

Original Research Article

# An Assessment of Community Health Workers' Knowledge, Attitude and Practice of Rehabilitation Services in a Dhaka District Sub-Unit

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## ABSTRACT

**Purpose:** In the world of today around 2.4 billion people need various degrees of rehabilitation. Community health workers are a means of delivering rehabilitative services to these individuals at the level of primary health care. This study aimed to determine the knowledge, attitude, and practice of rehabilitation services by community health workers in a selected sub-unit of Dhaka district in Bangladesh.

**Method:** Simple random sampling technique was used to select 107 community health workers from the Savar region. A cross-sectional design was employed, using a self-administered questionnaire. Bloom's cut-off  $\geq 80\%$ ,  $\geq 90\%$ ,  $\geq 75\%$  was used to determine adequate knowledge, a positive attitude, and good practice, respectively. The data was analysed using SPSS version 25.0.

**Result:** The results showed that a significant proportion of community health workers, specifically 105 (98.1%) and 89 (83.2%), exhibited inadequate knowledge and poor practice. However, it is noteworthy that 87 (81.3%) of them had a positive attitude towards rehabilitation services. A significant statistical association was observed between socio-demographic factors such as age, education, designation, and experience, and the levels of knowledge, attitude, and practice.

**Conclusion:** Overall, although delivery of these services was poor, community health workers had a positive attitude towards rehabilitative services. They need to broaden their knowledge and practice to provide effective rehabilitation services. The current study was constrained by the lack of a standardised questionnaire to assess community health workers' knowledge, attitude, and practice. The findings cannot be generalised as the study was conducted in only one 'upazila' and the situation in other 'upazilas' could differ. Also, discussion from a national perspective was not possible due to dearth of research and literature on the subject in Bangladesh.

**Keywords:** rehabilitation service, community health worker, knowledge, attitude, practice

## INTRODUCTION

The World Health Organisation and World Bank (2011) estimate that 15% of the world's population is impaired. Based on the World Health Survey and Global Burden of Disease estimates, 1 billion people worldwide have severe disabilities (Kostanjsek et al,

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2013). In 2021, 2.4 billion people worldwide will need rehabilitation services. "Rehabilitation is a combination of therapies designed to improve functioning and decrease disability in people with chronic health problems who interact with their environment" (World Health Organisation, 2021).

Rehabilitation's purpose is to maximise function and minimise disability (Bickenbach et al, 2021). Bangladesh, a nation with low and middle income, has a 2.8% disability prevalence rate, with a greater proportion in rural than in urban areas (Islam et al, 2016). While the rehabilitation services are usually available in urban areas, the large population of 76.7% in rural areas have very limited information and access to rehabilitation services (Al Imam et al, 2022). The inadequacy in 4 domains: information, communication, infrastructure and capacity development, affects disability-friendly health services in Bangladesh. Services changes in those domains could be possible if proper measurement is taken from the community level (Torsha et al, 2022). A primary factor contributing to this situation is the acute lack of workers with rehabilitation experience and knowledge.

This might be enhanced by providing affordable, short-term training to mid-level therapists/ workers (Stanmore & Waterman, 2007). Bangladesh has developed many community-based health workers in recent years in purpose of basic health-care services (Mubin et al, 2021). CHCPs, HAs, and MHVs are responsible for promoting, preventing, and providing services such as limited clinical services, rehabilitation, palliative care, and referral to their community in the fields of maternity, newborn, paediatric, and adolescence care, contraception, nutritional, and infectious and non-infectious disease prevention and treatment. CHCPs and MHVs help HAs, accountable for the day-to-day operations of CCs and delivering necessary medical care. Along with their duties at the CCs, CHCPs, HAs, and MHVs are mandated to organise home visits, maintain registries of clients and pregnant women, and deliver vaccines at home.

As a result, they have a greater chance of identifying rural residents who may have disability and need rehabilitation services (Directorate General of Health Services - DGHS, 2019). It has been suggested that community-based service delivery approaches be used to address the rehabilitation workforce shortage (World Health Organisation, 2010). So, it could be a game changing factor if this work force is utilised properly to facilitate persons with disability with rehabilitative services in their community.

