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Attitude and Barriers to Community Based Rehabilitation Among Physiotherapists in Enugu Metropolis

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The frequent occurrence of disabilities in our communities and the near non-existence of Physiotherapists participation and other health care professionals in Community Based Rehabilitation (CBR) programmes in the management of this mayhem to curb the increasing incidences is on the increase. There are limited studies on the attitudes and barriers to participation in Community Based Rehabilitation among Nigerian Physiotherapists. This study sought to determine the attitude and barriers to Community Based Rehabilitation among Physiotherapists in Enugu Metropolis. A cross-sectional survey of 53 Physiotherapists in Enugu Metropolis to determine their attitude and barriers to Community Based Rehabilitation using a close ended questionnaire adapted from previous studies on CBR. Data was analyzed using descriptive statistics and chi-square at α = 0.05. Majority of the participants were between 31-40years old (58.5%), male (64.2%), married (67.9%) had only first degree (75.5%), were Senior Physiotherapist (41.5%) with less than 5years work experience (41.5%). There was a significant association between level of education and CBR attitude regarding affordability of Physiotherapy/Rehabilitative services" (p = 0.003) as well as between designation and CBR attitude regarding accessibility to Physiotherapy/Rehabilitation services to those in rural areas (p = 0.017).The following variables "to increase accessibility to PT/Rehabilitation services to those in rural areas, to increase awareness of Physiotherapy Services, to increase affordability to PT/Rehabilitation Services and to decongest tertiary and secondary Health facilities", indicate a high need for CBR as higher number of the participants strongly agreed that the above attitudes variables are needed to improve the state of CBR in the country. There are so many observed barriers to the development of CBR in Nigeria, ranging from poor accessibility to the rural areas, inadequate infrastructure, poor remuneration of rural based therapist and incentives. There is a high relationship between the barriers and attitude to the growth of community based rehabilitation in Nigeria from the data obtained in the study. The younger physiotherapists and well-experienced ones have no interest in the community based rehabilitation, but the actively practicing physiotherapists within the age-range of 31-40 years are enthusiastic and are really interested in CBR programme.

Key words: Rehabilitation, Community, Physiotherapists..

INTRODUCTION

Background of Study

Community Based Rehabilitation (CBR) is a health policy that came up as a result of the universal need and strategy to provide „health for all", shifting emphasis from organized institutions to community care, with a view on health, wellness and universal access (WHO, 1976). Community based rehabilitation is a strategy for rehabilitation, poverty reduction, equalization of opportunities and to promote the social inclusion of persons with disabilities in their communities (WHO, 2004). Community based rehabilitation though has been here for a while but people's attitude and efforts towards the actualization of this policy has been poor, when compared to the population of the disables around the world. The World Disability Report estimates that there are over one billion people with disabilities in the world, of who between 110-190 million experience very significant difficulties (WHO, 2011). People with disabilities includes those who have long-term physical, mental, intellectual or sensory impairments resulting from any physical or mental health conditions which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (United Nations, 2008; Hamzat et al, 2014).

Due to the practice of some cultures and traditions, people with disability are excluded or deprived of employment, health and education which can exacerbate and perpetuate poverty among people and goes a long way in increasing stigmatization (Ekechukwu et al, 2020). To improve the plight of the physically challenged and disabled in the society, there is every need to educate, sensitize and train both medical and non-medical personnel, but under the supervision of a physiotherapist, (Ohtake, 2010; Otedola et al, 2020). Studies show that when resources available in the community are tapped into and used for the integration of the persons with disability into the community it is beneficial to them, regardless of the degree of handicap condition, (Hamzat and Ekechukwu, 2014; Jacob, 2015). And for this to happen, the efforts of Physiotherapists cannot be overemphasized, just as stated by Tailor et.al., (2007), that Physical therapists are health care professionals who are specially, skilled in the promotion of optimal mobility and function which are the main needs of the disabled. Senthikumar and Johnson, (2013), noted that Physical therapists focus on the management of impairments, functional limitations, and disabilities in all systems of the body. Physiotherapists use their extensive knowledge and skills to promote and improved public health (Umar et al, 2019). Because the services rendered by physiotherapists are inevitable in community based rehabilitation, there is need to x-ray the efforts, attitude and possible barriers to the effectiveness of the physiotherapists in the efficiency of CBR. Priya and Karthikeyan, (2013), reported a survey on CBR by the World Confederation for Physical Therapy (WCPT), found that physiotherapists played a variety of roles in CBR services. Physiotherapists assist health teams, CBR workers, and community health workers in the delivery of rehabilitation services to people in rural communities. Physiotherapy professional education needs to equip physiotherapists with the appropriate knowledge and skills to work in a variety of settings, as well as promote the value of working (WCPT, 2003).

Physiotherapists in different regions of the world are contributing their different quotas in making the goals of CBR a reality. Just like the work done by physiotherapists in Papua New Guinea, where a study by Development Studies Network (2009), reported that disability in Papua New Guinea is believed to be related to the religio-cosmic environment which is concerned with disobeying taboos, sorcery and spirits. Byford and Veenstra (2004), found that 70% of the people perceived disability to be caused by sorcery, supernatural causes and evil spirits, natural causes like complications during pregnancy and childbirth, genetic mutations, illness and infection, or old age, whereas 30% did not know the cause for their disability. This led physiotherapists in Guinea to embark on sensitization, concretization and training of students and the entire community on better ways of perception and the basic management of these disability, (Futter, 2003).

Since Chief C. A. O. Ajao, started community based rehabilitation in the Western Nigerian in the year, 1977, CBR is yet to become a household name in Nigeria. Though some physiotherapists have tried to impart communities through rudiments of community based rehabilitation, (Samuel, 2013). A work done by Igwesi and Udoka, (2013), on the attitude, knowledge and practice of community physiotherapy and community based rehabilitation showed that about 99% of the physiotherapists resident in Enugu state are unwilling to key into CBR. About 44% stating the perceived poor remuneration as a reason while others stating lack of awareness of the local populace to physiotherapy as a barrier to practice. Due to the poor level of awareness, nature and state of CBR in Nigeria, as observed by Igwesi and Udoka, (2013), there is an urgent need to discover and unravel the current barriers and attitude to the practice of CBR by physiotherapists in Nigeria, especially in Enugu Metropolis. So this work intends to

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find out the attitude and barriers of physiotherapists in Enugu Metropolis to the practice of community based rehabilitation, especially in the face of the current economic state in the country.

