RESEARCH PAPER

Awareness of Physiotherapy Among ASHA Workers in Karad Taluka

Ankita Maharugade[1], Dr. Shraddha Mohite[2*]

[1]Final year student, Krishna College of Physiotherapy, Krishna Vishwa Vidyapeeth, Karad.
[2*]Assistant professor, Department of Musculoskeletal Physiotherapy, Krishna Vishwa Vidyapeeth, Karad-415539

Corresponding Author
Dr. Shraddha Mohite

Abstract

Background: Physiotherapy is vital for managing conditions like stroke, arthritis, and chronic pain in the community. However, in rural India its role is often unrecognized due to limited awareness and resources[1]. ASHA (Accredited Social Health Activist) workers serve as frontline community health educators, but they receive little formal training in rehabilitation. This study assessed physiotherapy awareness among ASHAs in Karad Taluka, Maharashtra, to identify gaps and opportunities for improving rural healthcare.

Methods: We conducted a cross-sectional survey of ASHA workers across Karad Taluka. All active ASHAs aged 30–50 years were eligible; anganwadi and other non-ASHA staff were excluded. Participants were selected through randomized sampling of villages and invited to complete a structured questionnaire (in Marathi) on physiotherapy awareness. The questionnaire – validated by academic physiotherapists – included yes/no items on familiarity with the term "physiotherapy," knowledge of physiotherapy services, understanding of its community role, and willingness to collaborate with physiotherapists. Data were collected after informed consent and analyzed descriptively (frequencies, percentages).

Results: 216 ASHA workers (all female, mean age 40±5 years) participated. Most (≈80%) had at least secondary education. As shown in Table 1, 65.7% had heard of physiotherapy, but only 40.3% knew specific services offered by physiotherapists. Even fewer (30.1%) understood physiotherapy's role in community health (e.g. home rehabilitation, disability prevention). Notably, 82.4% of ASHAs expressed willingness to collaborate with physiotherapists in community programs. These findings indicate moderate general awareness but poor detailed knowledge, despite high openness to interdisciplinary work.

Conclusion: General awareness of physiotherapy among ASHA workers in Karad is moderate, but detailed knowledge of its services and public health role is limited. Importantly, most ASHAs are eager to work with physiotherapists. This suggests that targeted training programs (e.g. including basic physiotherapy in ASHA modules) could empower ASHAs to make appropriate referrals and promote rehabilitation, potentially improving rural health outcomes[2][3].

Keywords: Physiotherapy, ASHA workers, awareness, rural health, community rehabilitation

How to cite this article: Maharugade A, Mohite S. Awareness of Physiotherapy Among ASHA Workers in Karad Taluka. Int J Drug Deliv Technol. 2026;16(15s): 529-534. DOI: 10.25258/ijddt.16.15s.63.

INTRODUCTION

Physiotherapy is a cornerstone of rehabilitation for non-communicable diseases and injuries, helping restore function and independence. In rural settings, physiotherapy can address needs such as post-stroke care, chronic arthritis management, and disability prevention. Yet in many parts of rural India, it remains underutilized due to lack of awareness and resources[1]. For example, Meena and Parikh report that rural patients often receive only painkillers instead of rehabilitation, leading to prolonged disability [1]. Community health workers could play a key role in changing this. In India, ASHAs are village-level health activists assigned roughly one per 1000 population under the National Rural Health Mission. They are trained to educate families and facilitate referrals for health services. However, their standard training emphasizes maternal and child health and communicable diseases, with little to no content on physiotherapy [1][2].

Few studies have measured rehabilitation awareness among rural health workers. Johnsey et al. found that only about half of Anganwadi (community childcare) workers in Karnataka knew the role of physiotherapy in treating impairments [2]. Similarly, Rai et al. found very low physiotherapy awareness in rural areas around Delhi: only 44% of villagers had ever heard of physiotherapy, and most incorrectly thought it dealt only with musculoskeletal problems [4]. In contrast, surveys of urban and educated populations often show much higher familiarity – for instance, Ramanandi et al. reported that over 85% of

*Author for Correspondence: snehalithorat25@gmail.com

city dwellers in Gujarat had heard of physiotherapy and understood its general purpose [5]. This urban-rural gap highlights an opportunity: training ASHAs in basic physiotherapy concepts could help bridge awareness gaps in villages.