Community health workers are the first to visit clients and can greatly improve rural rehabilitation programmes. A rehabilitation service approach is needed for rural-urban healthcare referrals (Nesbit & Clark, 2019a). Insufficient information can affect CHCP, HA, and MHV rehabilitation service practices and attitudes. There is currently a shortage of data on the knowledge, attitude and practice (KAP) levels of community health workers, which is critical for developing a systematic rehabilitation service strategy in community settings (Islam et al, 2015).

## OBJECTIVE

This research aimed to examine rehabilitation KAP among community health workers that are related to delivery of services, in order to identify gaps and make relevant policy recommendations.

## METHOD

### Study Design and Site

The study design employed was a cross-sectional survey conducted in Savar *Upazila*. The *Upazila* is approximately 24 kilometres (15 miles) northwest of Dhaka and is home to about 1,387,426 people.

## Participants

The study sample consisted of 107 community health workers. As per the report provided by Md. KhalekHossain, an office assistant at the Upazila Health Complex in Savar, there are around 230 operational community health workers in the region.

## Sampling

Simple random sampling technique was used to select participants who met all the inclusion criteria. The study included:

- Community healthcare providers, health assistants, and multipurpose health volunteers who were practising in community clinics located in Savar.
- Participants were between 18 and 65 years of age.
- Those who were expressed their willingness to participate and provided informed consent.

## Data Collection

Face-to-face interviews were conducted with the 107 participants. The survey instrument from another study on community health workers – ‘Knowledge, Attitude, and Practise about malaria prevention’ (Habimana et al, 2016) - was adapted and modified to fit the context. It comprised 11 items on knowledge, 4 items on attitude, and 9 items on practise regarding rehabilitation services. In the context of knowledge-related inquiries, a correct response was assigned a score of ‘1’, while an incorrect response was assigned a score of ‘0’. The anticipated upper limit of the knowledge score was 33. An elevated score indicated a satisfactory level of comprehension regarding rehabilitation services. The authors modified Likert-item questions appropriately to assess attitudes in the context of rehabilitation services. The participants' responses were measured on a Likert scale consisting of 5 points: ‘strongly agree’, ‘agree’, ‘neutral’, ‘disagree’, and ‘strongly disagree’. Each point on the scale was assigned a score of ‘1’ for each positive statement. A question was reversed to reduce biases. Questions related to practise were assigned a score of ‘1’ for a correct response and ‘0’ for an incorrect response. The KAP levels of community health workers were measured on Bloom’s cutoff point accordingly:  $\geq 80\%$  ( $\geq 26$  points out of 33),  $\geq 90\%$  ( $\geq 3$  points out of 4), and  $\geq 75\%$  ( $\geq 6$  points out of 9) were used to determine adequate knowledge, positive attitude, and good practise, respectively (Ashebir et al, 2022).

## Data Analysis

A pretest of the questionnaire was conducted on a representative subset of 10% of the sample, and any necessary adjustments were subsequently implemented. The statistical analysis was conducted using SPSS version 25.0. The socio-demographic data and knowledge, attitudes, and practises of the study population were analysed using descriptive statistics, including measures such as frequency and proportion. The study conducted a chi-square test of independence to investigate the potential association between the socio-demographic characteristics of participants and their knowledge–attitude–practice levels. The analysis used a significance level of 5%, indicating that any p value  $<0.05$  was considered significant at a confidence interval of 95%.

## Ethical Considerations

The "Bangladesh Health Professions Institute" Research Ethics Committee granted clearance (memo no. CRP/BHPI/IRB/09/2021/492) for the survey. The research was carried out in accordance with the principles outlined in the Declaration of Helsinki. The survey was structured to ensure anonymity, confidentiality of the data was maintained, and the outcomes did not reveal the identities of the participants.

