

## Original Research Article

# Knowledge, attitudes, and perceptions of gynecologists regarding physiotherapy in obstetric and gynecological care: a cross-sectional study

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### ABSTRACT

**Background:** Physiotherapy is an essential component of obstetric and gynecological care, supporting women during pregnancy, childbirth, postpartum recovery, and the management of pelvic floor disorders. Despite its proven clinical benefits, its integration into routine gynecological practice remains inconsistent and may be influenced by physicians' knowledge, attitudes, and perceptions.

**Methods:** This cross-sectional study included 133 gynecologists from selected healthcare facilities in Dhaka, Gazipur, and Munshiganj, Bangladesh, between January and July 2023. Data were collected through face-to-face interviews using a structured questionnaire covering socio-demographic characteristics, knowledge, attitudes, and perceptions. Descriptive statistics and Spearman's correlation coefficient were used for data analysis with SPSS version 25.

**Results:** Most gynecologists demonstrated good knowledge of obstetric physiotherapy. Overall, 91% recognized its general benefits, while 96.2% acknowledged its role in facilitating normal delivery and strengthening core muscles after childbirth. However, knowledge gaps existed regarding cesarean scar rehabilitation (33.8%) and diastasis recti management (47.4%). More than half (55.6%) considered physiotherapy expensive, and 62.4% perceived it as time-consuming. Although 51.1% routinely referred patients for pregnancy-related exercise, 57.1% never referred patients for physiotherapy. No significant correlations were found between professional experience or working hours and knowledge, attitude, or perception scores.

**Conclusions:** Gynecologists demonstrated satisfactory awareness of obstetric physiotherapy but limited knowledge of pelvic rehabilitation and post-cesarean recovery. Despite generally positive attitudes, low referral rates indicate a gap between knowledge and clinical practice, highlighting the need for continuing professional education and better integration of physiotherapy services into obstetric and gynecological care.

**Keywords:** Physiotherapy, Gynecology, Obstetrics, Pelvic floor, Bangladesh

## INTRODUCTION

Physiotherapy has become an integral part of women's health care, and a range of interventions are available, which are specific to the musculoskeletal, pelvic, and neuroendocrine needs of the female body throughout the reproductive lifespan. Physiotherapy interventions are effective in reducing pain, improving functional outcomes, and improving quality of life in obstetric and gynecological populations, from antenatal exercise prescription to postpartum pelvic floor rehabilitation.<sup>1</sup> Women's health physiotherapy focuses on issues such as low back pain in pregnancy, urinary and faecal incontinence, pelvic organ prolapses, diastasis recti, and post-surgical rehabilitation after surgery like cesarean section and hysterectomy.<sup>2</sup> Pelvic floor disorders are common worldwide and are estimated to occur in up to 50% of women at some point in their lives.<sup>3</sup> There is consistent evidence that pelvic floor muscle training is a first-line, non-pharmacological treatment for stress, urge, and mixed urinary incontinence, and clinical guidelines in high-income countries include physiotherapy as a key recommendation.<sup>4</sup> Likewise, antenatal physiotherapy has been demonstrated to decrease the prevalence of gestational low back pain, enhance labor results, and promote quicker recovery after birth.<sup>5</sup> However, despite this evidence, access to and use of physiotherapy services in obstetric and gynecological care is highly variable across healthcare systems, especially in low- and middle-income countries (LMICs) like Bangladesh.<sup>6</sup> Physiotherapy integration into routine obstetric and gynecological practice is greatly influenced by the knowledge and attitudes of the referring clinicians, mainly gynecologists. If doctors are well-informed about the range and effectiveness of physiotherapy, they are more likely to recommend physiotherapy and make timely referrals.<sup>7</sup> On the other hand, lack of knowledge, misconceptions about the safety of exercise during pregnancy, or doubts about the efficacy of pelvic rehabilitation can be a major obstacle to proper referral.<sup>8</sup> There have been several studies in high-income countries that have reported different levels of awareness of physiotherapy among physicians, with many studies reporting that there is a lack of training in medical education.<sup>9</sup> The healthcare system in Bangladesh is also beset with specific problems, such as limited resources, high patient load, and lack of integration of allied health services in the mainstream healthcare system.<sup>10</sup> Physiotherapy as a profession is still establishing its professional identity and visibility in the healthcare system of Bangladesh, and many practicing clinicians are not aware of the role of physiotherapy in women's health. There is limited published information on the awareness of physiotherapists in this context, which makes it challenging to plan for specific educational or policy interventions.<sup>11</sup> Therefore, it is important to understand the baseline knowledge, attitudes, and perceptions of gynecologists to improve the utilization of physiotherapy and ultimately improve maternal and gynecological health

