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RESEARCH ARTICLE

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NEED FOR PHYSIOTHERAPY IN RURAL AREAS

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ABSTRACT

Physical challenges affect a large number of people worldwide. Physiotherapy is an important part of health treatment that addresses some of these challenges effectively. There is little data on the percentage of the rural population that uses physiotherapy and how that lack of use affects them. Some of the papers referred to in this paper show that there is very little awareness of physiotherapy in the rural areas of a developing country. While the studies cited show that physiotherapy treatment is beneficial, lack of physiotherapy centres has forced patients to go without treatment. The authors' survey demonstrates how the lack of treatment has resulted in severe pain, inability to perform daily household chores, and wage loss. In the absence of physiotherapy, the alternative treatment given is a painkiller; our survey results show that this does not help the patients. Thus, among the issues are lack of public awareness and little or no access to physiotherapy services due to inadequate infrastructure and resources. The paper argues that physiotherapy should be made an integral component of India's healthcare system.

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INTRODUCTION

Globally, many people suffer from physical challenges. There are many causes for such disabilities like arthritis, injuries, violence, severe vitamin/mineral deficiencies or general ill health. The patients need to undergo rehabilitation treatment for such disabilities. However, it is estimated that no more than 2-3% handicapped get physiotherapy assistance in developing nations (Kumar *et al*, 2008). While the assistance is limited, the extent of the problem is not: The number of persons suffering from physical challenges is considerable. According to the World Disability Report (2023), 10% of the world's population has disability and around 80% of these live in rural areas, where the probability of the population taking physiotherapy and rehabilitation treatment is very small. Yet, physiotherapy is an important part of health treatment for wellbeing. Physiotherapist promotes the community's optimal functional independence. Knowing the ailments a physiotherapist can treat, will allow the community to be freed of irritating pains that hamper their daily activities. Very little documentation exists on the percentage of rural population utilizing the physiotherapy treatment and how the lack of utilization affects them. This article surveys the published literature on physiotherapy utilization. It also reports the findings from the interviews carried out by the authors in a village of Gujarat and Telangana each. The interviews show how the lack of physiotherapy treatment can affect individuals.

Prevalence of disability in India: The National Statistical office came out with a report on Persons with Disabilities in India in 2021. It shows that 2.21% of the population in India is disabled. From the disabled population, those suffering from disabilities in seeing, hearing and movements are around 20% each – thus about 60% of the disabled population suffers from these three disabilities. Disabilities can increase with age. The elderly are known to suffer the most from the problems of joint pains. The report shows that 25% of the elderly in India (the population aged above 60) suffer from the disability in movement. Add to this the persons in their 40s with joint problems. And the ones suffering from injuries. The number becomes huge. However, there are very few physiotherapy centers in rural India. This, we feel, is a major problem.

Literature Survey: To get an idea about the status of physiotherapy treatment in the developing nations, we surveyed the literature. As mentioned in the introduction, there is very little research on this topic, but the following studies can provide some understanding about the utilization of physiotherapy treatment.

Awareness regarding physiotherapy: Eyinda *et al*. (2022) studied 158 patients in Africa, both male and female, suffering from various disabilities. 87.42% of patients had little knowledge of physiotherapy. Therefore, there was no possibility of them taking this treatment. The ones who were somewhat aware but were not taking any treatment cited mainly two reasons for not taking any treatment: lack of money and distance to hospital.

Rai and Kalra (2023) surveyed 200 persons from the villages around Delhi, India, to assess the awareness of physiotherapy. They found that 60% of the participants did not know anything about physiotherapy. Only 37% had some idea about the method of treatment and when to visit a physiotherapist. Ramanandi *et al.* (2019) surveyed 500 participants through self-administered survey (hence the sample was obviously educated middle class) in four major cities of Gujarat. They find the level of awareness to be 87.2% among these urban middle class respondents. 89.4% of the ones who were aware said that they would recommend physiotherapy to others. The above studies show a large difference in awareness about physiotherapy between the educated urban middle class and rural lower middle class. We strongly feel that one important reason for the lack of awareness among the villagers about physiotherapy is the non-availability of these services in the villages. Unless they see the services being offered, they would not know the importance/existence of it.

