sick animals	Yes	189	49.2
	No	195	50.8
Assist animal delivery with protected hands	Yes	202	52.6
	No	182	47.4
Wash hands with soap after assisting animals	Yes	230	59.9
	No	154	40.1
Share house with animals	Yes	143	37.2
	No	241	62.8
Vaccinate animals	Yes	144	37.5
	No	240	62.5
Dispose dead animals/fetuses in the environment	Yes	247	64.3
	No	137	35.7

Table.5 Association between sociodemographic characteristics and knowledge of zoonotic diseases (n = 384)

Variable	Category	Good, n (%)	Poor, n (%)	χ^2	P-value
Sex	Male	111 (60.9)	71 (39.1)	1.185	0.276
	Female	134 (66.3)	68 (33.7)		
Age	15–29	128 (61.0)	82 (39.0)	1.946	0.378
	30–40	77 (65.8)	40 (34.2)		
	>40	40 (70.2)	17 (29.8)		
Residence	Urban	161 (63.1)	94 (36.9)	0.396	0.820
	Peri-urban	56 (66.7)	28 (33.3)		
	Rural	28 (62.2)	17 (37.8)		
Education	Illiterate	60 (53.6)	52 (46.4)	38.195	<0.001*
	Primary	57 (60.6)	37 (39.4)		
	Secondary	52 (77.6)	15 (22.4)		
	Higher education	81 (71.7)	32 (28.3)		
Religion	Muslim	49 (65.3)	26 (34.7)	1.854	0.603
	Christian	176 (63.5)	101 (36.5)		
	Other	20 (62.5)	12 (37.5)		
Occupation	Student	51 (45.5)	61 (54.5)	35.820	<0.001*
	Farmer/Laborer	51 (55.4)	41 (44.6)		
	Civil servant	52 (77.6)	15 (22.4)		
	Merchant	91 (80.5)	22 (19.5)		
Livestock ownership	Yes	87 (62.9)	49 (36.1)	0.003	0.959
	No	158 (63.7)	90 (36.3)		

Significant at $P < 0.05$.

Table.6 Association between sociodemographic characteristics and attitudes toward zoonotic diseases (n = 384)

Variable	Category	Favorable, n (%)	Unfavorable, n (%)	χ^2	P-value
Sex	Male	116 (63.7)	66 (36.3)	0.55	0.459
	Female	136 (67.3)	66 (32.7)		
Age	15–29	133 (63.3)	77 (36.7)	2.90	0.229
	30–40	76 (65.0)	41 (35.0)		
	>40	43 (75.4)	14 (24.6)		
Residence	Urban	170 (66.7)	85 (33.3)	0.76	0.686
	Peri-urban	55 (65.5)	29 (34.5)		
	Rural	27 (60.0)	18 (40.0)		
Education	Illiterate	58 (51.8)	54 (48.2)	16.9	0.001*
	Primary	59 (64.1)	33 (35.9)		
	Secondary	52 (77.6)	15 (22.4)		
	Higher education	83 (73.5)	30 (26.5)		
Religion	Muslim	52 (69.3)	23 (30.7)	3.70	0.291
	Christian	179 (64.6)	98 (35.4)		
	Other	21 (65.6)	11 (34.4)		
Occupation	Student	74 (76.3)	23 (23.7)	21.50	<0.001*
	Farmer/Laborer	68 (51.1)	65 (48.9)		
	Civil servant	49 (77.8)	14 (22.2)		
	Merchant	61 (67.0)	30 (33.0)		
Livestock ownership	Yes	88 (64.7)	48 (35.3)	0.08	0.866
	No	164 (66.1)	84 (33.9)		

