

Knowledge, attitudes and biosecurity practices among the small-scale dairy farmers in Sylhet District, Bangladesh

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Authors' contribution statement

TC and FMAH designed the work strategies

TC, JA and MTH collected data

TC, MCR, MAUZ and MNU analyzed the data

TC, MMR and MGK prepared the draft with the help of FMAH

Author Approval

All authors have seen and approved the manuscript.

Conflict of interest

All authors declaring that there is no conflict of interest.

1 **Abstract**

2 **Background:** In the context of zoonosis, Bangladesh's small-scale dairying is yet to frame
3 satisfactory levels due to poor biosecurity practices.

4 **Objectives:** This study intended to reveal the degree of knowledge, attitudes, and biosecurity
5 practices among Sylhet district, Bangladesh's small-scale dairy farmers. We also focused on
6 the association between biosecurity practices and the incidence of non-specific enteritis in
7 humans.

8 **Methods:** A questionnaire-based survey was conducted on the farmers' KAP via personal
9 interviews of 15 farmers from the randomly selected fifteen small-scale dairy farms. The
10 questionnaire was developed with six questions for knowledge, six questions for attitude, and
11 12 questions for the practice of biosecurity measures. Alongside that, data on the number of
12 non-specific enteritis cases experienced by the farmers or their family members were also
13 recorded. Spearman correlation was used to find out the correlation among KAP variables and
14 between practice scores and non-specific enteritis incidences.

15 **Results:** We found an insignificant ($p > 0.05$) influence of demographic characteristics over
16 knowledge, attitude, and biosecurity practices. Significant ($p < 0.05$) and strong correlations
17 were found in knowledge-attitude ($r = 0.65$), knowledge-practice ($r = 0.71$), and attitude-
18 practice ($r = 0.64$). Incidences of non-specific enteritis and biosecurity measures' practice were
19 also strongly correlated ($r = -0.9232$) and statistically significant ($p < 0.05$).

20 **Conclusions:** Our study suggests that increasing knowledge and developing a good attitude
21 are necessary to increase the adaptation of biosecurity measures as three of these factors are
22 correlated. Also, farm biosecurity measures are closely related to human health.

23 **Keywords:** Bangladesh, farm biosecurity, KAP analysis, non-specific enteritis, small-scale
24 dairying

25

26 **Introduction**

27 The farms act as a source of several pathogenic microorganisms which can cause animal and
28 human health risks (An et al., 2018; Castells & Colina, 2021; Stein & Katz, 2017). Infectious
29 diseases cause severe economic losses to farms as well as result in dissatisfaction among
30 farmers, veterinarians, consumers, and different stakeholders (Makita et al., 2020). In
31 Bangladesh, there is a high risk of infectious disease spread such as Foot and Mouth disease
32 (FMD) (Youssef et al., 2021). Gastroenteritis in humans can also be traced to animal-origin
33 food; for example, enteritis causing *Campylobacter* and *Escherichia coli* (An et al., 2018; Stein
34 & Katz, 2017). To prevent the risk of spreading these types of diseases adaption of biosecurity
35 measures on farms plays an important role (Can & Altuğ, 2014). Adapting good biosecurity
36 measures also helps to improve production efficiency as well (Brennan & Christley, 2012).

37 However, it is hard to adapt standard biosecurity measures as it depends on various factors like
38 farmers' knowledge, implementation cost, workforce, implementation complexity, and
39 biosecurity measures differ from region to region (Can & Altuğ, 2014). Before that, in a
40 developing country like Bangladesh, it is important to understand the mindset of the farmers
41 and the factors that influence biosecurity practices which could aid in the implementation of
42 any project regarding biosecurity awareness and practice. There is a lack of studies and
43 available data regarding this topic. Hence, KAP analysis is an efficient tool to draw a
44 conclusion for this purpose. Conducting KAP analysis, it is easier to understand the depth of
45 awareness of the farmers about biosecurity.

46 Hence, considering above mentioned facts we have conducted the study to understand if the
47 demographic characteristics of the farmers have any influence on biosecurity practice. Also,
48 the nature of association among knowledge, attitude, and practice regarding the biosecurity
49 practice of the farmers. And to find out the association between biosecurity practice and the
50 risk of enteritis in farmers and their family members who are directly or indirectly related to
51 the farms or consume milk from that farm.

