

Health Care Professionals' Perspectives and Awareness Regarding Women's Health Physiotherapy Services

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Abstract

Background: Women's health physiotherapy addresses unique physical and emotional needs, yet awareness among healthcare professionals is low, highlighting the need for targeted education and engagement.

Objectives: The study examines healthcare professionals' perceptions and awareness of women's health physiotherapy services in the Obstetrics and Gynecology clinic at Federal Medical Centre Asaba, Nigeria, identifying access barriers, assessing knowledge about specific conditions, and assessing physiotherapy's importance.

Methodology: This study employed a descriptive cross-sectional survey involving one hundred and eight participants which constituted of sixty-six {66} nurses, thirty-six {36} physicians, five {5} pharmacists and one {1} medical laboratory scientist. A purposive sampling technique was used to select the study participants.

Results: Results show that 56.5% of health care professionals had moderate knowledge of the roles of women's health physiotherapy, with a positive to neutral (36.4%) attitude towards involvement of women's health Physiotherapists in the management of obstetrics and gynecology conditions and only 38.2% of Physicians that participated in this study refer patients for women's health physiotherapy.

Conclusion: The study underscored the necessity for enhancing education and awareness about women's health physiotherapy among healthcare professionals. By addressing knowledge gaps and improving interdisciplinary communication, the healthcare community can better support women's health needs. Future initiatives should focus on developing training programs that emphasize the importance and benefits of physiotherapy in managing women's health issues.

Keywords: women's health; physiotherapy services; health care professionals; awareness; barriers to access; interdisciplinary communication; obstetrics and gynecology

Introduction

The 2030 Agenda for Sustainable Development places significant emphasis on reproductive health as a key component necessary for achieving its overarching objectives [1]. According to the World Health Organization, an alarming statistic reveals that around 830 women lose their lives each day due to preventable complications related to pregnancy and childbirth [2]. The definition of reproductive health provided by the International Conference on Population Development (ICPD) encompasses not only the absence of disease or infirmity but also a holistic state of physical, mental, and social well-being in all aspects relating to the reproductive system and

its associated functions. While there has been a noticeable decline in maternal mortality rates globally over recent decades, this issue remains a persistent challenge, particularly in developing countries like Nigeria, where access to adequate healthcare and resources continues to be limited. As the international community strives to address these concerns, it becomes increasingly evident that ensuring comprehensive reproductive health services is vital for safeguarding the well-being of women and promoting sustainable development across various regions [1].

A woman's overall health is intricately tied to her unique biological characteristics as well as the sociocultural, economic, and physical conditions

surrounding her. These interrelated elements significantly influence not only the length of her life but also her quality of existence [3]. The central goal is to improve the quality of the extra years she gains, ensuring that they are filled with health and productivity. In the same vein, heightened care during pregnancy can substantially reduce rates of infant mortality. The United Nations has indicated that approximately 40 percent of fatalities occurring within the first 28 days after birth are preventable [1]. The 2030 Agenda for Sustainable Development outlines several critical targets focused on reproductive health, emphasizing the necessity of ensuring universal access to comprehensive sexual and reproductive healthcare services [3]. This includes not only family planning but also the dissemination of vital information and education concerning reproductive health. Moreover, it calls for the integration of these essential health services into national strategies and programs by the year 2030 [3]. The agenda underscores the importance of guaranteeing universal access to sexual and reproductive health and safeguarding reproductive rights. Additionally, one of the primary objectives is to significantly lower the global maternal mortality rate to below 70 deaths per 100,000 live births. The initiative also aims to eliminate preventable deaths among newborns and children under five years of age while addressing harmful practices such as child marriage, early and forced matrimony, and female genital mutilation, which remain critical challenges in achieving overall reproductive health and rights [3]. Women's health physiotherapy is a specialized area within the field of physiotherapy that focuses on various health issues specifically affecting women throughout their lives. This specialty encompasses a broad range of concerns, from those related to childbearing years, such as pregnancy and postpartum challenges, to issues associated with menopause and aging. Practitioners in this field undergo additional training to address these unique health needs, offering services that promote health, prevent problems, and facilitate rehabilitation [4]. Over time, the focus of women's health physiotherapy has expanded to address a wider array of issues, including incontinence, pelvic pain (whether vaginal or musculoskeletal), and other conditions that can impact women's wellness. By providing education and resources geared toward prevention and overall health maintenance, women's health physiotherapy plays a

crucial role in enhancing the quality of life for women at all stages of life.