METHODS

Fifty-three (53) physiotherapists practicing in Enugu Metropolis and registered with the Nigerian Association of Physiotherapists who gave their consent participated in this study. They were recruited using non-probability convenient sampling technique.

Materials

The only instrument used in this study was an adapted questionnaire which has been validated after series of professional test from study by Igwesi and Udoka, (2013). It is comprised of a closed ended questions and is divided into three sections. section A comprised question about the respondents‟ demographic characteristics and professional data, section B comprised of question that investigate attitude towards Community Based Rehabilitation, section C comprised of question that investigate the barriers to Community Based Rehabilitation.

Statistical Methods

The data were analyzed using the Statistical Package for Social Sciences (SPSS), version 20.0. Descriptive statistics of frequencies and percentages were utilized and at 95% confidence interval, Chi-square was used to detect associations between the variables..

RESULTS

The demographic characteristic data of the respondents showed that majority (58.5%) were between 31-40years old, 64.2% were male participants, 67.9% were among the married participants, 75.5% had First Degree educational qualification, 41.5% were Senior Physiotherapist and 41.5% had less than 5years work experience as a physiotherapist.

Table 1 above shows that for the attitude factor among the need for Community Based Rehabilitation “To increase accessibility to PT/Rehabilitation services to those in rural areas”, 92.5% of Physiotherapists that participated in the study strongly agree/agree it‟s a need, 7.5% disagree/strongly disagree that it is a need, while none of the participants was indifferent/undefined to the factor. For the attitude factor “To increase awareness of Physiotherapy services”, 86.8% of the Physiotherapists that participated in the study strongly agree/agree that it is a need, 5.7% indicated indifferent/undefined to the factor while 7.5% disagree/strongly disagree that it is a need.

For the attitude factor “To increase affordability to PT/Rehabilitative services”, 81.1% of the participants strongly agree/agree that it is a need,7.5% indicated indifferent/undefined to the factor while 11.3% strongly disagree/disagree that it is a need. Also for the attitude factor “To decongest tertiary and secondary health facilities”, 79.2% of the participants strongly agree/agree that it is a need, 11.3% indicated indifferent/undefined to the factor while 9.4% disagree/strongly disagree that it is a need.

Table 2 shows that for the proposed barrier factors to Community Based Rehabilitation “Lack of interest by Physiotherapist”, 52.8% of Physiotherapists that participated in the study strongly agree/agree it‟s a barrier, 13.2% indicated indifferent/undefined that it is a barrier factor while 34.0% disagree/strongly disagree that it is a barrier. For the proposed barrier “Lack of awareness of the need for Physiotherapy”, 64.2% of Physiotherapists that participated in the study strongly agree/agree it‟s a barrier, 9.4% indicated indifferent/undefined that it is a barrier factor while 26.4% disagree/strongly disagree that it is a barrier. For the proposed barrier “Unhealthy rivalry among health professionals”, 49.1% of Physiotherapists that participated in the study strongly agree/agree it‟s a barrier, 20.8% indicated indifferent/undefined that it is a barrier factor while 30.2% disagree/strongly disagree that it is a barrier.

For the proposed barrier “Lack of interest/commitment by all tiers of government”, 79.2% of Physiotherapists that participated in the study strongly agree/agree it‟s a barrier, 7.5% indicated indifferent/undefined that it is a barrier factor while 13.2% disagree/strongly disagree that it is a barrier. For the proposed barrier “Inadequate human, financial and social resources”, 62.3% of Physiotherapists that participated in the study strongly agree/agree it‟s a barrier, 11.3% indicated indifferent/undefined that it is a barrier factor while 26.4% disagree/strongly disagree that it is a barrier. For the proposed barrier “Accessibility (Location/Disatance)”, 71.7% of Physiotherapists that participated in the study strongly agree/agree it‟s a barrier, 5.7% indicated indifferent/undefined that it is a barrier factor while 22.6% disagree/strongly disagree that it is a barrier. For the proposed barrier “Job Constraint”, 43.4% of Physiotherapists that participated in the study strongly agree/agree it‟s a barrier, 24.5% indicated indifferent/undefined that it is a barrier factor while 32.1% disagree/strongly disagree that it is a barrier.

For the proposed barrier “Family Constraint”, 41.5% of Physiotherapists that participated in the study strongly agree/agree it‟s a barrier, 26.4% indicated indifferent/undefined that it is a barrier factor while 32.1% disagree/strongly disagree that it is a barrier. For the proposed barrier “Professional Exhaustion”, 26.4% of Physiotherapists that participated in the study strongly agree/agree it‟s a barrier, 26.4% indicated indifferent/undefined that it is a barrier factor while 47.2% disagree/strongly disagree that it is a barrier. For the proposed barrier “Poor Remuneration”, 73.6% of

Table 1. Summary of the Attitude of Physiotherapists towards CBR (N = 53)

Attitude towards CBR	Frequency (Percentage)		
	Agree	Indifferent	Disagree
To increase accessibility to PT/Rehabilitation services to those in rural areas	49(92.5)	0(0.00)	4(7.5)
To increase awareness of Physiotherapy Services	46(86.8)	3(5.7)	4(7.5)
To increase affordability to PT/Rehabilitation Services	43(81.1)	4(7.5)	6(11.3)
To decongest tertiary and secondary Health facilities	42(79.2)	6(11.3)	5(9.4)

Table 2: Frequency and percentage distribution table for the barriers of Physiotherapist towards Community Based Rehabilitation

Barriers towards CBR	Frequency (Percentage)		
	Agree	Indifferent	Disagree
Lack of interest by Physiotherapist	28(52.8)	7(13.2)	18(34.0)
Lack of awareness of the need for Physiotherapy	34(64.2)	5(9.4)	14(26.4)
Unhealthy rivalry among health professionals	26(49.1)	11(20.8)	16(30.2)
Lack of interest/commitment By all tiers of government	42(79.2)	4(7.5)	7(13.2)
Inadequate human, financial and social resources	33(62.3)	6(11.3)	14(26.4)
Accessibility (Location/Distance)	38(71.7)	3(5.7)	12(22.6)
Job constraint	23(43.4)	13(24.5)	17(32.1)
Family constraint	22(41.5)	14(26.4)	17(32.1)
Professional Exhaustion	14(26.4)	14(26.4)	25(47.2)
Poor Remuneration	39(73.6)	4(7.5)	10(18.9)
Lack of social infrastructure	45(84.9)	3(5.7)	5(9.4)

Physiotherapists that participated in the study strongly agree/agree it"s a barrier, 7.5% indicated indifferent/undefined that it is a barrier factor while 18.9% disagree/strongly disagree that it is a barrier. For the proposed barrier “Lack of social infrastructure”, 84.9% of Physiotherapists that participated in the study strongly agree/agree it"s a barrier, 5.7% indicated indifferent/undefined that it is a barrier factor while 9.4% disagree/strongly disagree that it is a barrier.