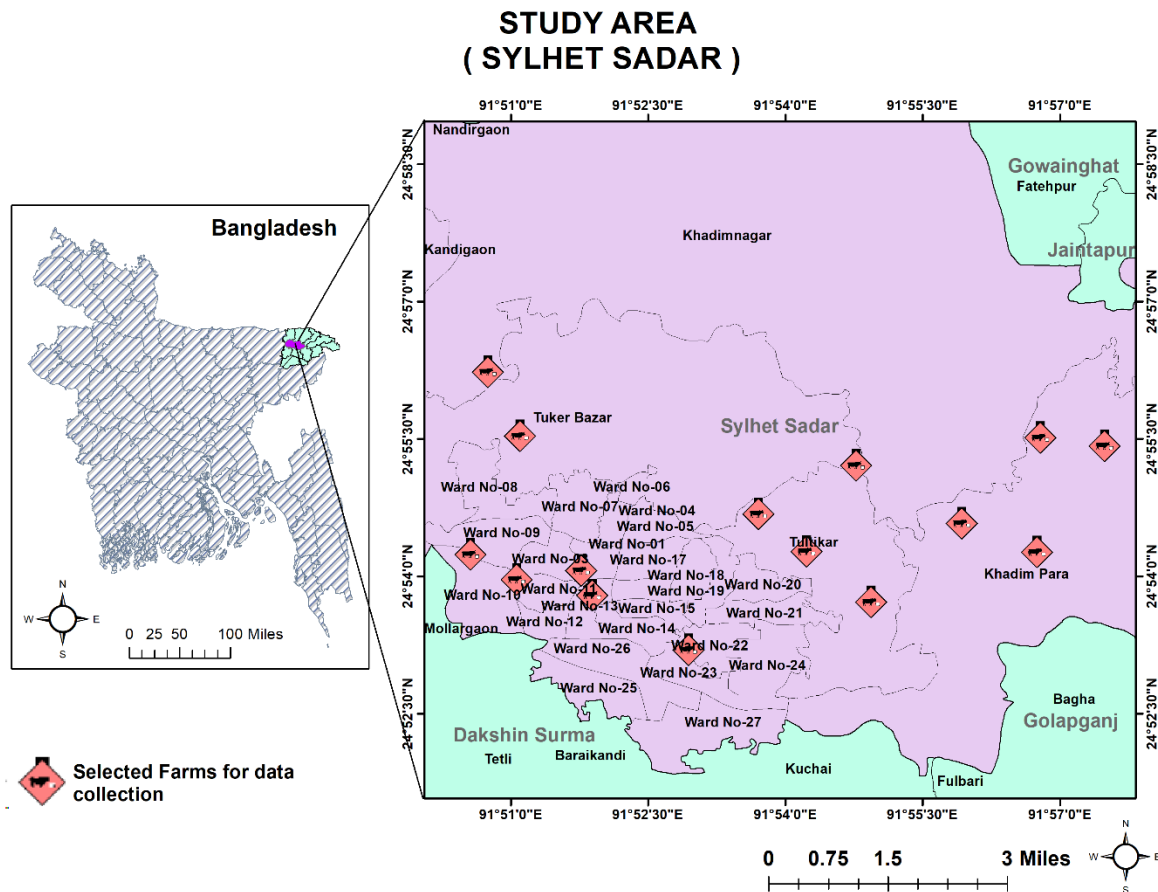
52

53 **Materials and Methods**

54 *Study Area*

55 This study was conducted on a total of 15 randomly selected dairy farms (farms having not
56 more than 30 animals) in different parts of Sylhet Sadar upazila (24.90568306031467,

57 91.87500530754328) of Sylhet district; a medium-sized city, situated in the northeast part of
58 Bangladesh (Figure 1). The Sylhet sadar upazila is one of the 13 upazilas under the Sylhet
59 district and has almost every geographical characteristic of all other upazilas including hilly
60 areas and relatively low laying lands as well. It also includes urban and rural area sites as well.
61 So, the farms from Sylhet sadar upazilas that were included in the study will show almost a
62 similar image of the Sylhet district.



63

64 **Figure 1: Map of the study area (Sylhet Sadar upazila, Sylhet district, Bangladesh).**

65 ***Data collection***

66 Unfortunately, there was no reliable official data available regarding the number of small-scale
67 dairy farms. However, we were able to locate 37 small-scale dairy farms in the Sylhet Sadar
68 region that were operating and actively delivering their dairy products to market, and 23 of the
69 farms agreed to participate in the interview. Out of those 23 farms, we randomly chose 15
70 farms to ensure that there was no bias and to ensure random selection. Using the prescribed
71 questionnaire, we collected the related data by personally interviewing the farmers (15 farmers;
72 one from each farm) from the 15 randomly selected farms in January 2022 and recorded on
73 Microsoft excel 2021. Knowledge, attitude, and practices regarding biosecurity may vary based

74 on different regions; as a result, the questionnaire was developed by modifying the question
75 sets from two previous studies conducted in Japan and Turkey (Can & Altuğ, 2014; Makita et
76 al., 2020). The questionnaire had a total of 30 questions and we divided the questions into 4
77 sectors- (1) Demographic characteristics (6 questions; D1 to D6), (2) Knowledge (6 questions;
78 K1 to K6), (3) Attitude (6 questions; A1 to A6) and (4) Practice (12 questions; P1 to P12). For
79 knowledge, attitude, and practice, we set two choices to answer a question- ‘Yes’ and ‘No’.
80 For each positive response (Yes) the responder was given one point and for a negative response
81 (‘No’) no point was rewarded. The possible lowest scores for knowledge, attitude, and practice
82 could be zero (0) and the possible highest scores for knowledge, attitude, and practice could be
83 6, 6, and 12 respectively.

84 The data about the incidence of non-specific enteritis (unknown etiology) experienced in the
85 last 2 months by farmers or their family members who either consume the farm milk or work
86 on the farm were collected along with the above-mentioned questionnaire. If the individual
87 experienced diarrhea (loose stool) more than 3 times in 24 hour period with or without other
88 additional symptoms like abdominal pain, nausea, and mucous in stool was considered non-
89 specific enteritis (Baqui et al., 1991; Dey et al., 2007). However, if the individual was having
90 any other illness or medication that could develop diarrhea or other additional symptoms
91 (abdominal pain, nausea, and mucous in stool) was not included in the non-specific enteritis
92 record. Furthermore, we recorded only those cases as non-specific enteritis in which the patient
93 had to seek medical attention and enteritis were diagnosed by a registered clinician.