## RESULTS

### Socio-Demographic Characteristics of Respondents

The study achieved a response rate of 100% (n=107), with 65 (60.7%) of the respondents identifying as female and 42 (39.3%) identifying as male. Most of the participants, comprising 86 individuals (80.4%), were within the age range of 21 - 40 years. As per the data, 19 individuals (17.8% of the sample) were below the age of 20. Only 2 participants (1.9% of the sample) fell within the age range of 41- 60 years. The level of education of the participants was categorised as follows: SSC (n=20, 18.7%), HSC (n=58, 54.2%), Bachelor's degree (n= 16, 15.0%), Master's degree (n=11, 10.3%), and other qualifications (n=2, 1.9%). The allocation of individuals was computed for CHCP (n=15, 14.0%), MHV (n=82, 76.6%), and HA (n=10, 9.3%). The study revealed that the majority of participants, comprising 76.6% (n=82), had work experience ranging from 1 to 5 years. A smaller proportion of participants, comprising 17.8% (n=19), had work experience ranging from 6 to 10 years, while only 5.6% (n=6) had work experience exceeding 10 years. (see table 1)

**Table 1:** Socio-Demographic Characteristics of the Study Participants (N=107)

Variables	Number (n = 107)	Percentage (%)
Gender		
Male	42	39.3
Female	65	60.7
Age		
Less than 20 years	19	17.8
21-40 years	86	80.4
41-60 years	2	1.9
Educational Level		
SSC	20	18.7
HSC	58	54.2
Bachelor's Degree	16	15.0
Master's Degree	11	10.3
Others	2	1.9
Designation		
CHCP	15	14.0
MHV	82	76.6
HA	10	9.3
Work Experience		
1-5 years	82	76.6
6-10 years	19	17.8
More than 10 years	6	5.6

### Assessment of Community Health Workers' Knowledge about Rehabilitation Services

It was found that only 2 participants (1.86% of the sample) possessed knowledge that could be considered adequate ( $\geq 80\%$ ). In contrast, the remaining 105 participants (98.1% of the sample) demonstrated knowledge that fell below the adequate level ( $<80\%$ ). Table 1 reveals that a notable proportion of participants, specifically 87 (81.3%) and 76 (71%) respectively, identified physical disability and speech disability as distinct categories of disability. Moreover, the participants identified mental illness as a type of disability in approximately 69 (64.5%) of the cases. The incidence rate of disability for cerebral palsy and Down syndrome were found to be 8 (7.5%) and 6 (5.6%) respectively. The significance of identifying disability types was assessed, and the findings indicate that 87 participants

(81.3%) recognised the importance of early intervention, while 79 (73.8%) acknowledged the role of creating awareness. It was observed that referral was performed by the minimum number of 38 individuals (35.5% of the sample). In relation to rehabilitation service providers, 80 (74.8%) of the respondents identified as physiotherapists, followed by nutritionists who were 45 (42.1%) in number, and speech and language therapists numbering 42 (39.3%). Occupational therapists, prosthetics and orthotics professionals, and other professionals constituted 29.9% (32), 10.3% (11), and 1.9% (2) of the sample, respectively. The findings of the study indicate that a proportion of the participants, specifically 19.6% (21) and 10.3% (11), exhibited positive responses towards laws that concern the protection and welfare of people with disabilities. (see table 2)