A woman's health physiotherapist is necessary for a variety of problems that affect women. The following are a few of these: hysterectomy, postpartum depression, osteoporosis, post-mastectomy difficulties, pelvic organ prolapse, pre- and postoperative complications, developmental/neurological disorders, urine incontinence, and postnatal musculoskeletal dysfunctions [5, 6]. Physiotherapy for women's health is important for all of these ailments. However, because other healthcare providers are not as familiar with physiotherapy's role, physiotherapy treatment and services are frequently disregarded for people with these disorders [6]. Because there are rarely early referrals for physiotherapy, patients in Nigeria often suffer from the complications that arise with these conditions. Professional associations have produced guidelines recommending multidisciplinary approach to patient care in order to achieve optimal results.

In order to help healthcare personnel, understand each other's duties and provide the best possible care for patients, excellent communication is therefore necessary [7]. It may be possible to effectively use women's health physiotherapy's professional skills if one has the correct mindset and understanding of the duties of various healthcare experts [7].

It is imperative that healthcare workers adopt a collaborative approach, as underutilization of this strategy frequently results in subpar patient treatment and satisfaction [8, 9]. The utilization of other healthcare experts is hampered by a lack of collaboration. Poor referral practices were linked to negative attitudes and a lack of awareness about the functions of women's health physiotherapists, according to previous studies [10]. Few referrals were made with prescriptions, which are occasionally disregarded because of the bureaucracy required. The southeastern region of Nigeria appears to have less data, despite multiple studies demonstrating the good understanding and favorable views of medical practitioners toward the functions of women's health physiotherapy and a wealth of research indicating that healthcare professionals in southwestern Nigeria possess a solid understanding and positive attitudes regarding the functions of women's health physiotherapy, there is a noticeable lack of similar information from the southeastern region [4, 11]. This gap is significant, as health systems and cultural

beliefs can vary greatly across different geographical locations, which may impact how health services are delivered and perceived. To address this issue, the current study seeks to evaluate the knowledge and attitudes of healthcare professionals, particularly those working in the obstetrics and gynecology department at the Federal Medical Centre in Asaba, Delta State, Nigeria. By examining the perception and utilization of women's health physiotherapy in this context, the research aims to highlight regional differences that could inform better practices and improved educational strategies within the field, ultimately contributing to enhanced healthcare for women in this part of Nigeria.

Materials and methods

The study employed a descriptive cross-sectional survey involving one hundred and eight participants. The study became necessary following repeated resistance from the Department of Obstetrics and Gynaecology in accommodating physiotherapy involvement and management of Obstetrics and Gynaecology cases and the frequent litigations against the Hospital bothering on negligence and mismanagement of patients in the Department of Obstetrics and Gynaecology, Federal Medical Centre, Asaba, Delta State, Nigeria.

A purposive sampling technique was used to select the study participants. The Sample size was calculated using an online Raosoft calculator with a margin error set at 5%, 95% confidence level, with a population size of 157 and response distribution of 50%. Therefore, the Sample size was 112. Data was analyzed using descriptive statistics of frequency, percentages and chi-square inferential statistics. The statistical significance level was set at $p < 0.05$.

Study setting

Federal Medical Centre, Asaba is a federal tertiary health institution located in the capital city of Delta State. It occupies a strategic position as it receives referrals from all parts of the states and outside the states. The Department of Obstetrics and Gynaecology is accredited for post-graduate residency training. A search on the Hospitals websites did not reveal much about the department but it's on record that the department has several litigations from patients in time past but efforts are being made to position the department as a referral centre of excellence nationally. Asaba is situated along the bank of the River Niger with the Niger Bridge linking it

with Onitsha in Anambra State. The historic River Niger is a trans-African link beginning from East Africa and down into the Atlantic Ocean. Asaba forms a connector between western, eastern and northern Nigeria through the River Niger from the north and via the Asaba Niger Bridge, an east-west link and a Nigeria landmark. It lies approximately 6 degrees north of the equator and about the same distance east of the meridian; about 100 miles north of where the River Niger flows into the Atlantic Ocean. Since becoming the Delta State capital, Asaba has grown in population to over half a million people and now maintains a cosmopolitan population of predominantly non-indigenous People.

