



Awareness About Physiotherapy Among The Anganwadi Workers In Ziro, Arunachal Pradesh

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ABSTRACT

Introduction: The Integrated Child Development Service Scheme (ICDS) is one of the initiatives taken up by the Central Government to reduce the burden of illness and mortality among women and children. Anganwadi workers (AWW) play a key role in health education and care at the primary care settings especially in rural India for which adequate information about the physiotherapy is an important factor as physiotherapist plays a significant role in management of any kind of disability and community based rehabilitation. The present study has been undertaken with the objective to assess the knowledge of physiotherapy among AWW in Ziro, Arunachal Pradesh.

Method: A cross sectional survey was conducted using a validated questionnaire among 89 anganwadi workers (AWW). The data obtained were analyzed and described using tables.

Result: This study shows that out of 89 participants, 76.4% respondents were not aware of the role of physiotherapy, 96.1 % were not aware of the techniques used in physiotherapy and none of the anganwadi workers were informed about physiotherapy during their training period.

Conclusion: Awareness about physiotherapy among the anganwadi workers (AWW) in Ziro who participated in this study was poor. Adequate awareness during training period about physiotherapy roles in various types of health care sector, its techniques and importance in community based rehabilitation will not just benefit the anganwadi workers and public, but also for the physiotherapy service deprived person with disabilities.

Index Terms: Anganwadi workers, Physiotherapy, Community based rehabilitation, disability, Disabled children

INTRODUCTION

Physiotherapy, according to World Physiotherapy is a healthcare profession concerned with human function and movement and maximizing physical potential for better quality of life and movement potential within the spheres of health promotion, prevention, treatment/intervention, habitation and rehabilitation.¹

Physiotherapist uses physical approaches to promote, maintain and restore physical, psychological and social well being, taking into account variations in health status. It is science-based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery. The exercise of clinical judgement and informed interpretation is at its core.²

Physiotherapist facilitates optimum functional independence, health and well being of the community. This is achieved by specialized manual techniques, electrotherapeutic modalities, exercises, advice and counseling patients and care givers, provision of adaptive devices and mobility aids, education and training. An idea of the range of conditions that a physiotherapist can treat will help understand their role.³

The disability prevalence reported by UNICEF 2021 using biopsychosocial model of disability evaluation showed a total of 28.9 million of disabled children aged 0-4 years, 207.4 million of disabled children aged 5-17 years and 236.4 million of all children aged 0-17 years with moderate to severe disabilities globally, of which South Asia accounted for more than half of these children with 64.4 million.⁴ As per the census 2011, out of the 121 crore population in India 2.68 crore persons were enumerated as 'disabled' which was 2.21% of the total population of which 20.4 lakhs are disabled children with 7.62% from the total disabled population of India. Total disabled children of Arunachal Pradesh accounted for around 7.96% of the total disabled children population in India.⁵ 75% of persons with disabilities (PWDs) are living in rural areas.⁶

The underlying impairments of PWDs can create higher health care needs. They may need specialized treatment in order to optimize functioning and reduce disabilities which include medication, surgery, assistive devices and therapeutic rehabilitation.

Children with disabilities having congenital disabilities experience multiple health conditions requiring help from a broad range of medical and rehabilitative experts besides the need for immunization and other routine medical care.⁷

Cost of transportation, inaccessible physical building, poor fitting of hospital equipment, discrimination and stigma from hospital can often be attributed as significant barriers for PWDs in accessing health care services.

The escalating cost of health care, the increasing economic constraints, and the shortfalls in service provision have all contributed to the difficulty in the rehabilitation of the disabled.

Even with so much of planning and interventions worldwide for the betterment of the health of the person with disabilities worldwide, evidence suggests that globally the PWDs are still experiencing difficulties in accessing healthcare either in general or specialized healthcare as compared to those without disabilities. Hence, the urgent need to develop innovative ways to utilize therapists in the community.

Thus the need of community-based rehabilitation (CBR) programs is much relevant in a fast-developing country like India.⁸

The physiotherapist's (PT) role in CBR can be understood only if the level of community awareness about the potential of physiotherapy to effect a change in health status and social participation of people is good.