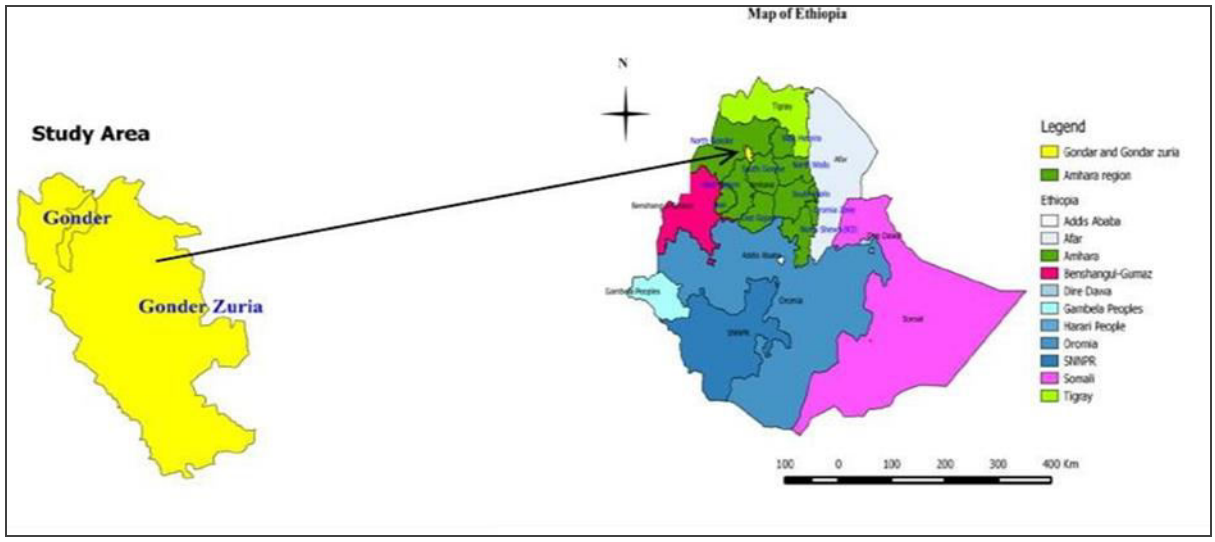
Significant at $P < 0.05$.

Table.7 Association between sociodemographic characteristics and practices related to zoonotic diseases (n = 384)

Variable	Category	Good, n (%)	Poor, n (%)	χ^2	P-value
Sex	Male	107 (58.8)	75 (41.2)	4.613	0.032*
	Female	140 (69.3)	62 (30.7)		
Age	15–29	140 (66.7)	70 (33.3)	1.60	0.452
	30–40	74 (63.2)	43 (36.8)		
	>40	33 (57.9)	24 (42.1)		
Residence	Urban	169 (66.3)	86 (33.7)	2.55	0.071
	Peri-urban	56 (66.7)	28 (33.3)		
	Rural	22 (48.9)	23 (51.1)		
Education	Illiterate	58 (51.8)	54 (48.2)	11.055	0.011*
	Primary	64 (69.6)	28 (30.4)		
	Secondary	48 (71.6)	19 (28.4)		
	Higher education	77 (68.1)	36 (31.9)		
Religion	Muslim	49 (65.3)	26 (34.7)	1.343	0.719
	Christian	175 (63.2)	102 (36.8)		
	Other	23 (71.9)	9 (28.1)		
Occupation	Student	68 (70.1)	29 (29.9)	19.505	<0.001*
	Farmer/Laborer	66 (49.6)	67 (50.4)		
	Civil servant	47 (74.6)	16 (25.4)		
	Merchant	66 (72.5)	25 (27.5)		
Livestock ownership	Yes	85 (62.5)	51 (37.5)	0.305	0.581
	No	162 (65.3)	86 (34.7)		

Significant at P < 0.05

Figure.1 Map of the study area.



Education level and occupation were significantly associated with knowledge and attitudes, while sex, education, and occupation were significantly associated with practices. These associations suggest that sociodemographic characteristics may influence access to information and adoption of preventive behaviors.

Differences in educational opportunities, occupational exposure, and access to veterinary and public health services may contribute to these patterns. Similar concerns regarding community awareness and zoonosis prevention have been reported in Ethiopia (Gezmu *et al.,* 2017; Nigatu *et al.,* 2016). However, because this study used a cross-sectional design, these associations should not be interpreted as causal.

Overall, the findings demonstrate that zoonotic disease awareness and preventive practices in Gondar City require improvement. Strengthening community education, promoting safe animal-product consumption, improving access to veterinary services, and enhancing collaboration between veterinary and public health professionals are essential strategies for reducing zoonotic disease risks (WHO, 2010; Murphy *et al.,* 2019).