Study population

This study was carried out in the Department of Obstetrics & Gynecology in collaboration with the Department of Physiotherapy, Federal Medical Centre Asaba. The participants were Obstetrics and Gynaecology specialists, resident doctors and medical officers, nurses, pharmacists and medical laboratory scientists in the Department of Obstetrics and Gynaecology.

Sample size

The Sample size was calculated using an online Raosoft calculator with a margin error set at 5%, 95% confidence level, with a population size of 157 and response distribution of 50%. Therefore, Sample size was 112.

Instruments

The study instrument was a structured questionnaire adapted from standardized questionnaires from previous studies. The questionnaires were in four sections; demographic characteristics, HCPs' knowledge of the roles of women's health physiotherapy in Obstetrics and gynecologic conditions, Attitudes of health care professionals towards the involvement of women's health physiotherapists in obstetrics and gynaecology and utilization of women's health physiotherapy services. The utilization of women's health physiotherapy was tested only on the physicians as they are the only professionals with the sole rights of referrals of patients. The knowledge, attitude and utilization scales were in Likert format, and three open-ended questions were asked for cases often referred by the physician. A Chief physiotherapist, a data analyst and a statistician checked for the questionnaire's face and content validity and reliability. Written informed

consent was obtained from the participants. The questionnaire was anonymous.

Ethical approval

Ethical approval was obtained from the research ethics committee, Federal Medical Centre Asaba, Delta state.

Results

Demographic characteristics of study participants

Table 1: Demographic characteristics of participants

Variable	Frequency	Percentages
Age (years)		
21-25	9	8.3
26-30	13	12
31-35	26	24.1
36-40	39	36.1
41-50	19	17.6
Above 50	2	1.9
Gender		
Male	36	33.3
Female	72	66.7
Profession		
Pharmacist	5	3.7
Nurse	66	61.7
Medical lab scientist	36	33.6
Doctor	36	33.6
Education		
First degree	73	69.5
Postgraduate	21	20
Fellowship	11	10.5
Years of practice		
3-Jan	21	19.4
6-Apr	8	7.4
10-Jul	37	34.3
Greater than 10	42	38.9

A total of 108 participants completed this survey out of the one hundred and twelve (112) questionnaires distributed, four could not be retrieved. Of the 108 participants, nurses constituted 61.7%, physicians 33.6%, pharmacists 3.7%, and medical laboratory scientists 0.9%. The age range of participants was 21-50 years (modal age 36-40). Regarding years of practice, respondents with 1-3 years, 4-6 years, 7-10 years and >10 years of practice constituted 19.4%, 7.4%, and 34.3% respectively, most participants (38.9%) had more than ten years of practice.

Knowledge of HCPs in O&G about the roles of women's health physiotherapy

The result showed that most of the participants (56.5%) had moderate knowledge of women's health physiotherapy, 17.6% had poor knowledge and 25.9% had good knowledge.

Table 2: HCP's level of knowledge of women's health physiotherapy

Variable	Frequency	Percentages
Level of knowledge	19	17.6
Poor	16	56.5
Moderate	28	25.9

The attitude of HCPs towards roles of women's health physiotherapy

The attitude of HCPs in Obstetrics and gynaecology about women's health physiotherapy was assessed in this study. Table 3 shows that most respondents had

either neutral or positive attitudes towards women's health physiotherapy. However, a good proportion of them (27.3%) had a negative attitude.

Table 3: Attitude of HCPs towards women's health physiotherapy

Variable	Frequency	Percentages
Level of attitude		
Negative	27	27.3
Neutral	36	36.4
Positive	36	36.4

HCP (physician) involvement of women's health physiotherapy services

This study explored the level of involvement of physiotherapy services among the physicians who

participated in this study. Over 61% of the physicians rarely refer patients for physiotherapy services, while 38.2% refer them regularly.