Table 3 shows that 57.1% out of those that indicated that there is need to increase accessibility to PT/Rehabilitation services in rural areas strongly agreed that lack of interest by physiotherapists is a barrier to community based rehabilitation, while 100% of those that didn't indicate strongly disagreed. It also shows that 69.4% of the first group strongly agreed that lack of awareness can of the need for physiotherapy is barrier, while about 85.7% of them strongly agreed that lack of interest, commitment by all tiers of government is a barrier to community based rehabilitation.

Table 4 shows that 54.3% out of those that indicated that there is need to increase awareness of physiotherapy services in rural areas strongly agreed that lack of interest by physiotherapist is a barrier 71.7%

Table 3. Association between Participants Reported Barriers towards CBR and their Attitude Towards CBR - To increase accessibility to PT/Rehabilitation Services to those in rural areas (N = 53)

Barriers towards CBR		**CBR Attitude -** *To increase accessibility to PT/Rehabilitation Services to those in rural areas:* **Frequency (Percentage)**			**X^2 (p-value)**
		Agree	**Indifferent**	**Disagree**	
Lack of interest by Physiotherapists	Agree	28 (57.1)	7 (14.3)	14 (28.6)	8.413 (0.015)*
	Disagree	0 (0.0)	0 (0.0)	4(100)	
Lack of awareness of the need for Physiotherapy	Agree	24 (69.4)	5 (10.2)	10 (20.4)	12.052 (0.002)*
	Disagree	0 (0.0)	0 (0.0)	4(100)	
Unhealthy rivalry among health Professionals	Agree	26 (53.1)	11 (22.4)	12 (24.5)	10.005 (0.007)*
	Disagree	0 (0.0)	0 (0.0)	4(100)	
Lack of interest, Commitment by all tiers of government	Agree	42 (85.7)	4 (8.2)	3 (6.1)	28.431 (<0.001)*
	Disagree	0 (0.0)	0 (0.0)	4(100)	
Inadequate human, Financial and social Resources	Agree	32 (65.3)	6 (12.2)	11 (22.4)	5.321 (0.070)
	Disagree	1 (25.0)	0 (0.0)	3 (75.0)	
Accessibility (location/ distance)	Agree	37 (75.5)	3 (6.1)	9 (18.4)	6.799 (0.033)*
	Disagree	1 (25.0)	0 (0.0)	3 (75.0)	
Job Constraint	Agree	23 (46.9)	13 (26.5)	13 (26.5)	9.162 (0.010)*
	Disagree	0 (0.0)	0 (0.0)	4(100)	
Family Constraint	Agree	21 (42.9)	14 (28.6)	14 (28.6)	3.912 (0.141)
	Disagree	1 (25.0)	0 (0.0)	3 (75.0)	
Professional Exhaustion	Agree	13 (26.5)	13 (26.5)	23 (46.9)	0.014 (0.993)
	Disagree	1 (25.0)	1 (25.0)	2 (50.0)	
Poor Remuneration	Agree	39 (79.6)	3 (6.1)	7 (14.3)	12.155 (0.002)*
	Disagree	0 (0.0)	1 (25.0)	3 (75.0)	
Lack of social infrastructure	Agree	45 (91.8)	2 (4.1)	2 (4.1)	26.248 (<0.001)*
	Disagree	0 (0.0)	1 (25.0)	3 (75.0)	

** = Significant*

strongly agreed that lack of awareness of the need for physiotherapy is another barrier, 54.3% of them strongly agreed that unhealthy rivalry among health professionals, 84.8% of them strongly agreed that lack of interest, commitment by all tiers of government, while 91.3% lack of social infrastructure.

Table 5, shows that 60.5% out of those that indicated that there is need to increase affordability to physiotherapy/Rehabilitative services in rural areas strongly agreed that lack of interest by physiotherapist is a barrier, 69.8% strongly agreed that lack of awareness is a barrier, 79.1% indicated that accessibility is a barrier and only 44.2% strongly agreed that family constraints is a barrier.

Table 6, showed that 57.1% of those that indicated that there is need to decongest tertiary and secondary health facilities in rural areas strongly agreed that lack of interest by physiotherapists is a barrier to this, 71.4% strongly agreed that lack of awareness of the need for physiotherapy is a barrier while 76.2% strongly agreed that Accessibility is a barrier

Table 7, shows that for the physiotherapist that participated in the study, those within the age range of 31-40years indicated a higher percentage 59.2% among those that strongly agree/agree to the attitude factor “To increase accessibility to PT/Rehabilitation services to those in rural areas”. For the attitude factor “To increase awareness of PT services”, the highest percentage is 58.7% among those that strongly agree/agree which is indicated also by the participants within the age range of 31-40years.

For the attitude factor “To increase affordability to PT/Rehabilitative services”, the highest percentage is 60.5% among those that strongly agree/agree which is

Table 4: Association between Participants Reported Barriers towards CBR and their Attitude Towards CBR - To increase awareness of PT services (N = 53)