The Integrated child Development Services (ICDS) is one of the world's largest community based outreach programme that have been geared towards reducing the burden of illness and mortality among pregnant and nursing mother, adolescent girls and children below six years. Its package of services that comprise of supplementary nutrition, immunization, health checkups, referral services, preschool informal education, nutrition and health education is provided by trained anganwadi workers (AWW) in the anganwadi center.⁹

The anganwadi worker is a community based front line worker of the ICDS programme. She plays a crucial role in promoting child growth and development, organizes supplementary feeding, helps in organizing immunization sessions, distributes vitamins and supplements, treats minor ailments and refer cases to medical facilities (ICDS Report, 1995). She is also an agent of social change, mobilizing community support for better care of young children.¹⁰ The role of AWWs has been appreciated as the most dedicated and committed of public servants who can develop grass-root contacts.¹¹

A study conducted in Gorakhpur, Uttar Pradesh, confirms that AWW can help in early detection of childhood disabilities in children below 6 years. This indicates that adequate orientation and training among the AWWs regarding early detection of incipient and preventable disabilities can help to prevent permanent disabilities in children.¹²

In spite of the ongoing grassroot interventions like ICDS, India still contributes to about 21% of the global burden of child deaths before the fifth birthday due to inadequate awareness about nutrition and health facilities in the community.¹³

It is hoped that through the proper training of AWWs, the community especially the vulnerable women and children groups would get the adequate health and education services and over a period of time, the situation in India would improve.¹⁴

Although many studies have been conducted to identify the awareness of physiotherapist in many parts of India, no studies have been conducted so far to identify the awareness among anganwadi workers of Ziro, about the service provided by physiotherapists and thus the need for this study was felt.

RESEARCH METHODOLOGY

A cross-sectional survey was conducted and the data was collected from six anganwadi sectors of Ziro (i.e Hija, Reru, Tajang, Hong, Diibo and Hari Sector), Lower Subansiri, Arunachal Pradesh. A total number of 89 anganwadi workers took part in the study. An informed written and verbal consent was obtained. The validated questionnaire that contained three sections was used and distributed among the participants. First section of questionnaire required an information that included name, age, educational status, training duration, work experience and contact number. Second section required the details on the source of information about the physiotherapy services. Third section required information about knowledge of the physiotherapy services and the referral done if any for any condition.

RESULT

The details and the responses of each candidate were entered and coded. Each respondents has filled in more than one answer. Each answer has been coded and frequency was analyzed. Then the data were grouped and described based on each question.

Table 1.1 Demographic data

Socio-demographic details		N=89 (Percent)
Age group	18yrs-28yrs	5.6
	29yrs-38yrs	34.8
	39yrs-48yrs	42.69
	49yrs-58yrs	16.85
	Above 59yrs	0
Educational status	Master degree	1.1
	Bachelor Degree	3.37
	Higher Secondary	17.9
	Secondary	77.5
Training	Done	66.29
	Not Done	33.7
Working Experience	Below 10yrs	29.2
	11yrs-19yrs	52.8
	20yrs-30yrs	8.9
	Above 30yrs	7.86

It is clear that a majority of the respondent 42.69 percent (38) are in the age group of 39yrs to 48yrs, 34.83 percent (31) fall in the age group of 29yrs to 38yrs, 16.85 percent (15) are in the age group of 49 yrs to 58 yrs and only 5.61 percent (5) are in the group of 18-28yrs. The maximum education qualification of the participants is secondary level 77.5%, also the maximum working experience are between 11-19 yrs (52.8%). The majority of the participants have completed their anganwadi training (66.29%).

Table 1.2 Source of information of AWW about Physiotherapy

Details of source of information about Physiotherapy			N=89 Percent
Awareness about Physiotherapy	Yes		23.59
	No		76.4
Source of information	Personal contact	Friend/family	16.8
		Health professionals	3.37
		Health institutes	3.37
		Health camps and campaign	00
	Mass media	Newspaper	00
		Books/magazines	00
		Radio/television	00
		Others	00
Informed about physiotherapy during training period	Yes		0
	No		100
Interested to learn about physiotherapy	Yes		100
	No		0

In this study it was noticed that most of them became aware about physiotherapy through personal contact (24%). On the other hand, about 76.4% reported that they have no source of information about physiotherapy. All the participants (100%) were not informed about Physiotherapy during training session and are interested to learn about physiotherapy.