94 *Statistical analysis*

95 We did descriptive analysis to find out the frequency, mean, and standard deviation (SD) of
96 the variables. The scores of different variables (Knowledge, Attitude, and Practice) were
97 treated as continuous variables. Test of normality was also performed to identify the
98 distribution of the data. Then we performed non-parametric Independent-Samples Kruskal-
99 Wallis test to determine the association among different variables such as demographic
100 characteristics, knowledge scores, attitude scores, practice scores, etc. We used IBM SPSS
101 Statistics v.26.0.0.0 for that statistical analysis. Finally, we conducted Spearman’s correlation
102 test among scores of knowledge, attitude, and practice using GraphPad Prism 9.3.1 to
103 determine the correlation coefficient (r). Spearman’s correlation test was also conducted to
104 determine the correlation between biosecurity practice score and non-specific enteritis
105 incidence. The significance levels of all the tests were $p < 0.05$.

106 **Results**

107 *Frequency percentages and mean scores of knowledge, attitude and practice*

108 The frequency percentages and mean scores for individual questions of knowledge (K1 to K6)
 109 and attitude (A1 to A6) are shown in (Table 1). The highest positive response (80%) was found
 110 in K4 and the lowest (46.7%) was found in K2 and K6. The frequency percentage of K1, K3,
 111 and K5 were equal (60%) (Table 1). In the case of AS, the highest positive response was found
 112 in A5 (73.3%) and the lowest was in A2 (33.3%) (Table 1). The percentage of positive response
 113 of A1, A3, A4, and A6 was 53.3%, 60%, 53.3%, and 60% respectively (Table 1). The frequency
 114 percentages and mean PS (P1 to P12) are shown in (Table 2). The highest positive response
 115 (93.3%) was found in P6 and P10 and the lowest (13.3%) was found in P11 (Table 2). P1 and
 116 P7 showed the second-highest positive response (86.7%) (Table 2).

117 **Table 1: Knowledge and attitude scores of the farmers (N=15) regarding farm**
 118 **biosecurity.**

| ID | Description | Mean | SD | Frequency (%) | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------|------|-------|---------------|-----------|
| | | | | No | Yes |
| Knowledge Score (KS) | | | | | |
| K1 | Knows about biosecurity guidelines. | 0.60 | 0.507 | 6 (40%) | 9 (60%) |
| K2 | Knows about local dairy association's biosecurity guidelines. | 0.47 | 0.516 | 8 (53.3%) | 7 (46.7%) |
| K3 | Knowledge about commonly occurring disease (fmd, mastitis, lumpy skin disease, milk fever, ketosis) symptoms. | 0.60 | 0.507 | 6 (40%) | 9 (60%) |
| K4 | Knowledge about training and seminar. | 0.80 | 0.414 | 3 (20%) | 12 (80%) |
| K5 | Knowledge about record keeping. | 0.60 | 0.507 | 6 (40%) | 9 (60%) |
| K6 | Knowledge of disease spread from outsider or neighboring farm. | 0.47 | 0.516 | 8 (53.3%) | 7 (46.7%) |
| Attitude Score (AS) | | | | | |
| A1 | I think seminars and training session on dairy farming are useful. | 0.53 | 0.516 | 7 (46.7%) | 8 (53.3%) |
| A2 | I have priority towards information sources and activity. | 0.33 | 0.488 | 10 (66.7%) | 5 (33.3%) |

| | | | | | |
|-----------|----------------------------------------------------------------------------|------|-------|-----------|------------|
| A3 | I am concerned about biosecurity guidelines and importance of biosecurity. | 0.60 | 0.507 | 6 (40%) | 9 (60%) |
| A4 | I am satisfied about hygiene management in the farm. | 0.53 | 0.516 | 7 (46.7%) | 8 (53.3%) |
| A5 | I believe only necessary visits should be allowed. | 0.73 | 0.458 | 4 (26.7%) | 11 (73.3%) |
| A6 | I believe cleaning and disinfection of vehicles reduces biosecurity risk. | 0.60 | 0.507 | 6 (40%) | 9 (60%) |

119 SD = Standard Deviation;

120

121 **Table 2: Practice scores (PS) of the farmers (N=15) regarding farm biosecurity.**

| ID | Description | Mean | SD | Frequency (%) | |
|------------|-----------------------------------------------------------|------|-------|---------------|------------|
| | | | | No | Yes |
| P1 | Test diseases before buying. | 0.87 | 0.352 | 2 (13.3%) | 13 (86.7%) |
| P2 | Quarantine for new animal on arrival. | 0.53 | 0.516 | 7 (46.7%) | 8 (53.3%) |
| P3 | Inspection made by veterinarian on arrival of new animal. | 0.53 | 0.516 | 7 (46.7%) | 8 (53.3%) |
| P4 | Use hygiene precautions before handling animal feed. | 0.80 | 0.414 | 3 (20%) | 12 (80%) |
| P5 | Isolating Sick animals. | 0.40 | 0.507 | 9 (60%) | 6 (40%) |
| P6 | Treatment of Sick animals until clinical sign disappear. | 0.93 | 0.258 | 1 (6.7%) | 14 (93.3%) |
| P7 | Vaccination against common contagious diseases. | 0.87 | 0.352 | 2 (13.3%) | 13 (86.7%) |
| P8 | Culling animals that are unresponsive to treatment. | 0.80 | 0.414 | 3 (20%) | 12 (80%) |
| P9 | Having insect and rodent control plan. | 0.33 | 0.488 | 10 (66.7%) | 5 (33.3%) |
| P10 | Regular Cleaning and Disinfection of farm. | 0.93 | 0.258 | 1 (6.7%) | 14 (93.3%) |

| | | | | | |
|------------|---------------------------------------|------|-------|---------------|--------------|
| P11 | Footbath in the entrance. | 0.13 | 0.352 | 13 (86.7%) | 2 (13.3%) |
| P12 | Clean udder before and after milking. | 0.80 | 0.414 | 3 (20%) | 12 (80%) |

122 SD = Standard Deviation;

123

124 ***Comparison of knowledge, attitude and practice scores of demographic characteristics***