outcomes in the region. Previous research in Nigeria, Pakistan, and India has reported low to moderate knowledge of physiotherapy among obstetricians, and low referral rates despite generally positive attitudes.<sup>3,7,9</sup> The results highlight the importance of conducting research in specific contexts, such as South Asian contexts, where cultural, systemic, and educational contexts can influence clinical behavior in different ways. Moreover, this issue has not been explored in detail in a cross-sectional study among gynecologists working in different tiers of health care facilities in Bangladesh, including government hospitals, private hospitals, and maternity clinics. This study was therefore designed to evaluate the knowledge, attitude, and perception of gynecologists working in selected hospitals of Dhaka, Gazipur, and Munshiganj on physiotherapy in obstetric and gynecological practice.

## METHODS

This cross-sectional study was carried out for six months from January to July 2023 at selected healthcare facilities in Dhaka, Gazipur and Munshiganj, Bangladesh, including Shaheed Suhrawardy Medical College and Hospital, Bangabandhu Sheikh Mujib Medical University, OGSB Maternity Hospital, Delta Health Care Mirpur Limited, Jatrabari General Hospital and Diagnostic Center, Enam Medical College and Hospital, Shaheed Tajuddin Ahmed Medical College Hospital, and Doctors Hospital, Munshiganj. A total of 133 participants were enrolled in this study. The inclusion criteria were gynecologists who had at least two years of experience in their profession, including consultant gynecologists, postgraduate residents, women medical officers specializing in gynecology, senior registrars, and assistant professors, while the exclusion criteria were retired gynecologists, physicians from other specialties, those who refused to participate, and gynecologists aged 60 years and above. The data were collected through face-to-face interviews using a self-structured English questionnaire, which took about 15-20 minutes per interview and included both open- and closed-ended questions across four parts: socio-demographic characteristics, knowledge-related information, attitude-related information, and perception-related information. Questionnaire was designed following an evaluation of relevant literature on physiotherapy in obstetric and gynecological care.<sup>3,16,17</sup> Responses were evaluated item by item and summarized using frequencies and percentages. Dependent variables were knowledge, attitude, and perception of gynecologists regarding physiotherapy in obstetric and gynecological care, and the independent variables were age, religion, educational qualification, type of working hospital, years of working experience, number of cases per day, and working hours per day. All data were analyzed using SPSS version 25. Descriptive statistics, such as frequency, percentage, mean, and standard deviation, were used for all variables, while inferential analysis was done using Spearman's correlation coefficient to determine association between professional factors and outcome measures.

**RESULTS**

Table 1 shows the socio-demographic characteristics of the participants. The sample consisted of 133 gynecologists, with a mean age of 38.22±5.82 years, with 50.4% being below 38 years. Most (93.2%) identified as Muslim. Educationally, 60.9% had FCPS degrees, 21.8% had PGD, and 17.3% had MCPS. As far as work settings were concerned, 49.6% worked in private hospitals, 39.8% in government hospitals, and 10.5% in maternity clinics.

Table 2 shows characteristics of the professional workload of study participants. Mean years of professional experience for participants 9.12±3.85 years, with 46.6% having 9-14 years and 43.6% having 3-8 years. Mean number of daily cases 17.50±5.43, with majority (65.4%) managing 15-22 cases per day. Average daily working time 7.84±1.79 hrs, and 73.7% worked 5-8 hrs per day.

Table 3 shows the knowledge of obstetric physiotherapy among the respondents. The majority of gynecologists had good knowledge in all the areas of obstetric physiotherapy. The 91% agreed that physiotherapy has general benefits, 96.2% agreed that physiotherapy helps in normal delivery, 94.0% agreed that exercise helps in recovery after delivery, and 96.2% agreed that physiotherapy is beneficial for strengthening core muscles after delivery. In addition, 80.5% agreed that physiotherapy is needed for low back pain during pregnancy, and 76.7% agreed that postural correction is needed during pregnancy.