Barriers towards CBR		**CBR Attitude** - *To increase awareness of PT services:* **Frequency (Percentage)**			**X^2 (p-value)**
		Agree	**Indifferent**	**Disagree**	
Lack of interest by Physiotherapists	Agree	25 (54.3)	7 (15.2)	1 (30.4)	10.786 (0.029)*
	Disagree	0 (0.0)	0 (0.0)	4 (100.0)	
	Indifferent	3 (100.0)	0 (0.0)	0 (0.0)	
Lack of awareness of the need for Physiotherapy	Agree	33 (71.7)	4 (8.7)	9 (19.6)	14.714 (0.005)*
	Disagree	0 (0.0)	0 (0.0)	4 (100.0)	
	Indifferent	1 (33.3)	1 (33.3)	1 (33.3)	
Unhealthy rivalry among health Professionals	Agree	25 (54.3)	10 (21.7)	11 (23.9)	10.524 (0.032)*
	Disagree	0 (0.0)	0 (0.0)	4 (100.0)	
	Indifferent	1 (33.3)	1 (33.3)	1 (33.3)	
Lack of interest, Commitment by all tiers of government	Agree	39 (84.8)	4 (8.7)	3 (6.5)	28.887(<0.001)*
	Disagree	0 (0.0)	0 (0.0)	4 (100.0)	
	Indifferent	3 (100)	0 (0.0)	0 (0.0)	
Inadequate human, Financial and social resources	Agree	30 (65.2)	5 (10.9)	11 (23.9)	7.187 (0.126)
	Disagree	1 (25.0)	0 (0.0)	3 (75.0)	
	Indifferent	2 (66.7)	1 (33.3)	0 (0.0)	
Accessibility (location/ distance)	Agree	34 (73.9)	3 (6.5)	9 (19.6)	7.754 (0.101)
	Disagree	1 (25.0)	0 (0.0)	3 (75.0)	
	Indifferent	3 (100.0)	0 (0.0)	0 (0.0)	
Job Constraint	Agree	22 (47.9)	12 (26.1)	12 (26.1)	9.405 (0.052)
	Disagree	0 (0.0)	0 (0.0)	4 (100.0)	
	Indifferent	1 (33.3)	1 (33.3)	1 (33.3)	
Family Constraint	Agree	19 (41.3)	13 (28.3)	14 (30.4)	5.189 (0.268)
	Disagree	1 (25.0)	0 (0.0)	3 (75.0)	
	Indifferent	2 (66.7)	1 (33.3)	0 (0.0)	
Professional Exhaustion	Agree	13 (28.3)	11 (23.9)	22 (47.8)	2.940 (0.568)
	Disagree	1 (25.0)	1 (25.0)	2 (50.0)	
	Indifferent	0 (0.0)	2 (67.3)	1 (33.3)	
Poor Remuneration	Agree	36 (78.3)	3 (6.5)	7 (15.2)	12.840 (0.012)*
	Disagree	0 (0.0)	1 (25.0)	3 (75.0)	
	Indifferent	3 (100.0)	0 (0.0)	0 (0.0)	
Lack of social infrastructure	Agree	42 (91.3)	2 (4.3)	2 (4.3)	26.423(<0.001)*
	Disagree	0 (0.0)	1 (25.0)	3 (75.0)	
	Indifferent	3 (100.0)	0 (0.0)	0 (0.0)	

** = Significant*

indicated by the participants within the age range of 31-40years. For the attitude factor “To decongest tertiary and secondary health facilities”, the highest percentage is 64.3% among those that strongly agree/agree which is indicated by the participants within the age range of 31-40years.

Table 5: Association between Participants Reported Barriers towards CBR and their Attitude Towards CBR - *To increase affordability to PT/Rehabilitative services* **(N = 53)**

Barriers towards CBR		**CBR Attitude** - *To increase affordability to PT/Rehabilitative services:* **Frequency (Percentage)**			**X^2 (p-value)**
		Agree	**Indifferent**	**Disagree**	
Lack of interest by Physiotherapists	Agree	26(60.5)	6(14.0)	11(26.5)	9.276 (0.055)
	Disagree	1(16.7)	0(0.0)	5(83.3)	
	Indifferent	1(25.0)	1(25.0)	2(50.0)	
Lack of awareness of the need for Physiotherapy	Agree	30(69.8)	5(11.6)	8(18.6)	11.911 (0.018)*
	Disagree	1(16.7)	0(0.0)	5(83.3)	
	Indifferent	3(75.0)	0(0.0)	1(25.0)	
Unhealthy rivalry among health Professionals	Agree	24(55.8)	10(23.3)	9(20.9)	10.919 (0.027)*
	Disagree	1(16.7)	0(0.0)	5(83.3)	
	Indifferent	1(25.0)	1(25.0)	2(50.0)	
Lack of interest, Commitment by all tiers of government	Agree	37(86.0)	3(7.0)	3(7.0)	18.717 (0.001)*
	Disagree	2(33.3)	0(0.0)	4(66.7)	
	Indifferent	3(75.0)	1(25.0)	0(0.0)	
Inadequate human, Financial and social resources	Agree	29(67.4)	6(14.0)	8(18.6)	12.043 (0.017)*
	Disagree	1(16.7)	0(0.0)	5(83.3)	
	Indifferent	3(75.0)	0(0.0)	1(25.0)	
Accessibility (location/ distance)	Agree	34(79.1)	2(4.7)	7(16.3)	17.362 (0.002)*
	Disagree	1(16.3)	0(0.0)	5(83.3)	
	Indifferent	3(75.0)	1(25.0)	0(0.0)	
Job Constraint	Agree	19(44.2)	12(27.9)	12(27.9)	4.392 (0.356)
	Disagree	2(33.3)	0(0.00)	4(67.3)	
	Indifferent	2(50.0)	1(25.0)	1(25.0)	
Family Constraint	Agree	19(44.2)	12(27.9)	12(27.9)	5.431 (0.246)
	Disagree	2(33.3)	0(0.0)	4(66.7)	
	Indifferent	1(25.0)	2(50.0)	1(25.0)	
Professional Exhaustion	Agree	13(30.2)	11(25.6)	19(44.2)	3.151 (0.533)
	Disagree	1(16.7)	1(16.7)	4(66.7)	
	Indifferent	0(0.0)	2(50.0)	2(50.0)	
Poor Remuneration	Agree	33(76.7)	3(7.0)	7(16.3)	6.730 (0.151)
	Disagree	2(33.3)	1(16.7)	3(50.0)	
	Indifferent	4(100)	0(0.0)	0(0.0)	
Lack of social infrastructure	Agree	40(93.0)	1(2.3)	2(4.7)	18.917 (0.001)*
	Disagree	2(33.3)	1(16.7)	3(50.0)	
	Indifferent	3(75.0)	1(25.0)	0(0.0)	

** = Significant*

Table 8 shows that 65.3% of males indicated strongly agree/agree, 50.0% indicated disagree/strongly disagree while 34.7% of females indicated agree/agree, 50.7% indicated disagree/strongly disagree to the attitude factor “To increase accessibility to PT/Rehabilitation services to those in rural areas.

65.2% of males indicated strongly agree/agree, 66.7% indicated indifferent/undefined, 50.0% indicated disagree/strongly disagree while 34.8% of females indicated strongly agree/agree, 33.3% indicated indifferent/undefined, 50.0% indicated.