125 Comparison of the mean knowledge score (KS), mean attitude score (AS) and mean practice
126 score (PS) according to demographic characteristics are shown in (Table 3). For D1, we found
127 the highest mean KS (4.0) and mean PS (9.3) in the >40 years age group, and the highest mean
128 AS (3.7) in the < 30 years age group (Table 3). For D2, the highest mean KS (3.7) and mean
129 AS (3.8) were observed in the Secondary education group, whereas the highest mean PS (8.6)
130 was identified in the Graduation group (Table 3). For D3, we identified the highest mean KS
131 (3.7) in the group with less than 10 years of farming experience, as well as the highest mean
132 AS (4.5) and mean PS (8.5) in the group with more than 20 years of farming experience
133 (Table3). For D4, there was no responder in the income group of less than \$250, the highest
134 mean KS (3.7) was discovered in the income group of \$250-500 per month, and the highest
135 mean AS (3.6) and mean PS (8.1) were found in the income group of more than \$500 per month
136 (Table3). In D5, the 3–5-year farm's age group had the highest mean KS (4.5), mean AS (4),
137 and mean PS (8.6) (Table 3). For D6, the highest mean KS (4.3) and mean AS (4) were recorded
138 in the group of fewer than 15 animals on the farm, whereas the highest mean PS (8.6) was
139 identified in the group of more than 25 animals in the farm (Table3). However, the differences
140 between KS, AS, and PS among demographic characteristics (D1 to D6) were insignificant (p
141 > 0.05) (Table 3).

142 **Table 3: Impact of demographic characteristics on knowledge, attitude and biosecurity**
143 **practice measures of the farmers (N=15).**

| ID | Description | Frequency | | Knowledge Score (KS) | | Attitude Score (AS) | | Practice Score (PS) | |
|-----------|---------------------|-----------|------|----------------------|---------|---------------------|---------|---------------------|---------|
| | | n | % | Mean±SD | p-value | Mean±SD | p-value | Mean±SD | p-value |
| D1 | Farmer's Age | | | | | | | | |
| | < 30 years | 2 | 13.3 | 2.0 ±0 | 0.19 | 3.7 ± 1.5 | 0.37 | 7.0 ±2.8 | 0.34 |
| | 30-40 years | 10 | 66.7 | 3.7 ±1.5 | | 3.5 ±1.7 | | 7.7 ±2.1 | |

| | | | | | | | | |
|------------------------------------------------------|---|------|----------|------|-----------|------|----------|------|
| >40 years | 3 | 20.0 | 4.0 ±1 | | 3.67 ±1.5 | | 9.3 ±1.1 | |
| D2 Farmer's Educational Qualification | | | | | | | | |
| Primary | 5 | 33.3 | 3.6 ±1.8 | | 2.8 ±1.9 | | 7.4 ±2.7 | |
| Secondary | 7 | 46.7 | 3.7 ±1.3 | 0.78 | 3.8 ±1.3 | 0.35 | 8.0 ±1.8 | 0.81 |
| Graduation | 3 | 20.0 | 3.0 ±1 | | 3.0 ±1.7 | | 8.6 ±1.5 | |
| D3 Farmer's Farming Experience | | | | | | | | |
| <10 years | 9 | 60.0 | 3.7 ±1.2 | | 3.4 ±1.6 | | 8.1 ±2.0 | |
| 10-20 years | 4 | 26.7 | 3.3 ±1.9 | 0.84 | 2.5 ±1.3 | 0.35 | 7.3 ±2.5 | 0.81 |
| >20 years | 2 | 13.3 | 3.5 ±2.1 | | 4.5 ±2.1 | | 8.5 ±2.1 | |
| D4 Farmer's Income class (USD (\$) per month) | | | | | | | | |
| < \$250 | 0 | 0 | - | | - | | - | |
| \$250-\$500 | 6 | 40.0 | 3.7 ±1.6 | 0.80 | 3.0 ±1.0 | 0.67 | 7.7 ±2.3 | 0.58 |
| > \$500 | 9 | 60.0 | 3.4 ±1.3 | | 3.6 ±1.9 | | 8.1 ±1.9 | |
| D5 Age of the farm | | | | | | | | |
| < 3 years | 4 | 26.7 | 3.0 ±1.4 | | 2.5 ±1 | | 7.8 ±2.2 | |
| 3-5 years | 6 | 40.0 | 4.5 ±1.1 | 0.08 | 4.0 ±1.6 | 0.30 | 8.6 ±1.9 | 0.53 |
| >5 years | 5 | 33.3 | 2.8 ±1.3 | | 3.2 ±1.9 | | 7.2 ±2.2 | |
| D6 Number of animals in farm | | | | | | | | |
| < 15 | 4 | 26.7 | 4.3 ±0.9 | | 4 ±1.8 | | 8.5 ±2.4 | |
| 15 - 25 | 8 | 53.3 | 3.4 ±1.5 | 0.39 | 3.0 ±1.7 | 0.58 | 7.4 ±2.1 | 0.63 |
| > 25 | 3 | 20.0 | 3 ±1.7 | | 3.3 ±1.2 | | 8.6 ±1.5 | |

144 SD = Standard Deviation; Independent-Samples Kruskal-Wallis statistical test was used to
 145 compare different categories of different demographic characteristics; Statistically significance
 146 = p-value < 0.05;