Table 4 shows knowledge about gynecological and pelvic rehabilitation physiotherapy. Knowledge of pelvic and gynecological rehabilitation was variable. There were also gaps in knowledge in specific areas, with only 96.2% knowing that Kegel exercises are used to manage urinary incontinence, and 47.4% knowing that physiotherapy is used for diastasis recti (42.9% responded 'don't know'). The prevalence of knowledge about pelvic girdle pain and

genital organ prolapse was moderate at 74.4% and 79.7%, respectively.

Table 5 shows attitudes of respondents towards physiotherapy. Attitudinal responses showed mixed attitudes about barriers. 55.6% agreed or strongly agreed that physiotherapy is too costly, while 62.4% agreed or strongly agreed that physiotherapy is time-consuming. On the other hand, the safety of physiotherapy was perceived positively; 60.9% disagreed that exercise during pregnancy can cause problems to mother/fetus, and 79.7% disagreed that patients can be harmed by physiotherapy. A significant number (58.6%) agreed that there should be a dedicated physiotherapy ward in each hospital.

Table 6 denotes the perceptions and practice-related responses. Regarding practice-related perceptions, 51.1% of gynecologists always recommended exercise during pregnancy, and 69.2% never or rarely restricted exercise during pregnancy. But 57.1% said they never referred patients for physiotherapy, and 16.5% always did. The perceived clinical value of supervised physiotherapy was inconsistent, with 31.6% always considering physiotherapist-guided exercise as important for pregnant women and 36.1% saying sometimes.

Table 7 indicates that there is a weak correlation between the professional factors and the knowledge, attitude, and perception levels. Spearman's correlation analysis showed no statistically significant correlation between professional experience and knowledge (r=-0.017, p=0.843), attitude (r=0.103, p=0.239), or perception levels (r=-0.014, p=0.869). Likewise, there was no significant correlation between working hours per day and knowledge (r=0.012, p=0.888), attitude (r=0.124, p=0.153), or perception scores (r=-0.052, p=0.555), suggesting that neither professional experience nor workload independently affected the outcome measures.

**Table 1: Socio-demographic characteristics of the study participants, (n=133).**

Categories	Variables	N (%) / mean±SD
Age group (in years)	<38	67 (50.4)
	≥38	66 (49.6)
	Mean±SD	38.22±5.82
Religion	Islam	124 (93.2)
	Hindu	9 (6.8)
Educational qualification	MCPS	23 (17.3)
	FCPS	81 (60.9)
	PGD	29 (21.8)
Working hospital	Government hospital	53 (39.8)
	Private hospital	66 (49.6)
	Maternity clinic	14 (10.5)

**Table 2: Professional workload characteristics of the study participants, (n=133).**

Categories	Variables	N (%) / mean±SD
Professional experience	3-8 years	58 (43.6)
	9-14 years	62 (46.6)

Continued.

Categories	Variables	N (%) / mean±SD
	15-20 years	13 (9.8)
	Mean±SD	9.12±3.85
Number of daily cases	6-14 cases	29 (21.8)
	15-22 cases	87 (65.4)
	23-30 cases	17 (12.8)
Daily cases	Mean±SD	17.50±5.43
Working hours per day	5-8 hours	98 (73.7)
	9-12 hours	35 (26.3)
Working hours	Mean±SD	7.84±1.79

**Table 3: Knowledge regarding obstetric physiotherapy.**

Category	Variables	Yes, n (%)	No, N (%)	Don't know, N (%)
General benefit	Physiotherapy benefits gynecological and obstetric patients	121 (91.0)	-	12 (9.0)
Pregnancy care	Physiotherapy should be included for postural correction during pregnancy	102 (76.7)	26 (19.5)	5 (3.8)
	Lower back pain during pregnancy requires physiotherapy	107 (80.5)	21 (15.8)	5 (3.8)
Labour and delivery	Physiotherapy plays a role in facilitating a normal delivery	128 (96.2)	4 (3.0)	1 (0.8)
Postpartum recovery	Exercise helps in post-delivery recovery	125 (94.0)	4 (3.0)	4 (3.0)
	Physiotherapy promotes core muscle strengthening after delivery	128 (96.2)	-	5 (3.8)