Table 4: Utilisation of physiotherapy services by the doctors

Variable	Not at all n(%)	Rarely n(%)	Occasionally n(%)	Regularly n(%)
Do you refer patients to the physiotherapist?	0(0.0)	9(26.5)	23(67.6)	2(5.9)
Do you refer cases with prescriptions of what to be done?	4(11.8)	8(23.5)	22(64.7)	0(0.0)
Do you request feedback on patients referred?	2(5.9)	6(17.6)	17(50.0)	9(26.5)
Do you practice interprofessional communications with the physiotherapist regarding the referral?	0(0.0)	16(47.1)	13(38.2)	5(14.7)
Do you receive referrals from the physiotherapist?	26(76.5)	6(17.6)	2(5.9)	0(0.0)

Association between knowledge of and attitude towards the roles of women's health physiotherapy and the involvement of physiotherapy services

Pearson's tests for independence were carried out to determine the association between the physicians' knowledge and attitude of roles in women's health physiotherapy, and their involvement of physiotherapy services in the management of patients. From the result of the analysis, there was a significant

association between the knowledge and involvement of physiotherapy services ($X^2=5.3(1)$, $p=0.02$). There was also a significant association between involvement of physiotherapy services and attitude towards women's health physiotherapy ($X^2=14.2(2)$, $p=0.00$). The knowledge of the roles of HCPs was dichotomized into good and poor to check for the association of parameters.

Table 5: Association between Knowledge, attitude, and involvement of physiotherapy services

Variable	Pvalue	Utilisation		X ² (df)
		Rarely n(%)	Regularly n(%)	
Knowledge	0.02*			5.3(1)
	Poor	0(0.0)	3(8.8)	
	Good	21(61.8)	10(29.4)	
Attitude	0.00*			14.2(2)
	Negative	2(5.9)	8(23.5)	
	Neutral	8(23.5)	5(14.7)	
	Positive	11(32.4)	0(0.0)	

Note: * Denotes significance with *p*-value less or equal to 0.05

Association between knowledge of the roles of women's health physiotherapy and domains of involvement of physiotherapy services

Pearson's chi-square tests for independence were carried out to assess the association between the doctors' knowledge of the roles of women's health physiotherapy and their involvement of physiotherapy services in Obstetrics and gynaecology cases. There was a significant association between the knowledge of the roles of women's health physiotherapy and referral practices of the physicians who participated in this study ($p=0.00$) and a request for feedback on patients referred ($p=0.03$). There was no significant association between the knowledge and other domains of the involvement of physiotherapy services (see Table 6).

Table 6: Association between knowledge and involvement of physiotherapy services

Variable	Knowledge		X ² (df)	P value
	PK n(%)	GK n(%)		
Do you refer O & G cases to the physiotherapist			9.1(2)	0.01*
Rarely	3(8.8)	6(17.6)		
Occasionally	0(0.0)	23(67.6)		
Regularly	0(0.0)	2(5.9)		
Do you refer cases with prescriptions of what to be done?			1.8(2)	0.41
Not at all	0(0.0)	4(11.8)		
Rarely	0(0.0)	8(23.5)		
Occasionally	3(8.8)	19(55.9)		
Do you request feedback on patients referred?			9.14(3)	0.03*
Not at all	0(0.0)	2(5.9)		
Rarely	0(0.0)	6(17.6)		
Occasionally	0(0.0)	17(50.0)		
Regularly	3(8.8)	6(17.6)		
Do you practice interprofessional communications with the physiotherapist regarding the referral?			5.3(2)	0.07
Rarely	0(0.0)	16(47.1)		
Occasionally	3(8.8)	10(29.4)		
Regularly	0(0.0)	5(14.7)		
Do you receive referrals from the physiotherapist?			1.0(2)	0.63
Not at all	3(8.8)	23(67.6)		
Rarely	0(0.0)	6(17.6)		
Occasionally	0(0.0)	2(5.9)		

Note: * Denotes significance with *p*-value less or equal to 0.05

Common O&G cases referred to women's health physiotherapy

The medical physicians were asked to list three cases they usually refer to physiotherapy. The common conditions are pelvic organ prolapse, urinary and faecal incontinence, pubic symphysis diastasis, obstetric palsy, and eclampsia with cerebrovascular accident. Table 7 provides a comprehensive list of women's health conditions referred to physiotherapy.

