

Physiotherapy in Bangladesh : A bleak situation

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Physiotherapy is a type of therapy that can help ill, injured or disabled people recover movement and function to their full potential.¹ Physiotherapy or physical therapy is a branch of rehabilitative medicine aimed at helping patients maintain, recover or improve their physical abilities.² It promotes healthy lifestyles, treats, and prevents many problems caused by illness, injury, pain, disease, age, and inactivity. Physiotherapists work in many diverse settings, including hospitals, emergency medical teams, community settings, hospices, nursing homes, health centers, education, and research.

Concomitant with the aging of population in Bangladesh is a significant rise in the prevalence of chronic diseases like arthritis, stroke, Neuromuscular diseases etc. This in turn has increased the need for physiotherapists and physical therapy services by all health agencies. The unprecedented need for services may outstrip the capabilities of the existing medical facilities.³

According to the WHO, 15% of the world's population suffers some form of disability and 80% of these can be found in developing countries.^{4,5} Gupta et al. estimates that 92% of the disease burden in the world is related to causes requiring health professionals associated with physical rehabilitation.⁶ Noncommunicable diseases (NCDs), including injuries, now account for 60% of deaths in Bangladesh.⁷ A 2010 government survey found a high incidence of smoking (26%), diabetes (3.9%), hypertension (17.9% stage I, 5.5% stage II), and low physical activity (27%) within Bangladesh.⁸ These are all contributing factors to NCDs such as cancer, chronic lung diseases, stroke, and other cardiovascular disease, which fall under the top five causes of death in the country.⁷ The size and skill of the current health workforce is inadequate to deal with an increasing prevalence of NCDs which require a

huge preventative health care. Rehabilitation specialists such as physiotherapists remain a largely untapped resource in Bangladesh. Participation in physical exercise can help prevent and reduce many chronic diseases, and physiotherapists can advise on the management and prevention of future health problems associated with NCDs. According to the WHO estimate 2011, the cost of preventative action would be US\$11.4 billion per year across all low- and middle-income countries which equates to the annual cost of less than US\$1 per person living in a low-income country.⁹ Addressing NCDs should be the top priorities not only for health but for rapid economic development of the country through saving scarce resources.

Manual labor and the garments industry are noted for their poor work conditions. In a small-scale study, almost 62% of workers in a garments factory suffered some form of musculoskeletal problems.¹⁰ According to the Global Burden of Disease 2015 study, the health problems, which resulted in the two highest causes for disability in Bangladesh, were back and neck pain and "other musculoskeletal problems".¹¹ Physiotherapy is effective in reducing both acute and chronic pain, limiting the risk of further disability and contributes to improved physical function, including return to work and recreational activity.¹²⁻¹⁴ Rising motorization in South Asia has not been accompanied sufficiently by improvements in road safety strategies. According to a WHO report, 1.3 million deaths globally are due to road traffic accidents (RTAs), 90% of which occur in low- to middle income countries.¹⁵ In addition to this, between 20 and 50 million people are estimated to have nonfatal injuries, with many of those who survive left with temporary or permanent disabilities. According to the Bangladesh Health and Injury Survey 2016, there are over 23,000 road traffic fatalities a year in

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Cite this as:
BMJ 2016; 2(2):1-4

Received : 8 December
2018

Accepted : 19 December
2018

Bangladesh, equating to 64 deaths a day. Over 3.4 million people a year suffer nonfatal injuries as a result of RTAs with over 80,000 experiencing permanent disability.¹⁶ Effective rehabilitation interventions is very essential for these victims.

In addition to the physical and emotional toll on those affected, disabilities can also incur a considerable economic loss to victims, their families, and the nation as a whole. Losses arise from the cost of treatment, reduced or lost wages, and for family members who need to take time off work to care for the disabled. A study published in April 2017 found that residents in Bangladesh faced serious difficulties with health-care financing; 1 in 10 households incurred financial catastrophe and 1 in 20 non-poor households became poor due to health-care costs.¹⁷ Those who are poor are more likely to become disabled, and those who are disabled are more likely to become poor. Besides the direct benefits physiotherapy can have to the health and quality of life of a patient population, rehabilitation can also have a positive impact on the economy. A period of structured rehabilitation for injuries and musculoskeletal problems can reduce the degree of impairment, restoring function, improving recovery time, and return to work, thus reducing the financial burden.^{18,19}

At present, the health system does not have the capacity to answer the needs of these patients, leaving them without a proper treatment, at risk of further complications and hamper their reintegration into society. Physiotherapy plays an integral role to promoting and improving health in a population. With this in mind, it is vital that the government addresses the paucity in a workforce that is skilled in addressing rehabilitation needs, thus improving quality of life and enabling those with disabilities to be able to contribute to the economy. The sustainable development Goals (SDGs) cannot be effectively achieved without addressing the unmet needs for rehabilitation services.²⁰

Rehabilitation services in public and private health care poorly exist in Bangladesh. As a result, physiotherapy is not sufficiently included in health policies by the government and is both under-resourced and underfunded. The government recruits no qualified physiotherapists in the public health sector. Stroke, fractures, amputees, and spinal cord injuries are just a few of the many conditions that receive neither inpatient nor community rehabilitation through the public sector. Many of these patients are simply discharged home once medically fit without any follow-up or rehabilitation which could reduce their dependence and help integrate them into society. This is a significant oversight by a government that is committed to implementing the global 2030 SDGs. Universal health coverage is a prominent part of the SDGs and aspires to ensure that all people can use the promotive, preventative, curative, rehabilitative, and palliative health services they need, while also ensuring that the use of these services does not expose the user to financial hardship.²¹

There is a severe shortage of physiotherapists to serve the huge population of Bangladesh. Whereas approximately 54.7 thousand physiotherapists were registered in the United Kingdom in 2017 (a population of around 65 million), only an estimated 1.7 thousand physiotherapists (BSc graduates) exist in Bangladesh today (a population of around 160 million). Ironically, the employment opportunities for these physiotherapists are very limited in Bangladesh. Many graduates set up private practices and few find work in private hospitals, nongovernmental organizations (NGOs), or seek employment abroad.²²

This drab situation can be largely attributed to several major issues: firstly, BSc physiotherapists are not formally recognized by the government. As a result, they are not employed to work clinically in the public health sector. Despite BSc qualifications being issued by government institutions, only diploma

physiotherapists (known as health or medical technologists) are employed to work in public hospitals at this time.²³ This work is carried out under the instruction of a physiatrist (a doctor trained in physical medicine), rather than a physiotherapist, and is largely restricted to electrotherapy in a musculoskeletal outpatient setting. Secondly, as like many developing countries in Bangladesh, physiotherapy is poorly understood. Most of the, common people, health care provider and even health planner and policy maker are not aware about the physiotherapy.

In order to reach SDGs goal by 2030, the country will have to improve the availability and the skill mix of its health workforce,²⁴ and acknowledging the specialty of physiotherapist in providing rehabilitation is an essential step.

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