147

148 *Associations of K4-A1, K6-P11 and A4-Practice scores*

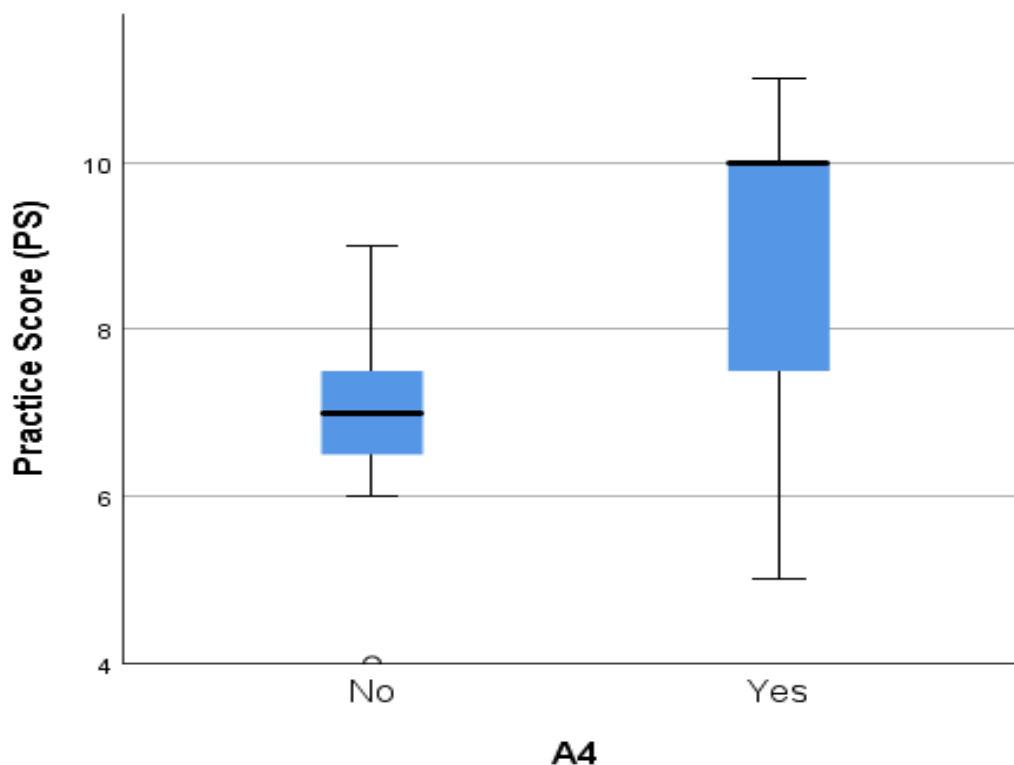
149 We found the association of A1 (I think seminars and training sessions on dairy farming are
 150 useful) was significantly different (p < 0.05) among the response of K4 (Knowledge about
 151 training and seminar) (Table 4). We found no significant difference (p >0.05) in the case of
 152 P11 (Footbath in the entrance) among K6 (Knowledge of disease spread from an outsider or
 153 neighboring farm) (Table 4). The farmers who were satisfied with their hygiene management
 154 (A4) used to have higher practice scores (PS) (Figure 2) and a significant difference (p < 0.05)

155 in the association was found in the case of PS (Practice score) and A4 (I am satisfied about
156 hygiene management in the farm) (Table 4).

157 **Table 4: Associations between K4-A1, K6-P11 and A4-Practice score (PS).**

| | Test statistic (Independent-Samples Kruskal-Wallis) | p-value |
|---------------------------------|-----------------------------------------------------------|---------|
| K4 – A1 | 4.00 | 0.046* |
| K6 - P11 | 0.01 | 0.922 |
| A4 – Practice score (PS) | 4.02 | 0.045* |

158 Here in the table, K4= “Knowledge about training and seminar.”; K6 = “Knowledge of disease
159 spread from outsider or neighboring farm.”; A1= “I think seminars and training session on
160 dairy farming are useful.”; A4= “I am satisfied about hygiene management in the farm.”; P11=
161 “Footbath in the entrance.”; *Statistically significant ($p < 0.05$);



162 **Figure 2: Distribution of practice scores (PS) across A4 response of the farmers (N= 15).**
163 (Here, A4= “I am satisfied about hygiene management in the farm.”)
164

165 ***Correlation among knowledge, attitude and practice***

166 Knowledge had a very strong correlation ($r = 0.71$) with practice and had a strong correlation
 167 ($r = 0.65$) with attitude (Table 5). On the other hand, attitude and practice also had a strong
 168 correlation ($r = 0.64$) between them (Table 5). We found significant differences ($p < 0.05$) in
 169 correlations between knowledge-attitude, knowledge-practice, and attitude-practice (Table 5).

170 **Table 5: Correlation among farmer’s knowledge, attitude and practice regarding farm**
 171 **biosecurity measures.**

| Variable | Spearman Correlation coefficient (r) | p-value | 95% CI lower to Upper |
|----------------------|--------------------------------------|---------|-----------------------|
| Knowledge – Attitude | 0.71 | 0.011* | 0.1862 to 0.8749 |
| Knowledge – Practice | 0.65 | 0.004* | 0.3001 to 0.9005 |
| Attitude – Practice | 0.64 | 0.012* | 0.1784 to 0.8729 |

172 *Statistically significant ($p < 0.05$);

173

174 ***Correlation between incidence of non-specific enteritis and biosecurity practice score***

175 The highest non-specific enteritis incidence in 2 months was 12 experienced by the farmer and
 176 his family members, and in that particular farm, the biosecurity practice score was the lowest
 177 (4) (Table 6). The highest farm biosecurity practice score recorded was 11 and the incidence
 178 of non-specific enteritis experienced by the farmer and family members on this farm was 2
 179 (Table 6). The lowest incidence was found 0 where the farm biosecurity score was 10 (Table
 180 6). The correlation found between non-specific enteritis incidence and biosecurity practice
 181 score was $r = -0.9232$ (Figure 3). The correlation between non-specific enteritis incidence and
 182 biosecurity practice score was significant ($p < 0.05$) (Figure 3).