Patients' responses regarding usefulness of physiotherapy: While the health care centers across the developing nations do not offer any physiotherapy services or referral, as Pavithra Rajan (2017) points out, based on her review of seven studies covering a population of about 3000 persons, physiotherapy indeed helped to relieve the pain for the affected in the community based programs. Guadie *et al* (2022) report from Ethiopia, based on their study of three specialized hospitals and 409 patients, that the overall satisfaction was 50.1%, as far as pain relief and self-rated health improvement was concerned. While the importance of physiotherapy is widely acknowledged, there is some division of opinion on the effectiveness of the home-based exercises. Mishra *et al* (2022), after studying 18 women, concluded that while a lot of improvement was noticed in the women with UTI who undertook the exercise under the supervision of a trained physiotherapist, there was little impact of the exercises done at home without supervision. But Yilmaz *et al* (2019), after studying 80 patients, conclude that both types of exercises help but the effect is statistically significantly more when the physiotherapist teaches the exercises. The benefits of physiotherapy treatment, thus, are recognized in all these studies.

Referral services for physiotherapy: Shimpi *et al* (2014) conducted a written self-administered survey of doctors working in government hospitals of Mumbai, India. They found that 150 out of 196 (76.5%) doctors were significantly aware of physiotherapy and its various functions. 123 out of 196 (62.8%) doctors interacted with the physiotherapist to decide the line of treatment for the patients. As we will discuss in our own findings, the urban doctors were not found to be prescribing physiotherapy treatment to their rural patients. Thus, the line of treatment adopted by doctors seem to be different for their urban patients (as shown in the above study) and the rural patients (as shown by our survey). We feel that this must be because the doctors know about the non-availability of physiotherapy services in the rural areas. They have no choice but to recommend an inferior treatment of painkillers.

Findings from the field

Study area and number of people interviewed: We talked to 27 persons for this study: 17 in Khatraj, a village in Gujarat, about 20 km from hospitals in Ahmedabad. There are no hospitals closeby. We also talked to about 10 persons in Mahubnagar district of Telangana from Buddaram and Annasagar villages (17 km from a hospital) - out of these, 3 were interviewed individually and the rest were interviewed in a group. The survey results are given for the 20 individual interviews. The feedback received from the FGD has been reported while explaining a specific issue. The authors had started getting repetitive responses after surveying just a few persons, so it was realized that it is more important to highlight the issues reported by the respondents than collect the same responses from more individuals. Therefore, we would like to highlight that this study is not quantitative, it is based on some small case studies.

Table 1. Age structure of the respondents

Age	Number
25-30	1
30-40	7
40-50	6
50-60	5
60 and above	1
Total	20

For the interview, only those people were selected who were suffering from joint pains or accident injuries, etc. The average age of the respondents was 42 years. As can be seen from the table above, the people whom we interviewed came almost equally from the age groups 30-60. This did not happen by design; as we went around the village, looking for people who were suffering from joints pain, we found these people. Three persons from 30-40 were suffering due to some injuries, four households had no major issues related to physiotherapy, the rest reported moderate to severe joint pains.

Ailments reported and their impact

Table 2. Ailments found and treatment, its effect

Ailments	persons suffering	Treatment
Minor issues	4	No treatment, fracture got ok with pain killers (1 patient)
Knee/ankle pain	7	Injection (1 patient), tablets for months (3 patients): no improvement; no treatment (2 patients) operation recommended (1), local quack(1)
Post-operative issues	2	No treatment (1 patient)
Sciatica	2	Tablets for months (2 patients): no improvement
Disabled	2	No treatment
Back pain	2	Painkiller: no improvement, local quack(1)
Head and shoulder injury in occupation	1	Treatment taken with physiotherapy; patient improved(1)

31% of the sample patients (5 out of 16) were suffering from knee problems. The rest complained about the back, ankle, leg and other joint pains. 81% (13 out of the 16 respondents) said that they face problems in their daily activities. 62% of these (eight patients) are leading a semi-disabled life (cannot walk much, climbing is difficult, can't hold anything much in hand, painful to cook, wash clothes and utensils etc.).