Conclusion and Recommendations

The study revealed moderate levels of knowledge, favorable attitudes, and reported preventive practices regarding zoonotic diseases in Gondar City. Rabies was the most recognized zoonosis, whereas awareness of anthrax and brucellosis remained limited. Despite recognizing the preventability of zoonoses, potentially unsafe practices, including consumption of milk from animals that had aborted and failure to boil milk, persisted. Education and occupation were significantly associated with knowledge and attitudes, while sex, education, and occupation were associated with practices. These findings highlight the need for targeted interventions to improve disease awareness and translate knowledge into safer behaviors.

Community awareness programs should emphasize zoonotic disease transmission, health consequences, and prevention, particularly for anthrax and brucellosis. Public health education should promote boiling milk, thoroughly cooking meat, avoiding potentially contaminated animal products, maintaining hand hygiene, and using protective measures when assisting animal births. Veterinary services should strengthen vaccination programs and encourage prompt assessment of animal abortions and suspected infections. Collaboration between veterinary and human health professionals should be enhanced through coordinated community outreach and health education. Further research should investigate the behavioral and socioeconomic factors underlying unsafe practices and evaluate the effectiveness of targeted interventions.

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Author Contributions

All authors contributed to the conception and design of the review, literature search, data interpretation, manuscript preparation, critical revision, and final approval of the manuscript.

Conflict of Interest

The authors declare that they have no conflict of interest.

Data Availability Statement

The data generated and analyzed during this study are available from the corresponding author upon reasonable request.

Ethics Approval and Consent to Participate

Not applicable.

References

Abebe, F., Getachew, S., Hailu, T. and Fesseha, H. (2020) 'Assessment of community knowledge, attitude, and practice on milk-borne zoonotic diseases in Jinka, Southern Ethiopia', Annual Public Health Research, 7(2), Article 1096.

Adem, H., Bezaneh, Y. and Biressaw, S. (2018) 'Community knowledge towards zoonotic diseases and attitude to One Health approach in selected city of Ethiopia', Journal of Health Education Research & Development, 6, Article 276.

Ameni, G. and Erkihun, A. (2007) 'Bovine tuberculosis on small-scale dairy farms in Adama Town, central Ethiopia, and farmer awareness of the disease', Revue Scientifique et Technique, 26(3), pp. 711–720.

Asano, K., Suzuki, K., Asano, R. and Sakai, T. (2003) 'Investigation on zoonoses among veterinary technicians', Kansenshogaku Zasshi, 77(5), pp. 323–330.

Ayenew, Y.A., Wurzinger, M., Tegegne, A. and Zollitsch, W. (2009) 'Handling, processing and marketing of milk in the North western Ethiopian highlands', Livestock Research for Rural Development, 21(7), Article 97.

Babu, A.J. *et al.,* (2015) 'A study on the awareness and knowledge of zoonotic diseases among the public in and around Proddatur, India', International Journal of Recent Scientific Research, 6(6), pp. 5131–5138.

Chikerema, S.M., Matope, G. and Pfukenyi, D.M. (2013) 'Awareness and attitude toward zoonoses with particular reference to anthrax among cattle owners in selected rural communities of Zimbabwe', Vector-Borne and Zoonotic Diseases, 13(4), pp. 243–249.

Dubal, Z.B., Barbuddhe, S.B. and Singh, N.P. (2014) Important zoonotic diseases: prevention and control. [Publication details to be verified.]

Fesseha, H. and Abebe, F. (2020) 'Assessment of community knowledge, attitude and practice on common zoonotic diseases in Jinka town, Southern Ethiopia', Gazette of Medical Sciences, 1, pp. 18–29.

Gemechu, B. (2019) 'Assessment of public awareness on common zoonotic diseases in Lalo Kile District, Kellem Wollega Zone, Ethiopia', International Journal of Biomedical Engineering and Clinical Science, 5(4), pp. 59–64.

Gezmu, M., Bsrat, A. and Mekuria, A. (2017) 'Assessment of community knowledge, attitude and practice on zoonotic disease in and around Dodola town, West Arsi Zone, Ethiopia', Ethiopian Journal of Veterinary Science and Animal Production, 1(1), pp. 57–65.

Gondar Town Administration Office (GTAO) (2021) [Title of report or document on Gondar City's location, climate and livestock production]. Gondar, Ethiopia.