Table 1.3 Knowledge about physiotherapy services

Details of knowledge about physiotherapy		N=89 Percent
Referred for physiotherapy	Yes	31.46
	No	68.5
Conditions referred for Physiotherapy	Musculoskeletal problems	15.7
	Neurological problems	13.48
	Cardio-respiratory problems	1.1
	Antenatal-postnatal	0
	Congenital problems	0
	Developmental delay	1.1
Techniques used in Physiotherapy	Aware	7.86
	Not Aware	92.1
Nearest Physiotherapy center	Aware	42.69
	Not Aware	57.3

In this section, only 31.46% participants have referred the public for physiotherapy out of which majority have referred for Musculoskeletal problems, also majority of the respondents 92.1% are not aware about techniques used in physiotherapy. On the other hand, only few of the Anganwadi workers 42.69% are aware about the nearest Physiotherapy center.

DISCUSSION

It has been understood from the literature review that the AWWs can be a good source of creating public awareness about the various health care facilities and their adequate training will help in early identification and management of various impairments, thus preventing permanent disabilities.¹¹ It also emphasizes the critical need for increasing awareness about physiotherapy among Anganwadi workers. Despite their integral role in child healthcare and development, AWWs demonstrate limited knowledge and engagement with physiotherapy services. Their lack of awareness will not only affect early intervention for children with disabilities but also impedes their ability to refer cases to appropriate physiotherapy services.

Insufficient training provided to AWWs regarding rehabilitation and physiotherapy can be the major barrier to referral system. Additionally, misconceptions about physiotherapy, particularly its role in preventive and developmental care, need to be addressed through targeted awareness campaigns.¹⁵

In this study analysis, it was observed that only a small percentage of AWWs were aware of physiotherapy services despite having a mean experience of 18.61 years of working in the community. This situation could be improved if essential information is given regarding physiotherapy during their period of training which is the backbone of an efficient public health care system.

Health awareness about the physiotherapy and its related services among vulnerable group of individuals is a necessary step to encourage appropriate demand for available health services.¹⁶ Many socially disadvantaged people also have limited knowledge about their rights, health issues and about what health services are available¹⁷ which makes them reluctant to use many health services.

It can be seen that even though only few numbers of AWWs had knowledge about physiotherapy services, 31.46% of cases have been referred by AWW which attributes to various sources of information that have created awareness about physiotherapy.

The leading sources of information among AWW are visit to the hospital and through medical professionals, which indicates that adequate information sharing through medical health care workers, professionals, hospital staff and family members can improve the awareness regarding physiotherapy and their facilities for the vulnerable group, thus enhancing an accessible and affordable public health care.

It is essential that the AWW realize that physiotherapy can be adequately given to the physical disabled group of any age and should have a knowledge about the various disabilities in children that can be managed by a physiotherapist.¹⁸

It can be understood from this study that only a small fraction of the population is aware about the nature of work involved in PT, and one reason for this could be that there are no PT centers at an accessible distance and another significant finding that requires intervention is that majority (76.4%) of AWWs lack awareness about how to guide a person to a physiotherapist if required.

Even though one of the objectives of the PWD Act, is prevention and early detection of disabilities by educating the public through Primary health care (PHC), village health worker (VHW) and anganwadi workers (AWW), awareness about rehabilitation and physiotherapy is found to be inadequate among the AWWs of Ziro, Arunachal Pradesh.

CONCLUSION

There is significant lack that can be seen through this study about the awareness of physiotherapy among the AWWs who participated in this study. Many health camps and outreach approach can be adequately conducted for the education and training with regard to physiotherapy can help improve public health utilization by enhancing the awareness and accessibility for required health care services and thus boost public health in India.

The literature underscores the importance of physiotherapy in child health and the critical role of AWWs in promoting early intervention. However, awareness remains limited, necessitating targeted training programs and collaborative efforts to enhance knowledge and referral services. Addressing these gaps through structured education and policy interventions can significantly improve child health outcomes and physiotherapy utilization.

LIMITATION OF THE STUDY

Despite its strengths, this study has several limitations. First the study is limited by its sample size, which may not be representative of all anganwadi workers across different regions. Future studies should consider a larger and more diverse sample to enhance generalizability. Second, the study primarily relies on self-reported data, which may introduce response bias. Participants may overestimate or underestimate their knowledge and awareness of physiotherapy. Third, the cross-sectional nature of the study prevents establishing casual relationship between training interventions and increased awareness levels. Longitudinal studies could provide a deeper understanding of the long-term impact of educational programs. Finally, external factors such as availability of physiotherapy services, socioeconomic constraints and institutional support were not extensively examined, which could influence referral rates and overall utilization of physiotherapy.

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