Post fracture rehabilitation: One lady agriculture worker said that she cannot work on the farm anymore. She used to earn Rs. 700per day. The family thus faces financial problems due to her inability to work. She had suffered a fracture on her ankle. She did not take any physiotherapy after the POP was removed. She finds it difficult to walk. So let aside the agriculture labor, she is not able to take care of the domestic chores also. She has become semi-handicapped. Had she taken physiotherapy after the fracture, she could have been leading a normal life today. This case demonstrates how the absence of post-fracture physiotherapy had a substantial influence on an agricultural worker's functional results and socioeconomic well-being. This instance emphasizes the importance of physiotherapy in post-fracture rehabilitation.

Sciatica: Another lady agriculture worker said that she gets severe back pain and now it has gone into her right leg too. The patient suffers from intense pain, yet she has to continue working owing to economic compulsions. She complains of drastic deterioration in her overall quality of life. The patient may have sciatica, a disorder characterized by the compression or irritation of the sciatic nerve, which often results in radiating pain along the lower back and into one or both legs. Given the severity of her symptoms and their significant impact on her everyday activities, there is a compelling rationale for the inclusion of physiotherapy in her treatment plan. This case highlights the critical significance of physiotherapy in the treatment of sciatica among agricultural labourers who rely largely on physical labour for a living. Timely and thorough physiotherapeutic therapies have the ability to not only relieve pain but also restore

functioning, allowing the patient to work and improve her overall quality of life. As a result, this case emphasizes the need of including physiotherapy within the multidisciplinary approach to addressing chronic pain problems such as sciatica in order to optimize patient outcomes.

Knee pain: The lower middle class women of Gujarat mainly complained of the back and knee pain. Four women reported not being able to climb the staircase and getting severe pain while getting up from the floor. So washing clothes and cooking has become painful. Another one said that she has a knee problem and household chores like sweeping the floor, cooking, milking the animals – the things that she used to always do have now become impossible to do. It is worth noting that people suffering from severe knee pain are frequently advised to avoid activities that demand lengthy sitting on the floor or excessive bending, since these might aggravate their condition. These women were not told about these precautions at all; and it aggravates their muscular deterioration. Physiotherapy treats knee discomfort in a holistic manner by concentrating on muscle strengthening, joint stability, and improved biomechanics. It is possible to strengthen the muscles surrounding the knee joint with focused exercises and rehabilitation approaches. This has enormous potential for significantly reducing knee discomfort and regaining functional skills. These cases show the crucial importance of physiotherapy in enhancing the quality of life for those with knee difficulties. Physiotherapy, by delivering treatments focused at muscular development and pain relief, not only allows patients to achieve functional independence but also empowers them to continue their everyday chores and obligations. It is critical to emphasize the value and accessibility of physiotherapy for those dealing with knee pain.

Achilles Tendonitis: The appearance of ankle discomfort was mentioned by a man and a woman, which can be attributed to Achilles Tendonitis. This ailment, which is especially prevalent in rural areas where walking is the predominant form of transportation, has hampered their capacity to stand and walk for long periods of time. These cases highlight the importance of physiotherapy in meeting the musculoskeletal health requirements of lower-middle-class women in rural Gujarat. Targeted physiotherapeutic approaches can treat the underlying causes of pain, enhance functional capacity, and restore participants' ability to conduct everyday tasks comfortably.