**Table 4: Knowledge regarding gynecological and pelvic rehabilitation physiotherapy.**

Category	Variables	Yes, n (%)	No, N (%)	Don't know, N (%)
Cesarean recovery	Physiotherapy assists in the healing of scars following a cesarean section	45 (33.8)	34 (25.6)	54 (40.6)
Pelvic pain	Physiotherapy is necessary for pelvic girdle pain	99 (74.4)	20 (15.0)	14 (10.5)
Pelvic floor disorders	Pelvic floor exercise is effective for genital organ prolapse or herniation	106 (79.7)	18 (13.5)	9 (6.8)
	Kegel exercises help manage urinary incontinence	128 (96.2)	4 (3.0)	1 (0.8)
Post-surgical rehabilitation	Physiotherapy is required after a hysterectomy to manage pain and improve muscle strength	111 (83.5)	10 (7.5)	12 (9.0)
Abdominal wall rehabilitation	Physiotherapy can be used to treat diastasis recti	63 (47.4)	13 (9.8)	57 (42.9)

**Table 5: Attitudes toward physiotherapy.**

Category	Variables	Strongly agree, N (%)	Agree, N (%)	Neutral, N (%)	Disagree, N (%)	Strongly disagree, N (%)
Service barriers	Physiotherapy is too expensive	20 (15.0)	54 (40.6)	31 (23.3)	26 (19.5)	2 (1.5)
	Physiotherapy is time-consuming	26 (19.5)	57 (42.9)	23 (17.3)	24 (18.0)	3 (2.3)
Safety concerns	Exercise during pregnancy causes maternal or fetal problems	0 (0.0)	9 (6.8)	43 (32.3)	63 (47.4)	18 (13.5)
	Patients may be harmed by physiotherapy	0 (0.0)	1 (0.8)	26 (19.5)	71 (53.4)	35 (26.3)
Institutional need	Each hospital's physiotherapy department needs its own ward	27 (20.3)	51 (38.3)	32 (24.1)	19 (14.3)	4 (3.0)

**Table 6: Perceptions and practice-related responses toward physiotherapy.**

Category	Variables	Never, N (%)	Rarely, N (%)	Sometimes, N (%)	Often, n (%)	Always, n (%)
<b>Exercise counseling</b>	Advise exercise during pregnancy	3 (2.3)	6 (4.5)	32 (24.1)	24 (18)	68 (51.1)
	Routinely give exercise restrictions to pregnant patients	35 (26.3)	29 (21.8)	58 (43.6)	8 (6.0)	3 (2.3)
<b>Supervised physiotherapy</b>	Consider physiotherapist-guided exercise important for pregnant women	11 (8.3)	19 (14.3)	48 (36.1)	13 (9.8)	42 (31.6)
<b>Referral practice</b>	Refer patients for physiotherapy treatment	76 (57.1)	11 (8.3)	12 (9.0)	12 (9.0)	22 (16.5)

**Table 7: Correlation of professional factors with knowledge, attitude, and perception levels.**

Category	Variables	Spearman's R	P value
<b>Professional experience</b>	Experience vs knowledge level	-0.017	0.843
	Experience vs attitude level	0.103	0.239
	Experience vs perception level	-0.014	0.869
<b>Working hours</b>	Working hours vs knowledge level	0.012	0.888
	Working hours vs attitude level	0.124	0.153
	Working hours vs perception level	-0.052	0.555

**DISCUSSION**

This cross-sectional study aimed to evaluate the knowledge, attitudes, and perceptions of 133 gynecologists in Bangladesh about physiotherapy in obstetric and gynecological care. The results show a pattern similar to that found in other LMIC; a generally good level of basic knowledge of physiotherapy, but with marked deficiencies in specialist areas and a lack of correlation between positive attitudes and referral practices. The mean age of the participants was 38.22±5.82 years, and the mean professional experience was 9.12±3.85 years, indicating a mid-career sample. Most had qualifications from FCPS and were employed in private hospitals, broadly similar to the professional composition of the gynecological workforce in urban Bangladesh.<sup>12</sup> These demographic characteristics are similar to those of other survey-based studies of gynecologists in South Asian and Sub-Saharan healthcare contexts.<sup>13</sup> The results of the obstetric physiotherapy knowledge were mostly positive. More than 91% of the respondents agreed that physiotherapy has overall benefits, and 96.2% agreed that it helps in normal delivery, which is in line with Mottola et al.<sup>14</sup> The high awareness of post-delivery exercise (94%) and core muscle strengthening (96.2%) is also in line with De Lyon et al.<sup>15</sup> The results are in line with the study conducted in Nigeria by Owoeye et al which found that the obstetricians generally had positive attitudes towards the use of physiotherapy in maternal health, but with varying referral patterns.<sup>16</sup> But there were some gaps in the knowledge in the areas of pelvic rehabilitation and post-surgical recovery. The awareness of physiotherapy's role in cesarean scar management was low (33.8%), and the awareness of diastasis recti rehabilitation was low (47.4%). These gaps are similar to those reported by Godsay et al who found that a large number of