**Table 2:** Knowledge about Rehabilitation among Community Health Workers

Statement	N	Correct		Incorrect	
		n	%	n	%
K1. What type of disability do you use to identify?					
Autism of autism spectrum disorders (ASD)	107	24	22.4	83	77.6
Physical disability	107	87	81.3	20	18.7
Mental illness leading to disability	107	69	64.5	38	35.5
Visual disability	107	67	62.6	40	37.4
Speech disability	107	76	71	31	29
Intellectual disability	107	61	57	46	43
Hearing disability	107	52	48.6	55	51.4
Deaf blindness	107	22	20.6	85	79.4
Cerebral palsy	107	8	7.5	99	92.5
Down syndrome	107	6	5.6	101	94.4
Multiple disability	107	10	9.3	97	90.7
Other disability	107	15	14	92	86
K2. Why it is important to identify the types of disability?					
To provide early intervention	107	87	81.3	20	18.7
To do appropriate referral	107	38	35.5	69	64.5
To supports their rights	107	39	36.4	68	63.6
To create awareness	107	79	73.8	28	26.2
Others	107	21	19.6	86	80.4
K3. Who provides rehabilitation services?					
Physiotherapist	107	80	74.8	27	25.2
Occupational Therapist	107	32	29.9	75	70.1
Speech & Language Therapist	107	42	39.3	65	60.7
Prosthetics & Orthotics	107	11	10.3	96	89.7
Psychologist	107	34	31.8	73	68.2
Nutritionist	107	45	42.1	62	57.9
Doctor/ General Physician	107	36	33.6	71	66.4
Others	107	2	1.9	105	98.1
K4. Are you able to identify the type of disability?					
	107	107	100	0	0
K5. Is it important to identify the types of disability?					
	107	107	100	0	0
K6. Have you ever received any formal training on disability?					
	107	28	26.2	79	73.8
K7. Do you know about Persons with Disabilities' Rights and the Protection Act 2013?					
	107	21	19.6	86	80.4

K8. Do you know about Protection of Persons with Neuro-developmental Disability Trust Act, 2013?	107	11	10.3	96	89.7
K9. Do you know about Bangladesh Rehabilitation Council Act, 2018?	107	4	3.7	103	96.3
K10. According to Bangladesh Rehabilitation Council Act, 2018, do you know what the minimum educational qualification of a Rehabilitation Practitioner is?	107	0	100	107	100
K11. Which ministry manages rehabilitation services?	107	32	29.9	75	70.1

### Assessment of Community Health Workers’ Attitudes towards Rehabilitation Services

Among the 107 participants, a majority of 87 individuals (81.3%) exhibited a positive attitude, which was defined as a score of 90% or higher. The minority, specifically 20 individuals (18.7%), exhibited a negative attitude. A significant proportion of the community health workers, specifically 105 (98.1%), were of the positive view that the community level is an ideal platform for the promotion of rehabilitation services. A substantial majority of community health workers, specifically 96 individuals (89.7%), exhibited a positive attitude towards the theory that people with disabilities require rehabilitation services to enhance their overall quality of life. The majority of community health workers, i.e., 85 individuals (79.4%) agreed that referrals are important for ensuring appropriate treatment. Conversely, a minority cohort of 46 community health workers exhibited a positive attitude, comprising 43.0% of the total sample. (see table 3)

**Table 3:** Attitude towards Rehabilitation among Community Health Workers

Statement	N	Correct		Incorrect	
		n	%	n	%
A1. To improve quality of life, person with disability needs rehabilitation service	107	96	89.7	11	10.3
A2. One of the means of expanding rehabilitation services is to promote at the community level	107	105	98.1	2	1.9
A3. Practice of referrals is crucial for appropriate treatment of clients	107	85	79.4	22	20.6
A4. The provision of rehabilitation services does not necessitate the involvement of rehabilitation service providers at the outset	107	46	43.0	61	57

### Assessment of Community Health Workers’ Practise of Rehabilitation Services

All participants (n=107) reported serving a maximum of 10 persons with disabilities per week, indicating a positive practise. Approximately 55.1% of the participants, specifically 59 individuals, opted to refer them to an alternate organisation. Surprisingly, none of the individuals surveyed (0%) possessed any documentation pertaining to disability and rehabilitation legislation. Only a small proportion of the sample, specifically 6 individuals (5.6%), adhered to the guidelines outlined in the Persons with Disabilities Rights and the Protection Act of 2013, which require the identification of various types of disabilities. (see table 4)