Table 7: Conditions commonly referred to physiotherapy by the doctors

Condition	Frequency	Percentages
Pelvic Organ Prolapse	34	94.4
Symphyseal Diastasis	25	69.4
Faecal and Urinary Incontinence	30	83.3
Obstetric Palsy	11	30.5
Eclampsia and complication	7	19.4
Pelvic and pudendal nerve injuries	4	11.1

Complications of prolonged labour (e.g., foot drop)	5	13.9
Chronic back pain	30	83.3
Neuromyalgia	2	5.6
Birth trauma	1	2.8
Respiratory complications	1	2.8

Discussion

This study aimed to explore the knowledge and attitude of HCPs in Obstetrics and Gynaecology about the roles of women's health physiotherapy, and how physicians' knowledge about the roles of women's health physiotherapy in Obstetrics and Gynaecology influences their involvement of physiotherapy services at Federal Medical Centre, Asaba. Regarding the role of Physiotherapists in women's health, 82% of respondents, and 17.6% had moderate-to-high knowledge and poor knowledge, respectively. In addition, 73% of respondents had positive-to-neutral attitudes toward women's health physiotherapists and 27% demonstrated negative attitudes. Only very few physicians refer patients to women's health Physiotherapists regularly with most referrals including prescriptions. All the physicians practice some form of interprofessional communication with physiotherapists with regard to referrals.

Knowledge of HCPs in obstetrics and gynaecology about the roles of women's health physiotherapy

The findings of this study is in contrast with an earlier study on the Attitude and practices of obstetricians and gynaecologists towards involvement of physiotherapists in management of obstetrics and gynaecologic conditions [4]. In their study, 75.5% of participants had good knowledge of women's health physiotherapy. Their result could be attributed to the geographical location of the study as it was conducted in the western part of Nigeria where the physiotherapy professional practice and education started in Nigeria as compared to the southeastern region where physiotherapy as a profession is still evolving [12]. It is noteworthy that of over six universities in Delta State offering medicine, basic and allied medical sciences, non is offering Physiotherapy as a programme/course. Another study [10] opined that physician do not understand the scope of physiotherapy. This is evident in this study as the majority of physicians where only (56.5%) have moderate knowledge of the roles of women's health physiotherapists. The findings from the study of Bolarinde et al., [13] showed that 59.1%, 39.4%, and 1.5% of physicians had moderate, good and poor knowledge of

physiotherapy respectively. This may infer that they may not also be knowledgeable about the roles of physiotherapy in women's health. Physicians in the Obstetrics and Gynaecology Department, Federal Medical Centre, Asaba, have a moderate knowledge regarding the roles of women's health physiotherapy. Previous studies have reported that healthcare professionals have higher knowledge in orthopaedics, neurology and sports physiotherapy than any other subspecialties in physiotherapy [12,14]; this might also be a reason why there is moderate knowledge regarding the roles of women's health physiotherapy among HCPs in Federal Medical Centre Asaba. This finding shows the need for physiotherapists to increase their efforts to always educate other healthcare professionals about different specialities in physiotherapy and physiotherapy in general by attending grand ward rounds, and clinical meetings and improving interprofessional communications among other healthcare professionals. A study by Ramanandi et al. [15] reported that the greatest challenge facing physiotherapists is creating awareness about physiotherapy roles and services among healthcare professionals and the masses at large. According to Achterbergh and Vriens [16], good awareness about a profession can enhance its usage, moreso poor awareness can lead to misconception and inadequate use. Physiotherapists, therefore, should take it upon themselves to improve awareness of different physiotherapy specialities of which women's health is a part and the roles of physiotherapy at large.

Attitude of HCPs towards women's health physiotherapy

This study explored the attitude of HCPs towards women's health physiotherapy. It was seen that 36.4% and 36.4% had both positive and neutral attitudes toward women's health physiotherapy. This concurs with a study by Odunaiya et al. and Maruf et al. [4,17]. However, a good proportion of them (27.3%) demonstrated a negative attitude towards women's health physiotherapy in Obstetrics and Gynecology. This implies that more work needs to be done in the obstetrics and gynaecology department.

Utilization of physiotherapy services

This study explored the level of utilisation of physiotherapy among the physicians who participated in this study. Of the physicians that participated in this study over 61% of them rarely refer patients to physiotherapists while 38.2% refer on a regular basis. This result agrees with the study by Okonkwo et al. [10] where 81.9% of physiotherapists argued that physicians rarely refer patients for physiotherapy management. In contrast, a study by Talpur et al. [18] shows that 84% of physicians refer patients for physiotherapy. Also, another study stipulated that out of 1054 participants, 678(56.9%) referred patients to physiotherapy [19]. This finding may be attributed to the training background of the physicians and their practice environment as it has been shown that most referrals come from physicians who had training in physiotherapy or trained from schools where physiotherapists are trained.