Table 9 shows that 71.4% of married physiotherapist indicated strongly agree/ agree, 25.0% indicated strongly disagree/ disagree while 28.6% single physiotherapist indicated strongly agree/agree, 75.0% indicated strongly disagree/disagree to the attitude factor “To increase accessibility to PT/Rehabilitation services to those in rural areas.

71.7% of married physiotherapists indicated strongly agree/agree, 66.7% indicated indifferent/undefined, 25.0% indicated strongly disagree/disagree while 28.3% single physiotherapist indicated strongly agree/agree, 33.3% indicated indifferent/undefined, 75.0% indicated strongly disagree/disagree to the attitude factor “To increase awareness of PT services.

69.8% of married physiotherapist indicated strongly agree/agree, 75.0% indicated indifferent/undefined, 50.0% indicated strongly disagree/disagree while 30.2% of single physiotherapist indicated strongly agree/agree, 25.0% indicated indifferent/undefined, 50.0% indicated strongly disagree/disagree to the attitude factor “To increase affordability to PT/Rehabilitative services.

Table 6: Association between Participants Reported Barriers towards CBR and their Attitude Towards CBR - *To decongest tertiary and secondary health facilities* **(N = 53)**

Barriers towards CBR		**CBR Attitude** - *To decongest tertiary and secondary health facilities:* **Frequency (Percentage)**			**X^2 (p-value)**
		Agree	**Indifferent**	**Disagree**	
Lack of interest by Physiotherapists	Agree	24(57.1)	5(11.9)	13(31.0)	4.401 (0.354)
	Disagree	2(40.0)	0(0.0)	3(60.0)	
	Indifferent	2(33.3)	2(33.3)	2(33.3)	
Lack of awareness of the need for Physiotherapy	Agree	30(71.4)	4(9.5)	8(19.0)	9.265 (0.055)
	Disagree	1(20.0)	0(0.0)	4(80.0)	
	Indifferent	3(50.0)	1(16.7)	2(33.3)	
Unhealthy rivalry among health Professionals	Agree	26(61.9)	9(21.4)	7(16.7)	21.574 (<0.001)*
	Disagree	0(0.0)	0(0.0)	5(100.0)	
	Indifferent	0(0.0)	2(33.3)	4(66.7)	
Lack of interest, Commitment by all tiers of government	Agree	38(90.5)	2(4.8)	2(4.8)	21.729 (<0.001)*
	Disagree	2(40.0)	0(0.0)	3(60.0)	
	Indifferent	2(33.3)	2(33.3)	2(33.3)	
Inadequate human, Financial and social resources	Agree	25(59.5)	6(14.3)	11(26.2)	2.620 (0.623)
	Disagree	3(60.0)	0(0.0)	2(40.0)	
	Indifferent	5(83.3)	0(0.0)	1(16.7)	
Accessibility (location/ distance)	Agree	32(76.2)	2(4.8)	8(19.0)	5.883 (0.208)
	Disagree	2(40.0)	0(0.0)	3(60.0)	
	Indifferent	4(66.7)	1(16.7)	1(16.7)	
Job Constraint	Agree	21(50.0)	9(21.4)	12(28.6)	4.953 (0.292)
	Disagree	0(0.0)	2(40.0)	3(60.0)	
	Indifferent	2(33.3)	2(33.3)	2(33.3)	
Family Constraint	Agree	19(45.2)	10(23.8)	13(31.0)	3.920 (0.417)
	Disagree	1(20.0)	1(20.0)	3(60.0)	
	Indifferent	2(33.3)	3(50.0)	1(16.7)	
Professional Exhaustion	Agree	13(31.0)	9(21.4)	20(47.6)	13.393 (0.010)*
	Disagree	1(20.0)	0(0.00)	4(80.0)	
	Indifferent	0(0.00	5(83.3)	1(16.7)	
Poor Remuneration	Agree	33(78.6)	3(7.1)	6(14.3)	6.961 (0.138)
	Disagree	2(40.0)	0(0.0)	3(60.0)	
	Indifferent	4(66.7)	1(16.7)	1(16.7)	
Lack of social infrastructure	Agree	39(92.8)	2(4.8)	1(2.4)	19.461 (0.001)*
	Disagree	2(40.0)	0(0.0)	3(60.0)	
	Indifferent	4(66.7)	1(16.7)	1(16.7)	

** = Significant*

69.0% of married physiotherapist indicated strongly agree/agree, 40.0% indicated indifferent/undefined, 83.3% indicated strongly disagree/disagree while 31.0 of single physiotherapist indicated strongly agree/agree, 16.7% indicated indifferent/undefined, 60.0% indicated strongly disagree/disagree in the attitude factor "To decongest tertiary and secondary health facilities.

Table 10 shows that 77.6% of physiotherapist with their first degree indicated strongly agree/agree, 50.0% indicated strongly disagree/disagree while 20.4% of physiotherapist with their master"s degree indicated strongly disagree/disagree and 2.0% of physiotherapist with their doctorate degree indicated strongly agree/agree, 25.0% indicated strongly disagree/disagree to the attitude factor "To increase accessibility to PT/Rehabilitation services to those in rural areas".

76.1% of physiotherapists with their first degree indicated strongly agree/agree, 100.0% indicated indifferent/undefined, 50.0% indicated strongly disagree/disagree while 21.7% of physiotherapist with their master"s degree indicated strongly agree/agree, 25.0% indicated strongly disagree/disagree and 2.2% of physiotherapist with their doctorate degree indicated strongly agree/agree, 25.0% indicated strongly disagree/disagree to the attitude factor "To increase awareness of PT services".

79.1% of physiotherapists with their first degree indicated strongly agree/agree, 75.0% indicated indifferent/undefined, 50.0% indicated strongly disagree/disagree while 20.9% of physiotherapist with their master"s degree indicated strongly agree/agree,

Table 7: Association between Attitude of Physiotherapists towards CBR and Age (N = 53).