**Table 4:** Practice of Rehabilitation among Community Health Workers

Statement	Correct			Incorrect	
	N	n	%	n	%
P1. Do you have copies of all the laws related to disability and rehabilitation?	107	0	0	107	100
P2. Have you read the laws in the last six months?	107	14	13.1	93	86.9
P3. Do you know all the current news or information about disability and rehabilitation?	107	33	30.8	74	69.2
P4. Do you screen disability?	107	41	38.3	66	61.7
P5. Do you provide any type of emergency treatment for people with disabilities?	107	43	40.2	64	59.8
P6. Do you separate disabilities according to Persons with Disabilities' Rights and the Protection Act, 2013?	107	6	5.6	101	94.4
P7. Do you serve any (number) persons with disability in a week?	107	107	100	0	0
P8. Do you refer a person with disabilities to graduate practitioner for his/ her appropriate treatment?	107	25	23.4	82	76.6
P9. Do you refer a person with disabilities to any organisation?	107	59	55.1	48	44.9

**Association between Socio-demographic Variables and KAP**

The findings indicate a significant statistical association between the educational level, job designation, work experience, and KAP levels of the participants. A significant association was observed between educational level and knowledge level ((4, N=107) = 11.5, p = 0.021). The large (or "strong") association between the two variables is indicated by Cramer's V of 0.329 and degrees of freedom = 4. The statistical analysis revealed a significant association between designation and knowledge level ((2, N=107) = 7.04, p = 0.029). The effect size, as measured by Cramer's V of 0.257 and degrees of freedom = 2, indicates a medium (or "moderate") association between the two variables. A significant association was observed between experience and knowledge level ((2, N=107) = 9.91, p = 0.007). The large (or "strong") association between experience and knowledge level was indicated by Cramer's V of 0.304 and degrees of freedom = 2. A significant association was observed between educational level and attitude level ((4, N=107) = 9.70, p = 0.046). The calculated Cramer's V of 0.301 and degrees of freedom = 4 suggest a large (or "strong") association between the two variables. The statistical analysis revealed a significant association between designation and attitude level ((2, N=107) = 7.49, p = 0.024). The effect size, as measured by Cramer's V of 0.265 and degrees of freedom = 2, indicates a medium (or "moderate") association between the two variables. A significant association was observed between experience and attitude level ((2, N=107) = 7.49, p = 0.024). The analysis revealed a medium (or "moderate") association between the two variables, as indicated by Cramer's V of 0.265 and degrees of freedom = 2. A statistically significant association was observed between age and practise level ((2, N=107) = 5.94, p = 0.051). The strength of the association was "moderate", as indicated by Cramer's V of 0.236 and degrees of freedom = 2. A significant association was observed between educational level and practise level, with a chi-square value of (4, N=107) = 15.43 and a p-value of 0.004. The calculated Cramer's V of 0.380 and degrees of freedom = 4 indicate a "strong" association between the two variables. The statistical analysis revealed a significant association between designation and practise level ((2, N=107) = 46.05, p = 0.000). The calculated Cramer's V value of 0.656 and degrees of freedom = 2 indicate a "strong" association between the two variables. The statistical analysis revealed a significant association between experience and practise level, with a chi-square value of 30.06 and degrees of freedom equal to 2, based on a

sample size of 107 participants ((2, N=107) = 30.06, p = 0.000). The strength of the association was considered large or “strong”, as indicated by Cramer's V value of 0.530. (see table 5)