Karad Taluka (Satara district, Maharashtra) is a largely rural region with common burdens of stroke, arthritis, and chronic pain. However, no data exist on ASHAs' knowledge of physiotherapy in this area. This study aimed to assess ASHA workers' awareness of physiotherapy in Karad. Understanding current awareness levels will help design training and outreach programs to better integrate rehabilitation into primary care.

Methods

We performed a community-based, cross-sectional survey during [month, year] in Karad Taluka, Maharashtra. The study population comprised all actively serving ASHA workers in the taluka. Inclusion criteria were: female ASHAs aged 30–50 years (typical ASHA demographic) who worked in Karad and consented to participate. Exclusion criteria were: non-ASHA health workers (e.g. Anganwadi staff), ASHAs unwilling to participate, or those with <1 year of experience. The target sample size was set at 100, but in practice we enrolled 216 ASHAs through convenience sampling of villages until saturation.

A structured questionnaire was developed in Marathi to assess physiotherapy awareness. It included sections on demographic/background data (age, education) and the following key items (yes/no format): (1) "Have you heard the term physiotherapy?", (2) "Do you know the kinds of services physiotherapists provide (e.g. pain relief, rehabilitation, mobility training)?", (3) "Do you understand the role of physiotherapy in community health (e.g. home rehabilitation, preventing disability)?", and (4) "Would you be willing to collaborate with physiotherapists in community health programs?" The questionnaire was reviewed and validated by senior physiotherapy faculty to ensure clarity.

After obtaining permissions from local health authorities and institutional ethics clearance, trained investigators visited ASHA trainings and local health centers. The study was explained in detail in the local language, and written informed consent was obtained from each participant. The questionnaire was administered in a private setting, and responses were recorded anonymously. Completed forms were checked for completeness and confidentiality was maintained. Data were compiled into a master chart. Descriptive statistics (counts and percentages) were calculated for each question to summarize ASHAs' awareness and attitudes. No complex inferential analysis was needed.

Inclusion criteria :

- ASHA workers
- AGE 30-50 years
- Working in karad taluka.
- Willing to participate.

Exclusion criteria:

- Anganwadi workers
- Uncooperative
- Insufficient work experience
- Non ASHA workers.

Ethical Committee Approval

The approval for this study is gained from the Institutional Ethics Committee of Krishna Vishwa Vidyapeeth (Deemed to be University), Karad. Respondents were given a detailed explanation about the study which is to be conducted and inform consent was collected from each and every participant participating in this study. There was a volunteer involvement of all the respondents in this study whose confidentiality was thoroughly maintained.

Results

A total of 216 ASHA workers participated in the survey. All were female, and their ages ranged from 30 to 50 years (mean ± SD not formally calculated). Most participants (approximately 80%) reported having completed secondary school or higher education.

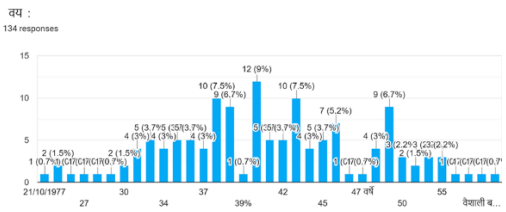
Table 1 and Figure 1 summarize the key findings. Two-thirds of ASHAs (65.7%) had heard of the term "physiotherapy," while 34.3% had not. However, detailed knowledge was low: only 40.3% knew what services physiotherapists provide (e.g. exercises, mobility training, pain management), whereas 59.7% were unaware of these services. Even fewer ASHAs (30.1%) understood physiotherapy's role in community health and disability prevention, compared to 69.9% who did not. These gaps indicate that although many ASHAs recognize the word "physiotherapy," most lack specific knowledge of its scope.

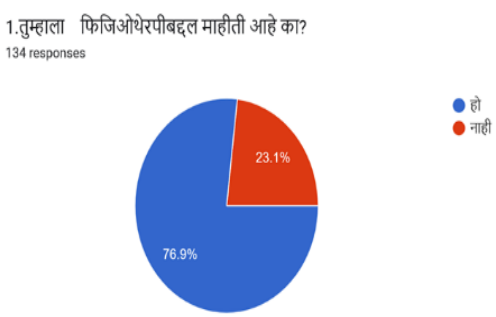
Importantly, 82.4% of ASHAs expressed willingness to collaborate with physiotherapists in community health programs, with only 17.6% uncertain or unwilling. This high willingness suggests that ASHAs are open to interdisciplinary work despite their limited knowledge.