Attitude towards CBR		Age: Frequency (Percentage)				X^2 (p-value)
		<30yrs	31-0yrs	41-50yrs	>50yrs	
To increase accessibility to PT/Rehabilitation services to those in rural areas	Agree	10(20.4)	29(59.2)	6(12.2)	4(8.2)	2.300 (0.513)
	Disagree	0(0.00)	0(0.00)	0(0.00)	0(0.00)	
	Indifferent	2(50.0)	2(50.0)	0(0.00)	0(0.00)	
To increase awareness of PT services	Agree	9(19.6)	27(58.7)	6(13.0)	4(8.7)	3.272 (0.774)
	Disagree	1(33.3)	2(66.7)	0(0.00)	0(0.00)	
	Indifferent	2(50.0)	2(50.0)	0(0.00)	0(0.00)	
To increase affordability to PT/Rehabilitative services	Agree	10(23.3)	26(60.5)	4(9.3)	3(7.0)	4.421 (0.620)
	Disagree	0(0.00)	2(50.0)	1(25.0)	1(25.0)	
	Indifferent	2(33.3)	3(50.0)	1(16.7)	0(0.00)	
To decongest tertiary and Secondary health facilities	Agree	7(16.7)	27(64.3)	4(9.5)	4(9.5)	9.650 (0.140)
	Disagree	3(50.0)	1(16.7)	2(33.3)	0(0.00)	
	Indifferent	2(40.0)	3(60.0)	0(0.00)	0(0.00)	

Table 8: Association between Attitude of Physiotherapists towards CBR and Gender (N = 53).

Attitude towards CBR		Gender: Frequency (%)		X^2 (p-value)
		Male	Female	
To increase accessibility to PT/Rehabilitation services to those in rural areas	Agree	32(65.3)	17(34.7)	0. .377 (0.539)
	Disagree	0(0.00)	0(0.00)	
	Indifferent	2(50.0)	2(50.0)	
To increase awareness of PT services	Agree	30(65.2)	16(34.8)	0.379 (0.827)
	Disagree	2(66.7)	1(33.3)	
	Indifferent	2(50.0)	2(50.0)	
To increase affordability to PT/Rehabilitative services	Agree	28(65.1)	15(34.9)	0.745 (0.689)
	Disagree	3(75.0)	1(25.0)	
	Indifferent	3(50.0)	3(50.0)	
To decongest tertiary and Secondary health facilities	Agree	27(64.3)	15(35.7)	0.054 (0.973)
	Disagree	4(66.7)	2(33.3)	
	Indifferent	3(60.0)	2(40.0	

25.0% indicated indifferent/undefined, 16.7% indicated strongly disagree/disagree and 2.2% of physiotherapist with their doctorate degree indicated strongly agree/agree, 25.0% indicated strongly disagree/disagree to the attitude factor “To increase awareness of PT services”.

79.1% of physiotherapists with their first degree indicated strongly agree/agree, 75.0% indicated indifferent/undefined, 50.0% indicated strongly disagree/disagree while 20.9% of physiotherapist with their master‟s degree indicated strongly agree/agree, 25.0% indicated indifferent/undefined, 16.7% indicated strongly disagree/disagree and 33.3% of physiotherapist with doctorate degree indicated strongly disagree/disagree to the attitude factor “To increase affordability to PT/Rehabilitative services”.71.4% of physiotherapists with their first degree indicated strongly agree/agree, 100.0% indicated indifferent/undefined, 80.0% indicated strongly disagree/disagree while 26.2% physiotherapists with master‟s degree indicated strongly

Table 9: Association between Attitude of Physiotherapists towards CBR and Marital Status (N = 53).

Barriers towards CBR		Marital Status: f (%)		X^2 (p-value)
		Married	Single	
To increase accessibility to PT/Rehabilitation services to those in rural areas	Agree	35(71.4)	14(28.6)	3.659 (0.056)
	Disagree	0(0.00)	0(0.00)	
	Indifferent	1(25.0)	3(75.0)	
To increase awareness of PT services	Agree	33(71.7)	13(28.3)	3.692 (0.158)
	Disagree	2(66.7)	1(33.3)	
	Indifferent	1(25.0)	3(75.0)	
To increase affordability to PT/Rehabilitative services	Agree	30(69.8)	13(30.2)	1.044 (0.593)
	Disagree	3(75.0)	1(25.0)	
	Indifferent	3(50.0)	3(50.0)	
To decongest tertiary and Secondary health facilities	Agree	29(69.0)	13(31.0)	2.468 (0.291)
	Disagree	5(83.3)	1(16.7)	
	Indifferent	2(40.0)	3(60.0)	

Table 10: Association between Attitude of Physiotherapists towards CBR and Level of Education (N = 53).

Barriers towards CBR		Level of Education: f (%)			X^2 (p-value)
		First Degree	Master	Doctorate	
To increase accessibility to PT/Rehabilitation services to those in rural areas	Agree	38(77.6)	10(20.4)	1(2.0)	5.575 (0.062)
	Disagree	0(0.00)	0(0.00)	0(0.00)	
	Indifferent	2(50.0)	1(25.0)	1(25.0)	
To increase awareness of PT services	Agree	35(76.1)	10(21.7)	1(2.2)	6.465 (0.167)
	Disagree	3(100.0)	0(0.00)	0(0.00)	
	Indifferent	2(50.0)	1(25.0)	1(25.0)	
To increase affordability to PT/Rehabilitative services	Agree	34(79.1)	9(20.9)	0(0.00)	16.340 (0.03)*
	Disagree	3(75.0)	1(25.0)	0(0.00)	
	Indifferent	3(50.0)	1(16.7)	2(33.3)	
To decongest tertiary and Secondary health facilities	Agree	30(71.4)	11(26.2)	1(2.4)	7.395 (0.116)
	Disagree	6(100.0)	0(0.00)	0(0.00)	
	Indifferent	4(80.0)	0(0.00)	1(20.0)	

agree/agree and 2.4% of physiotherapist with their doctorate degree indicated strongly agree/agree, 20.0% indicated strongly disagree/disagree to the attitude factor “To decongest tertiary and Secondary health facilities”.

Table 11 shows 14.3% of intern physiotherapists indicated strongly agree/agree, 50.0% indicated strongly disagree/disagree. 42.9% of senior physiotherapists indicated strongly agree/agree, 25.0% indicated strongly disagree/disagree. 18.4% of principal physiotherapists indicated strongly agree, 25.0% indicated strongly disagree/disagree.12.2% of chief physiotherapist indicated strongly agree/agree. 8.2% assistant physiotherapist indicated strongly agree/agree. 2.0% of deputy physiotherapist indicated strongly agree/agree while 2.0% others indicated strongly agree/agree in the attitude factor “To increase accessibility to PT/Rehabilitation services to those in rural areas”.