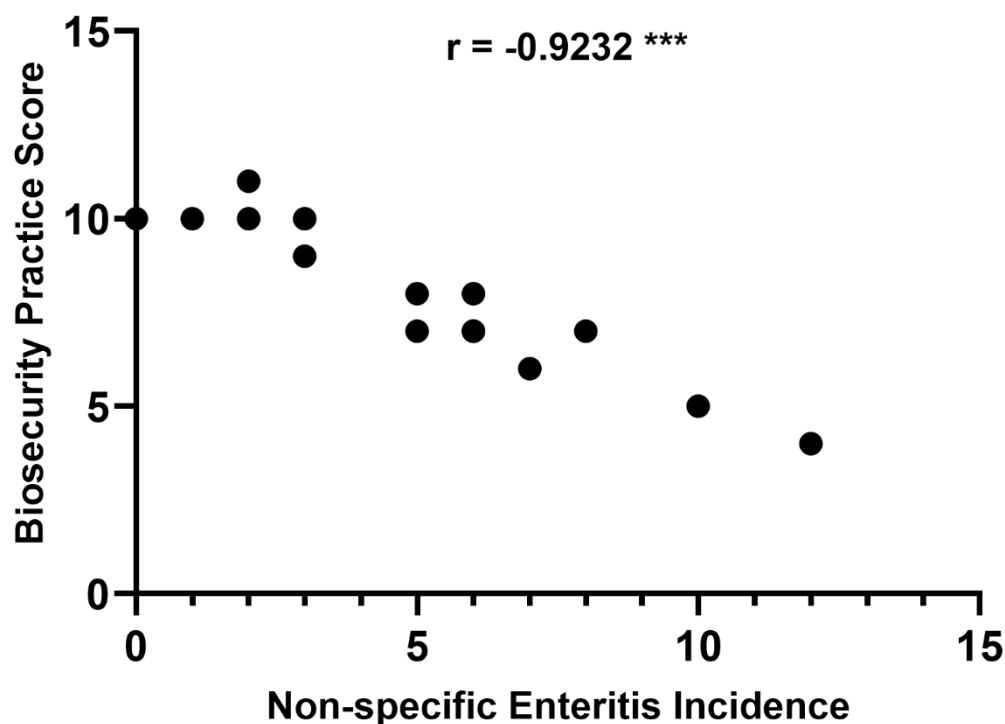
183 **Table 6: Biosecurity practice scores and the number of non-specific enteritis experienced**
 184 **by the farmers (N=15) or family members.**

| Farm ID | Non-specific enteritis experienced by the farmer or farmer’s family (Last 2 months) | Biosecurity practice scores |
|---------|-------------------------------------------------------------------------------------|-----------------------------|
| 1 | 10 | 5 |
| 2 | 3 | 9 |
| 3 | 12 | 4 |
| 4 | 6 | 7 |
| 5 | 8 | 7 |
| 6 | 6 | 7 |

| | | |
|----|---|----|
| 7 | 2 | 10 |
| 8 | 7 | 6 |
| 9 | 5 | 7 |
| 10 | 0 | 10 |
| 11 | 2 | 11 |
| 12 | 1 | 10 |
| 13 | 5 | 8 |
| 14 | 3 | 10 |
| 15 | 6 | 8 |

185 Here, Biosecurity practice score is equal to the Practice scores (PS) of the farms;

186



187

188 **Figure 3: Distribution and correlation of non-specific enteritis incidence and biosecurity**

189 **practice scores of the farmers.** (Here, 'r' = Spearman's correlation coefficient; Significance

190 level was considered as p-value < 0.05; '***' = p-value < 0.001;)

191

192 Discussion

193 In this current study, a relatively small sample size was used, that is because the study area

194 does not accommodate many commercial dairy farms and also all farms cannot be visited due

195 to lack of time and unwillingness of the owner to participate in the survey. However, the present

196 study contains enough information to understand the knowledge, attitude, and practice of

197 biosecurity among the farmers of the study area.

198 Previous studies show that knowledge, attitude, and practice are associated with one another,
199 and demographic characteristics can also have an impact on knowledge, attitude, and practice
200 (Can & Altuğ, 2014; Jafari-Gh et al., 2020; Makita et al., 2020; Mateo et al., 2021). So, we
201 hypothesized – (1) Demographic characteristics have influences on the knowledge, attitude,
202 and practice of biosecurity measures; (2) Knowledge, attitude, and practice of biosecurity
203 measures are strongly correlated. Furthermore, animal and human health are closely related
204 because of the possibility of direct or indirect pathogen transmission between them, and dairy
205 farms and dairy products are considered to be possible sources of pathogens that could cause
206 human health problems including gastroenteritis (An et al., 2018; Pell, 1997; Stein & Katz,
207 2017; Youssef et al., 2021). So, without proper biosecurity measurements, there is a possibility
208 of transmission of pathogens from the dairy farm environment or dairy products to the farmers
209 or dairy product consumers. Hence, we developed the hypothesis- there is a strong correlation
210 between the practice of biosecurity measures and the incidence of non-specific enteritis in
211 farmers and their family members who are directly or indirectly related to the farms or consume
212 milk from that farm.