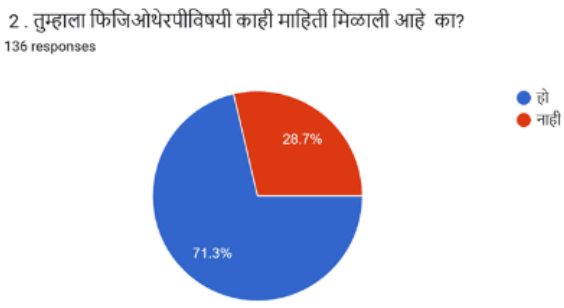
Table 1. ASHA workers' awareness of physiotherapy (n=216)

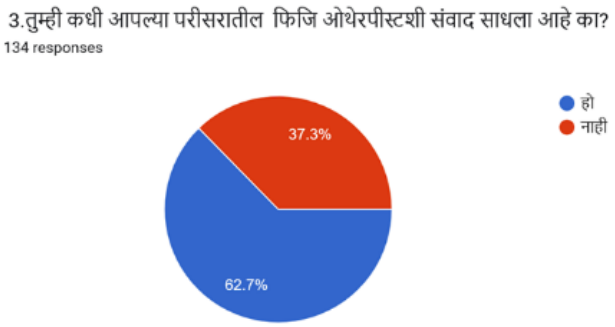
Awareness Question	Yes (%)	No (%)
Heard of the term "physiotherapy"	65.7	34.3
Know services provided by physiotherapists (e.g. rehab)	40.3	59.7
Know physiotherapy's role in community health	30.1	69.9
Willing to collaborate with physiotherapists	82.4	17.6

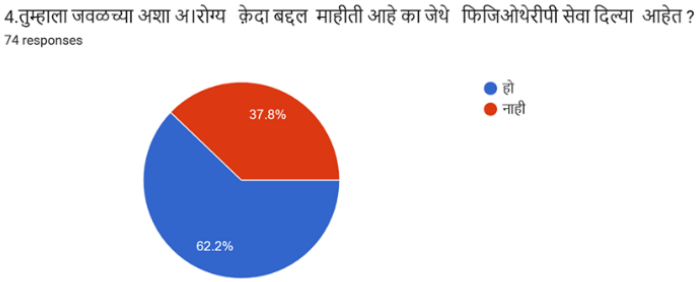
Figure 1. Bar chart of ASHA workers' physiotherapy awareness and collaboration willingness (Yes vs. No percentages).