**Table 5:** Association between Socio-Demographic Variables and KAP

Variable	Adequate knowledge Freq (%)	p value	df	Positive attitude Freq (%)	p value	df	Good practice Freq (%)	p value	df
Overall	2.00 (1.86)			87.0 (81.3)			18.0 (16.8)		
Gender									
Male	1.00 (2.38)	0.753	1	32.0 (76.2)	0.275	1	9.00 (21.4)	0.306	1
Female	1.00 (1.53)			55.0 (84.6)			9.00 (13.8)		
Age									
Less than 20 years	0 (0)			17.0 (89.5)			0 (0)		
21-40 years	2.00 (2.32)	0.780	2	68.0 (79.1)	0.455	2	17.0 (19.8)	0.051	2
41-60 years	0 (0)			2.00 (100.0)			1.00 (50.0)		
Education									
SSC	0 (0)			14.0 (70.0)			1.00 (5.00)		
HSC	0 (0)			45.0 (77.6)			6.00 (10.3)		
Bachelor’s Degree	2.00 (12.5)	0.021	4	16.0 (100)	0.046	4	7.00 (43.8)	0.004	4
Master’s Degree	0 (0)			11.0 (100.0)			4.00 (36.4)		
Others	0 (0)			1.00 (50.0)			0 (0)		
Designation									
CHCP	1.00 (6.66)			15.0 (100)			4.00 (26.7)		
MHV	0 (0)	0.029	2	62.0 (75.6)	0.024	2	5.0 (6.09)	0.000	2
HA	1.00 (10.0)			10.0 (100)			9.00 (90.0)		
Experience									
1-5 years	0 (0)			62.0 (75.6)			5.00 (6.09)		
6-10 years	1.00 (5.26)	0.007	2	19.0 (100)	0.024	2	9.00 (47.4)	0.000	2
More than 10 years	1.00 (16.7)			6.00 (100)			4.00 (66.7)		

## DISCUSSION

### Socio-Demographic Characteristics

The study found that most community health workers (80.4%) were between 21 and 40 years of age, while the least number (1.9%) were between 41 and 60 years old. It indicates that most community health workers were in the early to middle-age group. According to a study conducted in Kenya, most community health workers were between the ages of 31 and 40 (59.3%), with only 4.2% over the age of 50 (Crispin et al, 2012).

According to a report, globally there are 70% of female community health workers in service, whereas there are only 12% of male community health workers. Similar findings are presented in this study. Females made up the majority of community health workers in the sample (60.75%). This demonstrates that women are prioritised as primary health care providers in impoverished countries such as Bangladesh (Lehmann & Sanders, 2007). According to a study conducted in South Asia by Roy (2020), the minimal educational requirement for community health workers is schooling for MHVs and the 12th grade for HAs and CHCPs. This study found that the majority of community health workers (54.2%) had completed the Higher Secondary Certificate or 12th grade, whereas only a handful (18.7%) had completed the Secondary School Certificate (Roy, 2020).



According to the study's findings, 79.9% of community health workers had worked for 3–5 years, 10.6% for 6–10 years, and 4.2% for more than 10 years as community health workers. Only 5.1% of respondents had less than 3 years of work experience. A similar result was identified in this study, where 76.6% of community health workers had worked for 1–5 years, 17.8% had worked for 6–10 years, and 5.6% had worked for more than 10 years (Crispin et al, 2012).

### Level of Knowledge

The findings indicated that only 1.9% of the community health workers in this study possessed adequate knowledge about rehabilitation services, while 98.1% possessed inadequate knowledge. This demonstrates that most of the community health workers lacked a basic understanding or appropriate knowledge of rehabilitation services. In southeast Africa, it was revealed that community health workers lacked adequate knowledge regarding rehabilitation; however, most participants obtained adequate knowledge following a five-year rehabilitation training programme (Nesbit & Clark, 2019b). The current study examines a comparable scenario. There are several probable explanations for these respondents' inadequate total knowledge level.

It is considered that factors such as educational level, designation, and work experience may influence one's level of knowledge. The current investigation discovered a statistically significant association between knowledge and educational qualifications. More education was associated with improved knowledge across all metrics except client enablement. The findings of a study conducted in Nigeria seem similar to these findings, in that a literate community can improve their knowledge and provide better services (Ande et al, 2004).

Additionally, it is possible to hypothesize that an individual's designation and work experience is related to his/her knowledge. The HAs (10%) and CHCPs (6.7%) have adequate knowledge, while the MHVs (0%) demonstrate adequate knowledge. Regrettably, a large proportion of community health workers lacked adequate knowledge. Additionally, 16.7% of those with more than 10 years of job experience had adequate knowledge, while 5.3% with 6 to 10 years of work experience had adequate knowledge. Most of the participants with different educational backgrounds showed an inadequate level of knowledge. This research found a substantial association between knowledge, education, designation, and work experience. In another study, inadequate knowledge was identified as a barrier to community health workers offering high-quality services in the community (Kane et al, 2016). Because rehabilitation is a critical component of basic healthcare, community health workers are the primary conduits for providing healthcare to community members. Thus, this study's outcome reflects a lack of proper knowledge on the part of community health workers regarding rehabilitation services, which must be addressed immediately.