15.2% of intern physiotherapists indicated strongly agree/agree, 50.0% indicated strongly disagree/disagree. 41.3% of senior physiotherapists indicated strongly agree/agree, 25.0% indicated strongly disagree/disagree. 17.4% of principle physiotherapists indicated strongly

Table 11: Association between Attitude of Physiotherapists towards CBR and their Designation (N = 53)

Attitude towards CBR		Designation: f (%)								X^2 (p-value)
		Intern	Corper	Senior	Principal	Chief	Assistant Director	Deputy Director	Others	
To increase accessibility to PT/Rehabilitation services to those in rural areas	Agree	7(14.2)	0(0.0)	21(42.9)	9(18.4)	6(12.2)	4(8.2)	1(2.0)	1(2.0)	17.026 (0.017)*
	Indifferent	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	
	Disagree	2(50.0)	1(25.0)	1(25.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	
To increase awareness of PT services	Agree	7(15.2)	0(0.0)	19(41.3)	8(17.4)	6(13.0)	4(8.7)	1(2.2)	1(2.2)	19.115 (0.161)
	Indifferent	0(0.0)	0(0.0)	2(66.7)	1(33.3)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	
	Disagree	2(50.0)	1(25.0)	1(25.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	
To increase affordability to PT/Rehabilitative services	Agree	7(16.3)	0(0.0)	19(44.2)	7(16.3)	5(11.6)	3(7.0)	1(2.3)	1(2.3)	16.662 (0.275)
	Indifferent	0(0.0)	0(0.0)	1(25.0)	2(50.0)	0(0.0)	1(25.0)	0(0.0)	0(0.0)	
	Disagree	9(17.0)	1(1.9)	22(41.5)	9(17.0)	6(11.3)	4(7.5)	1(1.9)	1(1.9)	
To decongest tertiary and Secondary health facilities	Agree	5(11.9)	0(0.0)	18(42.9)	8(19.0)	6(14.3)	3(7.1)	1(2.4)	1(2.4)	17.716 (0.220)
	Indifferent	2(33.3)	0(0.0)	3(50.0)	0(0.0)	0(0.0)	1(16.7)	0(0.0)	0(0.0)	
	Disagree	2(40.0)	0(0.0)	1(20.0)	1(20.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	

***** = *Significant*

Table 12: Association between Attitude of Physiotherapists towards Community Based Rehabilitation and Years of Clinical Experience (N = 53).

Attitude Towards CBR		Years of Clinical Experience: f (%)				X^2 (p-value)
		<5yrs	5-10yrs	10-15yrs	>15yrs	
To increase accessibility to PT/Rehabilitation services to those in rural areas	Agree	18(36.7)	15(30.6)	9(18.4)	7(14.3)	28.636 (<0.001)*
	Indifferent	4(100.0)	0(0.00)	0(0.00)	0(0.00)	
	Disagree	22(41.5)	15(28.3)	9(17.0)	7(13.2)	
To increase awareness of PT services	Agree	17(37.0)	14(30.4)	9(19.6)	6(13.0)	36.978 (<0.001)*
	Indifferent	1(33.3)	1(33.3)	0(0.00)	1(33.3)	
	Disagree	4(100.0)	0(0.00)	0(0.00)	0(0.00)	
To increase affordability to PT/Rehabilitative services	Agree	18(41.9)	12(27.9)	8(18.6)	5(11.6)	25.226 (0.014)*
	Indifferent	0(0.00)	2(50.0)	1(25.0)	1(25.0)	
	Disagree	4(66.7)	1(16.7)	0(0.00)	1(16.7)	
To decongest tertiary and Secondary health facilities	Agree	16(38.1)	12(28.6)	9(21.4)	5(11.9)	19.030 (0.088)
	Indifferent	3(50.0)	2(33.3)	0(0.00)	1(16.7)	
	Disagree	3(60.0)	1(20.0)	0(0.00)	1(20.0)	

agree/agree, 66.7% indicated indifferent/undefined, 25.0% indicated strongly disagree/disagree.13.0% of chief physiotherapist indicated strongly agree/agree, 33.3% indicated indifferent/undefined. 8.7% of assistant physiotherapist indicated strongly agree/agree. 2.2% of deputy physiotherapist indicated strongly agree/agree while 2.2% of others indicated strongly agree/agree in the attitude factor “To increase awareness of PT services”.

Table 13: Association between Demographic characteristics and Attitude of Physiotherapists towards Community Based Rehabilitation (N = 53)

Demographics	Attitude of PT towards CBR		X^2	p-value
Age	To increase accessibility to PT/Rehabilitation services to those in rural areas		2.300	0.513
	To increase awareness of PT Services		3.272	0.774
	To increase affordability to PT/Rehabilitative services		4.421	0.620
	To decongest tertiary and secondary health facilities		9.650	0.140
Gender	To increase accessibility to PT/Rehabilitation services to those in rural areas		0.377	0.539
	To increase awareness of PT Services		0.379	0.827
	To increase affordability to PT/Rehabilitative services		0.745	0.689
	To decongest tertiary and secondary health facilities		0.054	0.973
Marital Status	To increase accessibility to PT/Rehabilitation services to those in rural areas		3.659	0.056
	To increase awareness of PT Services		3.692	0.158
	To increase affordability to PT/Rehabilitative services		1.044	0.593
	To decongest tertiary and secondary health facilities		2.468	0.291
Level of Education	To increase accessibility to PT/Rehabilitation services to those in rural areas		5.575	0.062
	To increase awareness of PT Services		6.465	0.167
	To increase affordability to PT/Rehabilitative services		16.340	0.003*
	To decongest tertiary and secondary health facilities		7.395	0.116
Designation	To increase accessibility to PT/Rehabilitation services to those in rural areas		17.026	0.017*
	To increase awareness of PT Services		19.115	0.161
	To increase affordability to PT/Rehabilitative services		16.662	0.275
	To decongest tertiary and secondary health facilities		17.716	0.220
Years of Clinical Experience	To increase accessibility to PT/Rehabilitation services to those in rural areas		28.636	<0.001*
	To increase awareness of PT Services		36.978	<0.001*
	To increase affordability to PT/Rehabilitative services		25.226	0.014*
	To decongest tertiary and secondary health facilities		19.030	0.088