Back pain: One shopkeeper has stopped sitting in the shop because his back gives severe pain. It is critical to highlight the potential of physiotherapy as a vital and accessible option for those dealing with such difficulties, allowing them to live more full lives while effectively managing their musculoskeletal concerns. Individuals can get specific targeted exercises and treatments from a physiotherapist to decrease pain, enhance spine health, and ultimately restore their ability to undertake occupational responsibilities. As can be seen from the above cases, there are many villagers suffering from joint problems and have been left semi-disabled. Most of these people can be relieved from their pain with physiotherapy treatment. As discussed earlier, there were many similar cases like this in all the three villages but since all of them were having similar complaints regarding knee and back pain, the researchers focused on the nature of the issues rather than the number.

Treatment taken in the absence of physiotherapy: It is interesting to know that 31% of the sample said that they have not sought any treatment. It is not surprising to find this because patients are known to neglect their joint pains or give up. From the general discussion with the villagers, we found that reaching Ahmedabad/Gandhinagar is not too difficult for the patients of Khatraj because the distance is not much and the transport facilities are good – it takes only 30-45 minutes. Therefore, it was expected that medical services would be availed by most patients. In our sample, almost 80% had consulted a medical doctor about the pain. The situation was different in Telangana. Although Mahabubnagar was only 30 km away, it was not easy to reach there. The patients go to the quack in their village for

treatment. All the patients who had consulted the doctor in Gujarat, were given “tablets” for the pain. They all described it as the medicine that “relieves the pain when we take it and as soon as we stop, the pain starts”. It is clear that they were all given pain killers. It is to be noted that no patient was advised physiotherapy. We feel that when the doctor knows that there are no physiotherapy centers anywhere close to the patient, s/he would not talk about an inaccessible treatment. Allopathy does not have any other answer except a pain killer for the joints pain, so it is also not surprising that the same treatment, painkillers, was recommended to each patient. The patients in Mahabubnagar told us that they usually are given an injection by the quack when they go to him with the complaint of pain. This also seems to be a painkilling injection. We suspect that the quack himself is not aware of the physiotherapy treatment. Anyway, any exercise or physiotherapy were never advised by the quack. In Annasagar village, where we had the group interview, we found that there was a MBBS doctor in the health and wellness center but he also never prescribed physiotherapy. The reason could be lack of awareness in the doctor or the realization that there are no facilities available for the villagers nearby so it cannot be prescribed. Three patients in Gujarat were advised to get operated upon. If the physiotherapy is undertaken at the early stages, operations and joint replacements can be delayed for a long time. Knowing the condition of both the patients (it was diagnosed as ‘wear and tear’), the authors feel that the lack of physiotherapy treatment led to their disability. The above findings show clearly that the painkillers given to the patients for their joints pain have not achieved any lasting results and the resulting disability has either persisted and worsened. The painkillers are a temporary solution that has not helped the patients to overcome their problems of movement.

CONCLUSION

The literature survey in this paper shows that there is very little awareness about physiotherapy in rural areas of developing nations. While the usefulness of the physiotherapy treatment is proven by the quoted studies, lack of physiotherapy centers has forced the patients to remain without treatment. The survey by the authors show how the absence of treatment has resulted in severe pain, inability to undertake the daily household chores, and loss of wages. The alternative treatment given, in the absence of physiotherapy, is always a painkiller and the survey shows that this has not helped the patients at all. Thus, inadequate infrastructure and resources, a lack of public knowledge and accessibility to physiotherapy services are among the problems. Addressing these concerns is critical to ensuring that physiotherapy in India satisfy the population's expanding healthcare needs while also providing efficient rehabilitation and preventative treatment. To address these problems and include physiotherapy as an integral component of India's healthcare system, collaborative efforts by government agencies, educational institutions, healthcare organizations, and physiotherapy practitioners are required. Furthermore, encouraging research and innovation in the profession can result in the creation of evidence-based practices and the distribution of information to improve the quality of physiotherapy services, eventually benefitting the health and well-being of the public.

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