213 *Frequency percentages and mean scores of knowledge, attitude and practice*

214 Seminars and training sessions about biosecurity can increase awareness and 80% of the
215 farmers had knowledge about seminars and training sessions (K4) (Table 1). But only 53.3%
216 agreed that seminars and training sessions are useful (A1) (Table 1). Another impactful
217 measure is to keep disease records on farms but only 60% of the farmers knew about record-
218 keeping (K5) (Table 1) contrast to the European survey which reported that about 73% to 91%
219 of dairy farmers used to keep a record (Denis-Robichaud et al., 2019). The disease can be
220 spread through indirect or direct contact in various ways like different farm visiting personnel
221 and different equipment from other farms (Brennan & Christley, 2012). So, it is necessary to
222 minimize the risk by adopting biosecurity measures but less than half of the farmers (46.7%)
223 knew about the possible spreading of diseases from outsider's entrance or neighboring farms
224 (K6) (Table 1) and only 13.3% used to have footbath on the entrance of the farm (P11) (Table
225 2). However, 73.3% believed that only necessary visits should be allowed in the farm (A5)
226 (Table 1). Regular cleaning and disinfection reduce biosecurity risks of a farm. In present study,
227 93.3% of the farmers did regularly cleaning and disinfection of their farms (P10) (Table 2).
228 Another aspect of reducing disease risk is to test diseases before buying any new animals and
229 vaccination against diseases (Denis-Robichaud et al., 2019). According to a previous study,
230 about 86% of Irish dairy farmers and 70% of Canadian dairy farmers used to vaccinate their

231 animals with at least a single dose (Denis-Robichaud et al., 2019). In the present study, 86.7%
232 practiced vaccination of animals against common contagious diseases (P7) (Table 2). A
233 previous study also reported that around 46% of Canadian farmers used to test for disease
234 before introducing new animals to the farm (Denis-Robichaud et al., 2019). However, in the
235 current study most farmers (86.7%) used to test diseases before buying new animals (P1) (Table
236 2).

237 *Comparison of knowledge, attitude and practice scores of demographic characteristics*

238 From (Table 3), D1 (Farmer's age) shows that elderly farmers (>40 years) tend to have more
239 knowledge (4.0 KS) and have better practice (9.3 PS). Maybe the elderly farmers (>40 years)
240 are more likely to gather information and implement biosecurity practices by replicating
241 practices from other farms but less likely to believe that these practices are actually necessary.
242 However, we found no significant differences ($p > 0.05$) in KS, AS, and PS among the age
243 groups which is supported by the previous findings (Can & Altuğ, 2014). D2 (Farmer's
244 educational qualification) demonstrates that farmers with a graduation level of educational
245 background tend to adopt better biosecurity practices (8.6 PS) but their attitude and knowledge
246 regarding biosecurity may lack (Table 3). A previous study found that highly educated farmers
247 tend to have better biosecurity scores (Can & Altuğ, 2014). It was also found that educational
248 level had a significant impact on farmers' knowledge, attitude, and practice (Jafari-Gh et al.,
249 2020). However, we did not find any significant differences ($p > 0.05$) in KS, AS, and PS among
250 educational level (D2) which contradicts the findings of (Can & Altuğ, 2014) (Table 3).

251 D3 (Farmer's farming experience) shows that farmers with less experience (< 10 years) had
252 better knowledge (3.7 KS) but those who had experienced over 20 years had better attitude (4.5
253 AS) and practice (8.5) (Table 3). It is possibly because; the less experienced farmers try to
254 thrive knowledge for the betterment of the farm but cannot implement the knowledge. No
255 significant differences were found ($p > 0.05$) among farming experience (D3) which is
256 supported by the findings of (Can & Altuğ, 2014) ($p > 0.05$). In the case of income class (D4),
257 results depict that, farmers with higher income (> \$500 / month) had lesser knowledge about
258 biosecurity but a better attitude (3.6 AS) and practice (8.1 PS) than the farmers of middle-
259 income (\$250-500/ month) group (Table 3). However, the differences of KS, AS, and PS
260 among income class were not significant ($p > 0.05$) (Table 3), but this result indicates that
261 having knowledge about biosecurity does not always results in practices of biosecurity
262 measures. As previously noted by veterinarians, a lack of knowledge of biosecurity is not only

263 the reason for implementing biosecurity in farms but also farmers' attitudes and will also play
264 important roles (Pritchard, Wapenaar, & Brennan, 2015). A previous study also found that
265 higher income resulted in higher biosecurity scores (Can & Altuğ, 2014). It was also reported
266 that higher income has a high impact on the knowledge, attitude, and practice of a farmer
267 (Jafari-Gh et al., 2020).

268 From current findings, D5 (Age of the farm) shows that farmers from the farms which existed
269 for 3 to 5 years had better knowledge (4.5 KS), attitude (4.0 AS), and practice (8.6 PS) (Table
270 3). This depicts that certain periods after the starting of farms perform better in biosecurity
271 measures but in the state introductory period the farmers may lack resources to access
272 information about biosecurity measures. On the other hand, farmers from farms with ages more
273 than 5 years may be reluctant to consider biosecurity measures as necessary because the farm
274 has already survived a long time. D6 (Number of animals in farm) shows that farms with less
275 than 15 animals have better knowledge (4.3 KS) and attitude (4 AS) but farms with more than
276 25 animals have better practice (8.6 PS) (Table 3). Larger herd size results in higher biosecurity
277 scores were also found in a previous study (Can & Altuğ, 2014). Also, farms with large herd
278 sizes may have better biosecurity because these farms have a higher risk of losses due to
279 diseases (Jafari-Gh et al., 2020). However, we didn't find any significant differences ($p > 0.05$)
280 of KS, AS, and PS in the case of D5 and D6 (Table 3). Finally based on the current study
281 findings, we rejected our alternative hypothesis that demographic characteristics have
282 influences on the knowledge, attitude, and practice of biosecurity measures.