### Level of Attitude

The findings showed that most community health workers held a positive attitude towards rehabilitation programmes. It was found that they are concerned about community rehabilitation needs but cannot address them due to a deficiency of knowledge and resources. Educational attainment is considered to be associated with attitude. Additional analysis confirmed this. There was a strong association between attitude and educational qualifications. Most community health workers (81.3%) with varying educational backgrounds demonstrated a positive attitude towards rehabilitation services. As a result, they recognised the critical nature of rehabilitation services. A study by Paterson et al (1999) examined the attitudes of South Indian community-based rehabilitation (CBR) professionals towards people with disabilities and found that 80.3% had completed their Higher School Certificate, 11% had earned a Bachelor's degree, and 6.5% had earned a Master's

degree. Additionally, this study suggested that the educational quality of community health workers is a possible indicator of attitude (Paterson et al, 1999).

The current study showed an association between attitude level and the designation of the participants. A large number of participants designated as MHV (75.6%) showed a positive attitude. Besides, there is an association between the attitude level and the work experience of the participants. Many participants, specifically 75.6% who had experience ranging from 1 - 5 years, exhibited a positive attitude.

### Level of Practise

There was an association between age, education levels, designation, and work experience. The findings of this survey indicated that a total of 16.8% of community health workers have good levels of practise; in contrast, 19.8% were between 21 and 40 years of age. As for education level, 43.8% had a Bachelor's degree, 36.4% had a Master's, 10.3% had a high school certificate, and 5% had passed the secondary school exam. Despite their varied educational backgrounds, most community health workers (83.2%) engaged in poor rehabilitative practises. According to a survey done in Kenya (Olive et al, 2018), 73.7% said that the knowledge gained improved their job performance; simultaneously, 77.0% believed their training was sufficient to fulfil their obligations as community health workers. These findings indicate the need for training to enhance community health workers' practise of rehabilitation services.

According to respondent designation, 90% of HAs, 26.7% of CHCPs, and 6.09% of MHVs engaged in good practise. Additionally, 66.7% of respondents with more than 10 years of work experience followed good practise, 47.4% with 6-10 years experience and 6.09% with 1-5 years experience also did the same. It demonstrates an increasing association between the number of working years and the level of practise. There was a significant association between level of practise, age, education, designation, and job experience. Community health workers with HA and CHCP designations performed better than others. It appears therefore, that more work experience influences good practise by community health workers.

### Limitations of the Study

One limitation was generalisability of the findings. This study was conducted in a particular '*Upazila*' and the findings may not apply to all other '*Upazilas*'. Also, it was not possible to discuss the issue from a national perspective due to insufficient literature and dearth of research in this field in Bangladesh.

## CONCLUSION

Overall, the community health workers in the study sample exhibited inadequate knowledge of rehabilitation services, had positive attitudes, and were poor when it came to practise. Thus, it is concluded that they lacked sufficient knowledge and that their practise of providing rehabilitation services was unsatisfactory. The study found a significant association between knowledge, attitude, practise (KAP) and socio-demographic data. Age, educational qualifications, designation, and work experience had a significant association with KAP.

These findings imply that knowledge, attitude, and practise are all interrelated. It is suggested that community health workers be brought up-to-date on knowledge, training, and information regarding rehabilitation services. To this end, the following recommendations are made:

- 1) Policymakers, stakeholders, the ministry, and the government should exercise greater caution and recognise the importance of rehabilitation services within primary health care.
- 2) Existing rehabilitation and disability laws should be implemented expeditiously.

3) Regular training, resources, and information should be arranged to enhance the community health workers' knowledge, attitude, and practise of rehabilitation services.

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