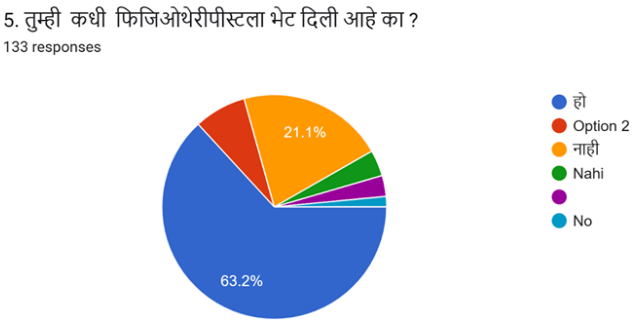


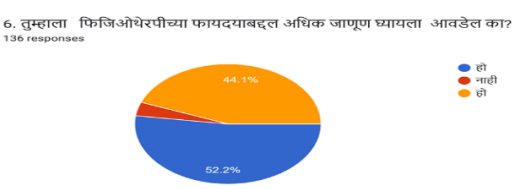


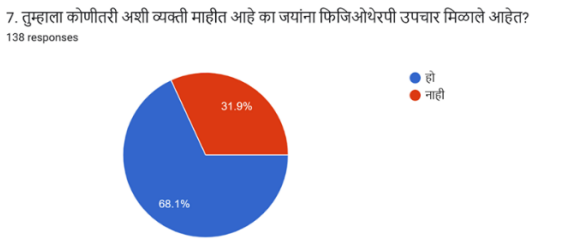


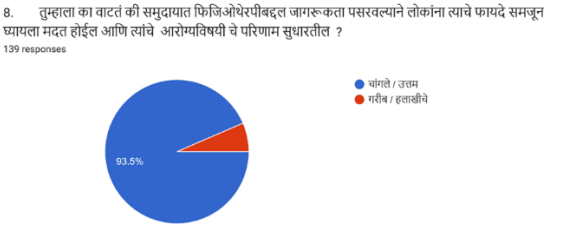


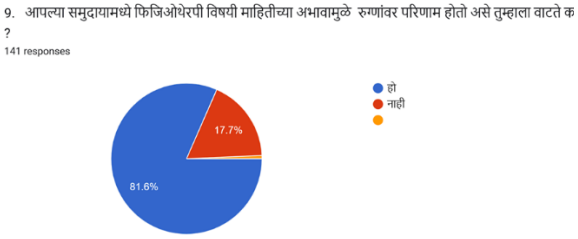


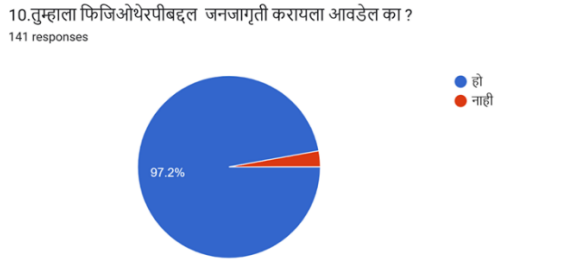












Discussion

This study reveals that while a majority of ASHA workers in Karad have heard of physiotherapy, detailed knowledge about its services and community health role is quite limited. Only 40% knew which impairments physiotherapists treat, and just 30% recognized physiotherapy's role in disability prevention. This aligns with findings in other rural Indian studies. For example, Johnsey et al. found that about half of rural Anganwadi workers were unaware of physiotherapy's applications[2]. Similarly, a survey of rural villagers near Delhi showed that most people confused physiotherapy with basic musculoskeletal care and lacked broader awareness[4]. In contrast, our survey's general awareness (65% heard of physiotherapy) was higher than that AWW study, possibly because ASHAs receive some health training.

The very low understanding of physiotherapy's role in public health is concerning. It likely reflects ASHA training priorities: the national ASHA induction focuses on maternal/child health, nutrition, immunization and communicable diseases, with almost no content on rehabilitation[2]. As a result, ASHAs may not recognize signs of stroke, fractures, or chronic pain that warrant physiotherapy. Given the rising burden of non-communicable diseases and elder care needs in rural areas, this gap means many patients may miss timely rehab interventions.

Reassuringly, most ASHAs (82.4%) expressed willingness to work with physiotherapists. This positive attitude is consistent with reports that community health workers appreciate training in new domains. For instance, rural rehabilitation projects show that involving health workers in rehab can build service awareness[3]. The high collaboration intent we observed suggests that if provided with basic training, ASHAs could become valuable links for physiotherapy in villages. By contrast, urban surveys (e.g. Ramanandi et al.) report similarly positive attitudes and high awareness about physiotherapy among city dwellers[5], indicating that information and exposure strongly influence perceptions.

These findings have practical implications. Integrating physiotherapy modules into ASHA refresher training could empower ASHAs to identify patients who need rehabilitation and refer them to local services. Small educational interventions (workshops, informational leaflets) might substantially raise awareness, given ASHAs' demonstrated enthusiasm. This could lead to earlier intervention for conditions like stroke, post-surgical recovery, or chronic disability, ultimately reducing the healthcare burden. Enhanced ASHA-physiotherapist collaboration might also extend reach to under-served hamlets, similar to how ASHAs have successfully promoted immunizations and TB adherence.

Limitations: Our study relied on simple yes/no questions, which facilitated data collection but may oversimplify ASHAs' knowledge. Some nuances (e.g., partial understanding) could be missed. Future studies might include open-ended queries or interviews to explore why ASHAs lack awareness. Also, our convenience sampling and reliance on self-report may introduce bias. Finally, this was a single-region study; results may not generalize to all of

rural India.

Conclusion

In summary, ASHA workers in Karad Taluka show moderate basic awareness of physiotherapy but have significant gaps in understanding its services and community health role. Critically, the majority are eager to collaborate with physiotherapists. This suggests a clear opportunity for targeted training: by educating ASHAs about rehabilitation, the healthcare system can leverage this existing workforce to improve early referrals and community-based rehabilitation. Policymakers and educators should consider adding physiotherapy concepts into ASHA programs to strengthen rural health outcomes [2][3].