283 *Associations of K4-A1, K6-P11 and A4-Practice scores*

284 Believing seminars and training sessions could be useful (A1) was significantly different ($p <$
285 0.05) between the farmers who had knowledge of training and seminars (K4) and who didn't
286 (Table 4). Though training sessions and seminars are important for improving biosecurity and
287 policy making of farms, negative attitudes and fatigue still exist among farmers. To improve
288 the situation, the responsible factors should be identified and alternative approaches need to be
289 formulated to motivate and engage the farmers in seminars and training (Hamilton, Evans, &
290 Allcock, 2019). In this present study, whether farmers knew about the risk of disease spreading
291 through neighboring farms or outsiders (K6), didn't significantly affect the practice of using
292 footbath (P11) ($p > 0.05$) (Table 4). But using footbaths on the farm can improve the bovine
293 feet health and reduce biosecurity risk in farms (Fjeldaas et al., 2014). Additionally, using
294 footbath in farms should be an essential practice in the current study area as it is considered to

295 be a hot spot for contagious diseases like FMD (Rahman et al., 2020). The current study results
296 also revealed that practicing better biosecurity measures (higher practice score) was closely
297 related to having satisfaction with the hygiene management of the farm (A4) (Table 4; Figure
298 2). But that doesn't exclude the chances that farmers will not be satisfied with less biosecurity
299 practices. Hence, if it could be possible to broaden the satisfaction margin of the farmers then
300 they would be automatically encouraged to adopt better biosecurity measures.

301 ***Correlation among knowledge, attitude and practice***

302 Knowledge, attitude, and practice had a strong positive correlation with one another (Table 5).
303 That means a change in one of these variables will affect another factor in a positive direction.
304 If the farmer had better knowledge of biosecurity, it would result in a positive attitude toward
305 biosecurity measures and better practices. However, farmers' perceptions of biosecurity may
306 evolve and change and may not be consistent over time (Brennan & Christley, 2013). So,
307 knowledge of biosecurity should be disseminated with a standard guideline, and regular
308 training should be provided to keep the farmers updated with new information. Previous
309 research has also found that improved knowledge leads to more positive attitudes, and positive
310 attitudes lead to more biosecurity practices (Makita et al., 2020). So, three of these factors
311 coexist together for the improvement of biosecurity measures in farms. Hence, based on current
312 study findings (Table 5), we accepted our alternative hypothesis that there are associations
313 among the knowledge, attitude, and practice of biosecurity measures.

314 ***Correlation between incidence of non-specific enteritis and biosecurity practice score***

315 The notion of biosecurity has gained importance over the years due to the numerous hazards
316 and heightened animal-associated risks brought on by demographic and environmental
317 changes, along with globalization and international exchange (Lytras, Xia, Hughes, Jiang, &
318 Robertson, 2021). Dairy cattle had been identified as potential reservoir pathogens such as
319 *Campylobacter* which causes human gastroenteritis (An et al., 2018). Gastroenteritis-causing
320 pathogens like *Escherichia coli* had also been identified in dairy milk and farms as well (Stein
321 & Katz, 2017). These pathogens can easily transmit to humans via milk or direct contact with
322 farm utensils due to a lack of biosecurity measures. The strong correlation ($r = -0.9232$)
323 between the incidence of non-specific enteritis and farm biosecurity practice score found in the
324 current study (Figure 3) demonstrates that adaption of more biosecurity measures reduces the
325 incidences of non-specific enteritis among farmers and their family members who are directly
326 or indirectly related to the farms or consume milk from that farm. Previous study shows that

327 the implementation of good biosecurity measures reduces the transmission of pathogens from
328 livestock to human (Youssef et al., 2021). Moreover, limiting dairy farms as the only reason
329 for non-specific enteritis would not be a wise discussion. Because enteritis could also develop
330 from other food sources such as broiler meat (la Mora et al., 2020). But the significant ($p <$
331 0.05) correlation between enteritis and farm biosecurity practice score found in the current
332 study cannot be ignored as well (Figure 3). However, the finding in our current study about the
333 correlation of enteritis and biosecurity measures do not claim that the incidences of non-
334 specific enteritis only depend on the biosecurity measures of the firm, rather from our findings,
335 the assumption may be made that biosecurity practice does influence the health of the
336 individuals who are directly or indirectly connected to the products or the environment of the
337 farms. For a stronger claim on the biosecurity practice-enteritis relationship, a thorough study
338 would be needed for identifying enteritis-causing organisms in the farm environment or farm
339 products, and the causal agent of enteritis in the individuals who are in contact with the firm,
340 and analysis of genetic homology of those microorganisms.

341 The current study revealed that demographic characteristics do not influence knowledge,
342 attitude, and practice of biosecurity measures. Knowledge, attitude, and practice are highly and
343 positively correlated with one another. With better knowledge, the farmers' attitude and
344 practice of biosecurity measures improve. Biosecurity score is also correlated with non-specific
345 enteritis incidence. Having higher farm biosecurity practice measures reduces the incidence of
346 non-specific enteritis in individuals who are directly in contact with the farm or consume milk
347 from that farm. However, awareness is needed to be increased for a better understanding and
348 implementation of biosecurity measures. Finally, further studies are needed to establish a
349 strong claim.

350 **Conclusion**

351 Our study reveals most of the small-scale dairy farmers of Sylhet District, Bangladesh, are
352 experiencing non-specific enteritis. And the knowledge, attitudes, and current biosecurity
353 practices are yet to gain a satisfactory level to prevent zoonosis such as non-specific enteritis.
354 So, the farmers need more awareness and relevant training to enhance their biosecurity
355 practices regarding public health importance.

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