α level: 0.05

Table 12 shows that physiotherapist with <5years, 5-10years, 10-15years,>15years of clinical experience strongly agrees/agrees with 36.7%, 30.6%, 18.4%,14.3% respectively and strongly disagrees/disagree with 41.5%,28.9%, 17.0%, 13.2% respectively, but indifferent in <5years with 100.0% with attitude factor “To increase accessibility to PT/Rehabilitation services to those in rural areas. Physiotherapist with <5years, 5-10years, 10-15years,>15years of clinical experience strongly agrees/agrees with 37.0%, 30.4%, 19.6%, 13.0% respectively but in <5years it strongly disagrees/disagree with 100.0% and indifferent in <5years and 5-10years with 33.3% and 33.3% with the attitude factor “To increase awareness of PT services. Physiotherapist with <5years, 5-10years, 10-15years,>15years of clinical experience strongly agrees/agrees with 41.9%, 27.9%, 18.6%, 11.6% respectively but in <5years, 5-10years, >15years it strongly disagrees/disagree with 66.7%,16.7%, 16.7% and indifferent in 5-10years,10-15years,>15years with 50.0% and 25.0%,25.0% with the attitude factor “To increase affordability to PT/Rehabilitative services”. Physiotherapist with <5years, 5-10years, 10-15years,>15years of clinical experience strongly agrees/agrees with 38.1%, 28.6%, 21.4%, 11.9% respectively but in <5years,5-10years,>15years it disagrees with 60.0%, 20.0%, 20.0% but indifferent in <5years, 5-10years,>15years with 50.0%, 33.3%,16.7% with attitude factor “To decongest tertiary and Secondary health facilities”

Table 13 above shows the association between demographic characteristics and attitude of physiotherapists towards community based rehabilitation. It shows that there is no significant association between age, gender, marital status, level of education, designation and year of clinical experience of the participants and the above mentioned attitudes, except for level of education in the attitude “To increase affordability to PT/Rehabilitative services” (p-value=0.003) and designation in the attitude “To increase accessibility to PT/Rehabilitation services to those in rural areas” (p-value=0.017).

DISCUSSION

The findings of this study revealed that the accessibility to physiotherapy services to those in rural areas and the awareness of physiotherapy received a positive indication for their need. This supports the view of Sharma S., (2007) who also indicated in his study that community rehabilitation programme be emphasized in rural areas as in line with the guide lines developed by the World Health Organisation (WHO) in 2004. Similarly, in a study done by Nualnetr, N. (2009), it was observed that physiotherapy services are mostly needed in rural community due to large number of persons with disabilities. In this study, it was also found that the increase affordability to physiotherapy services is in line with the attitude of physiotherapist towards community based rehabilitation. Igwesi and Okafor (2013), observed that the increase in the affordability of physiotherapy services is quite low as to compare with the result of this work. To decongest tertiary and secondary health facilities was also high in percentage as indicated in this work. In view of this, work done by Dalal, et al., (2001) showed that tertiary and secondary health facilities be distributed to rural areas for the proximity of disabled people.

The proposed barrier factors to Community Based Rehabilitation of lack of interest is seen as high as more than half of a percent. For the physiotherapist who participated in this study also indicated reasons for the barrier as lack of awareness of the need of physiotherapy. To come to terms with these barriers, Tinney et al., (2007) showed that the result of their finding did not refute with the result herein. The unhealthy rivalry among health professionals which the participant noted in this study seems not to agree with the study carried out by Berja, et al., (2007) who observed that the barrier gave little attention. This may suggest that the unhealthy rivalry among health professionals is culturally bound. Lack of interest/commitment by all tier of government, lack of social infrastructure and accessibility (Location/Distance) were another of the barrier kind that this study revealed. A good ground for full participation and involvement of the physiotherapist in community based rehabilitation is also a corresponding response of the government as pointed out by Olaogun, et al., (2009). Job constraint was indicated as a barrier as well as family constraint. This may also disclose the limitedness of one to take the required professional responsibility. Professional exhaustion seems not to be a barrier as the result showed that participants who disagree/strongly disagree was quite high in percentage. This accorded the view of Gomez et al., (2007) who also showed close result. Poor remuneration was observed in this work, as Olaogun, et al., (2009) found similar result.

The result of the study showed that greater number of the physiotherapist that participated in the work strongly agreed that there is high percentage relationship between the increase accessibility to PT/Rehabilitation services in rural areas and barriers, except professional exhaustion which they did not agree to be a barrier. This possibly implies that CBR can be made attractive to physiotherapists by improving the current state of amenities in the rural areas to modern standard and remuneration to rural based physiotherapist improved upon. This is supported by a work by Agarwal & Sharma, (2002), which opined that CBR in developed countries is that of a productive member of the society, satisfaction based on acceptance through positive attitude towards them while those in developing nations such as Nigeria are yet to find a place in the mainstream of social life, away from the usual occupation of begging, due to low school enrolment coupled with ignorance of what they can contribute to the society. It also possibly implies that the negative attitude of physiotherapists towards CBR could be changed by improved interest by all the tiers of government and reduction of job constraint. This is supported by a work done by Samuel, (2015), who stated that CBR is a low-profile job, which gives no additional social status to people already having higher education. The result further showed that reduction in the cost of accessing physiotherapy services will drastically increase the effectiveness of CBR in Nigeria. It also revealed the increasing need to decongest tertiary and secondary health facilities. This possibly implies that there is need to subsidize the cost of physiotherapy services for CBR to become a household name. And there is need for special sensitization of family members that will be actively involved in piloting of CBR. This is in line with the finding of Peters, (2003), which noted that advocates of special education have suggested the adoption of CBR, because in this type of rehabilitation programme the family is the primary trainer while the community as a whole can be mobilized for support, as an alternative to formal schooling. It is also supported by CBR is implemented through the combined efforts of people with disabilities themselves, their families, organizations, communities, and relevant government and non-governmental agencies. Ilo, (2004).

The result revealed that demographic variables such as age have positive relationship with attitude of physiotherapists towards CBR. It shows that increased relationship between age and the quest to increase accessibility to PT/Rehabilitation services to those in rural areas, to increase awareness of PT services, to increase affordability to PT/Rehabilitative services and to decongest tertiary and secondary facilities is higher among physiotherapists within 31-40years old. This possibly implies that fresh graduates of less than 30years of age and those that are old in the profession have similar decreased interest in CBR due to poor enthusiasm, while the very active population(31-40years), showed their drive for professional adventure and enthusiasm for professional development through their responses. To the best of the researchers's knowledge,

there is no work to support or refute these findings.

RECOMMENDATION

There should be improved social amenities in the rural areas to serve as a point of attraction for physiotherapists to help in improving the efficacy and accessibility of community based rehabilitation. Physiotherapists should be sensitized more from their clinical days of the need and necessity of community based rehabilitation. Rural dwellers should be educated of the need for physiotherapy services in their villages. The attention of all the tiers of government should be drawn to the inevitability of community based rehabilitation for the proper development and total health.

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