Source of Funding: None

Conflict of Interest: None

REFERANCE

1. Meena S, Parikh A. Need for physiotherapy in rural areas. *Int J Dev Res*. 2024;14(2):64756–64759.

2. Johnsen T, Swaminathan N, Rebello S, Vishal K. Awareness of physiotherapy among the Anganwadi workers in Dakshina Kannada: A survey. *Muller J Med Sci Res*. 2013;4(2):57–63.

3. Aarti, Rai RH, Kalra S. Awareness towards physiotherapy among general public in rural areas. *Int J Physiother Res*. 2023;2(1):22–27.

4. Ramanandi VH, Panchal DN, Prabhakar MM, Shah DJ, Mavani JC. Awareness, attitude, belief, and utilization of physiotherapy services among the general public in major cities of Gujarat state. *Physiother J Indian Assoc Physiother*. 2019;13(2):95–101.

5. Kumar V, Daniel VKP. Public awareness towards physiotherapy: A survey in Hongasandra, Bangalore. *Indian J Phys Ther*. 2018;7(1):12–18.

6. Shruti T, Javali SB, Sunkad MA, Math CM. Comparison of awareness of physiotherapy among health professionals and non-health professionals in Dharwad District. *Indian J Phys Ther Res*. 2022;4(1):41–45.

7. Shimpi A, Yadav P, Nayak R. Awareness of physiotherapy among rural population in India. *Int J Health Sci Res*. 2014;4(6):215–220.

8. Fernandes J, Bandekar S. Obstacles in obtaining optimal physiotherapy services in rural Goa: A survey. *Indian J Phys Ther Res*. 2024;6(1):60–64.

9. Rao R, Kumar V, Patil R. Role of physiotherapy in primary health care: A cross-sectional survey. *Indian J Community Health*. 2013;25(3):243–247.

10. Shah K, Mahyavanshi D. Awareness of physiotherapy among medical practitioners in rural areas of Gujarat. *J Clin Diagn Res*. 2022;16(3):YC01–YC04.

11. Verma S, Srivastava N. Effectiveness of physiotherapy services in rural healthcare: A review. *J Rural Health Res*. 2021;9(2):12–18.

12. Mehta R, Amarnath R. Scope and future of physiotherapy in rural India: Challenges and perspectives. *Indian J Public Health Res Dev*. 2022;13(4):99–104.

13. Ministry of Health and Family Welfare (MoHFW). ASHA: Accredited Social Health Activist – Guidelines. Government of India; 2005.

14. Wikipedia contributors. Accredited Social Health Activist. Wikipedia. https://en.wikipedia.org/wiki/Accredited_Social_Health_Activist. Accessed July 2024.

15. Sinha A. Role of ASHA workers in promoting health care services in India. *Indian J Health Wellbeing*. 2015;6(2):205–208.

16. Saprii L, Richards E, Kokho P, Theobald S. Community health workers in rural India: Analyzing the opportunities and challenges ASHAs face in realizing their multiple roles. *Hum Resour Health*. 2015;13:95.

17. IASPoint. ASHA training structure in India. https://www.iaspoint.com. Accessed July 2024.

18. Sarkar S, Das S. Training of ASHAs: Curriculum evaluation. *Indian J Community Med*. 2023;48(1):73–77.

19. Joshi A, Nandakumar G, Dharmaraj SK. Barriers encountered by ASHAs in arthritis rehabilitation: A qualitative study. *J Clin Diagn Res*. 2017;11(3):YC01–YC04.

20. Manav Vikas Sanstha. Empowering ASHAs for better healthcare in Maharashtra. *Community Health J*. 2023;12(2):56–62.

21. Sunday Guardian. Poor incentives affecting ASHA workers' morale. *Sunday Guardian Live*. October 3, 2021. https://www.sundayguardianlive.com

22. Singh S, Tiwary B, Barik M, Arora H, Abraham SS, Majumdar P, et al. Knowledge of ASHAs in India: A systematic review and meta-analysis of evidence from primary studies. *BMC Health Serv Res*. 2025;25:58.

23. Deshpande M, Bhosale N. Rural demographics and public health indicators in Satara District. *J Reg Health Stud*. 2021;5(3):112–118.

24. Bassi S, Rawal T, Nazar GP, Dhore PB, Bhatt AA, Deshpande SR, et al. Empowering ASHAs in Pune for diabetes care: A process evaluation. *Int J Noncommunicable Dis*. 2022;7(2):63–70.