gynecologists had limited knowledge of specific pelvic floor physiotherapy applications.<sup>17</sup> This is alarming because cesarean delivery rates are high in Bangladesh, and the resulting morbidity due to cesarean scar is a problem. Pelvic girdle pain management (74.4%) and post-hysterectomy rehabilitation (83.5%) were comparatively better, indicating that more common and traditionally physician-managed conditions are given more attention in clinical training.<sup>18</sup> The study sample was attitudinally characterized as being practically ambivalent. The majority of participants did not believe that physiotherapy was harmful to patients or that exercise during pregnancy was unsafe, which is significant as there was a lot of misinformation in the region about this.<sup>19</sup> Over half of the participants were concerned about the cost and time burden. This is especially important in the mixed health care economy of Bangladesh, where patients are responsible for out-of-pocket expenses, and where the time commitment needed for physiotherapy could be a disincentive for both clinicians to recommend and patients to follow. A parallel survey-based study conducted by Koranteng et al also revealed that cost and time were the most common reasons for not referring patients to physiotherapy among obstetricians.<sup>20</sup> The perception and referral data are perhaps the most clinically significant results of this study. More than half of the respondents always recommended exercise during pregnancy, while 57.1% said they never referred patients for formal physiotherapy. This discrepancy between general exercise counselling and structured physiotherapy referral is similar to that reported by Melzer et al where physicians tend to mix up informal advice with evidence-based physiotherapy intervention.<sup>21</sup> Low referral rates may be due to a lack of understanding of the nature of a physiotherapy referral, limited access to physiotherapy services in gynecological wards, and the lack of formal

referral pathways. Shiel et al conducted a systematic review that found the lack of institutional physiotherapy departments to be the largest structural barrier to physiotherapy use in South Asia.<sup>22</sup> Importantly, no statistically significant relationships were found between the three outcome domains and professional experience or daily working hours using Spearman's correlation analysis. This indicates that there is no correlation between clinical experience and increased physiotherapy awareness or practice, and further supports the need for targeted and structured education at various career stages. The same null correlation was found by Xing et al and Elmahgoub et al which further emphasizes the importance of curricular integration of physiotherapy education in undergraduate and postgraduate medical training.<sup>23,24</sup> Since seniority is not correlated with greater knowledge is especially relevant to policy because it suggests that the passive assumption of skill acquisition is incorrect and that continuing professional development programs should be proactive. These results collectively suggest the need for multiple systemic interventions; incorporation of women's health physiotherapy into obstetrics and gynecology training programs, creation of dedicated physiotherapy departments in maternal and gynecological care units, creation of formal referral guidelines, and sensitization campaigns for practicing gynecologists. Physiotherapists and gynecologists should work together in an interdisciplinary manner, and this collaboration should be structurally encouraged, not just left to clinical judgment. If adopted, these interventions can significantly decrease the burden of preventable morbidity due to pelvic floor dysfunction, cesarean complications, and perinatal musculoskeletal disorders in Bangladesh.

### Limitations

This was a cross-sectional study, which does not allow for causal inferences, and convenience sampling was used, which might restrict the generalizability of the results to the selected healthcare facilities.

### CONCLUSION

This study demonstrated that the general knowledge of gynecologists about the role of physiotherapy in obstetric care is satisfactory in relation to facilitation of labor, exercise after delivery, and training of pelvic floor muscles for urinary incontinence. A significant number of gynecologists never referred patients for formal physiotherapy, suggesting that good general knowledge does not necessarily lead to evidence-based clinical practice. The absence of any significant correlation between years of experience or working hours and any outcome domain highlights the need for structured and ongoing CPE programs. In this context, institutional reforms are urgently needed, such as the incorporation of physiotherapy units in obstetric and gynecological departments and the establishment of formal referral protocols, in order to optimize patient outcomes.

### Recommendations

Larger, nationally representative samples and longitudinal designs should be used in future studies to monitor changes in gynecologists' knowledge and referral patterns after educational interventions. These quantitative findings would be complemented by qualitative research that explores the systemic and cultural barriers to physiotherapy integration in the context of obstetric care in Bangladesh.

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