Grace, D. *et al.,* (2012) Mapping of poverty and likely zoonoses hotspots. Zoonoses Project 4 report to DFID. Nairobi: International Livestock Research Institute (ILRI).

Gustafson, C.R. *et al.,* (2015) 'Educating pastoralists and extension officers on diverse livestock diseases in a changing environment in Tanzania', Pastoralism, 5(1), pp. 1–12.

Haile, G. and Suryabhagavan, K.V. (2019) 'GIS-based approach for identification of potential rainwater harvesting sites in Arsi Zone, Central Ethiopia', Modeling Earth Systems and Environment, 5, pp. 353–367.

Haydon, D.T., Cleaveland, S., Taylor, L.H. and Laurenson, M.K. (2002) 'Identifying reservoirs of infection: a conceptual and practical challenge', Emerging Infectious Diseases, 8(12), pp. 1468–1473.

Kahn, L.H. (2006) 'Confronting zoonoses, linking human and veterinary medicine', Emerging Infectious Diseases, 12(4), pp. 556–561.

Klous, G., Huss, A., Heederik, D.J. and Coutinho, R.A. (2016) 'Human–livestock contacts and their relationship to transmission of zoonotic pathogens: a systematic review', One Health, 2, pp. 65–76.

Kuma, T., Deressa, B., Alem, F. and Tigre, W. (2013) 'Farmer's awareness and practices on rabies, bovine tuberculosis, taeniasis, hydatidosis and brucellosis in Mana and Limmukosa districts of Jimma Zone, Southwest Ethiopia', World Applied Sciences Journal, 23(6), pp. 782–787.

Lindahl, J.F. and Grace, D. (2015) 'The consequences of human actions on risks for infectious diseases: a review', Infection Ecology & Epidemiology, 5(1), Article 30048.

McDermott, J. and Grace, D. (2012) 'Agriculture-associated diseases: adapting agriculture to improve human health', in Reshaping Agriculture for Nutrition and Health, pp. 103–117. [Full publication details to be verified.]

Murphy, S.C. *et al.,* (2019) 'One Health collaborations for zoonotic disease control in Ethiopia', Revue Scientifique et Technique, 38, pp. 51–60.

Nigatu, Y., Tilahun, B. and Moa, M. (2016) 'Assessment of public knowledge, attitude and practices towards rabies in Debark Woreda, North Gondar, Ethiopia', Journal of Veterinary Medicine and Animal Health, 8(11), pp. 183–192.

Özlü, H., Atasever, M. and Atasever, M.A. (2020) 'Knowledge, attitude, and practices of cattle farmers regarding zoonotic diseases in Erzurum, Turkey', Austral Journal of Veterinary Sciences, 52(3), pp. 79–85.

Pelzer, K.D. and Currin, N. (2005) Zoonotic diseases of cattle. Virginia Cooperative Extension. [Publication number and other details to be verified.]

Rahman, M. *et al.,* (2020) 'Zoonotic diseases: etiology, impact, and control', Microorganisms, 8(9), Article 1405.

Sisay, G., Girma, Z., Ketema, T. and Tariku, J. (2012) 'Assessment of awareness on food-borne zoonoses and its relation with veterinary public health services in and around Addis Ababa, Ethiopia', Journal of Public Health and Epidemiology, 4(2), pp. 48–51.

Tesfaye, D., Fekede, D., Tigre, W., Regassa, A. and Fekadu, A. (2013) 'Perception of the public on

the common zoonotic diseases in Jimma, Southwestern Ethiopia', International Journal of Medicine and Medical Sciences, 5(6), pp. 279–285.

Thompson, A. and Kutz, S. (2019) 'Introduction to the Special Issue on "Emerging Zoonoses and Wildlife"', International Journal for Parasitology: Parasites and Wildlife, 9, pp. 322–328.

Thrusfield, M. (2005) Veterinary Epidemiology. 3rd edn. Oxford: Blackwell Science.

Vongkamjan, K. and Wiedmann, M. (2015) 'Starting from the bench: prevention and control of foodborne and zoonotic diseases', Preventive Veterinary Medicine, 118(2–3), pp. 189–195.

World Health Organization (WHO) (2010) Managing zoonotic public health risks at the human–animal–ecosystem interface: strong intra-sectoral partnerships in health, food safety and zoonoses. Geneva: World Health Organization.

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