Some of the physicians in this study (11.8%) indicated that they do not enclose in their referral a prescription of what they would need the physiotherapist to do for the patient. However, 23.5% rarely include a prescription of what to be done for the patient, 64.7% occasionally include prescriptions. This result confirms the argument in a study by Okonkwo et al. [10] where 75.4% of physiotherapists agreed that physicians refer with a prescription of what to do for a patient. Also, a study in California reported that 83.4% of physicians use physiotherapy as a prescription [20]. This implies a wrong attitude and poor knowledge of the roles of physiotherapy by physicians towards health care delivery [21]. This further buttress the moderate level of knowledge physicians has concerning women's health physiotherapy as previous studies have shown that physicians view physiotherapists as technicians who lack the skills of examination and evaluation [21]. It was reported by Odebiyi et al. [19], that physicians who had an introduction to physiotherapy or had physiotherapy in their school of training did not include a prescription in their referrals.

The finding that the majority of physicians do not regularly seek feedback on the patients being referred for women's health physiotherapy or practice interprofessional communication with women's health physiotherapists is in line with a previous study which showed that physicians do not seek feedback on patients being referred for physiotherapy [10]. Feedback is important in-patient management as it helps to not only track the progress of administered physiotherapy intervention but also helps the

physicians to know the efficacy of physiotherapy intervention [10]. Interprofessional communication should be established by increasing rapport between physiotherapists and physicians to enable an environment of feedback, whether solicited or not, as this will help increase the referral of patients by physicians [22].

Conditions frequently referred for women's health physiotherapy include pelvic organ prolapse, faecal and urinary incontinence, Chronic back pain and symphyseal diastasis. This implies that these physicians are familiar with the roles of physiotherapy in some obstetrics and gynaecology conditions more than others [4]. Previous studies reported that participants had the highest knowledge about physiotherapy roles in uterine prolapse [4] and urinary incontinence [11] which agrees with this study that shows that the physicians refer patients with pelvic organ prolapse and urinary incontinence for physiotherapy as adequate knowledge increases utilization practices.

Association between knowledge of and attitude towards the roles of women's health physiotherapy and the utilisation of women's health physiotherapy services

The significant association reported between the knowledge of the roles of women's health physiotherapy and utilisation of women's health physiotherapy is in tandem with previous studies which reported that the level of knowledge about a profession is related to the level of utilization of such profession's services [14,16]. A study in Saudi Arabia also found that the low level of utilization of physiotherapy services in all areas of its specialities was a result of poor knowledge of other healthcare professionals mostly the physicians as they are the sole referral of patients for physiotherapy [23].

Association between knowledge of women's health physiotherapy and domains of utilisation of physiotherapy

The significant association reported between the knowledge of the roles of women's health physiotherapy and referral practices of the doctors and a request for feedback on patients referred is in line with previous studies that opined that physician who have adequate knowledge of physiotherapy from their institution of training refer patients for physiotherapy than those who did not undergo training in an institution where there is training on physiotherapy programmes [19].

Conclusion

HCPs in Obstetrics and Gynaecology Department of the Federal Medical Centre, Asaba have moderate knowledge of the roles of women's health physiotherapy, they also demonstrate positive to neutral attitudes while a good percentage of them have a negative attitude towards the role of women's health in the management of obstetrics and gynaecology patients, thereby leading to low utilization practices among physicians in Obstetrics and gynaecology department in Federal Medical Centre, Asaba. Women's health physiotherapists should educate the HCP in the Obstetrics and gynaecology department of the Federal Medical Centre about the roles of women's health physiotherapy through seminar presentations, antenatal talks and also engage in ward rounds with other health care professionals as this will lead to an increase in knowledge and in the process increase utilization.

Declarations

Ethical Approval

The study conducted on health care professionals' perspectives and awareness regarding women's health physiotherapy services received the necessary ethical approval from the designated Review Board. This approval ensures that the research adheres to the highest ethical standards, safeguarding the rights, dignity, and welfare of all participants involved. It also guarantees that the study is conducted in a manner that is respectful and sensitive to the needs of women seeking physiotherapy services.

Funding Details

N/A

Conflict of Interest

The researchers declare that there are no conflicts of interest related to this study. All individuals involved in the research process have disclosed any potential conflicts that could affect the study's outcomes. Maintaining transparency about conflicts of interest is vital for reinforcing trust and credibility in research findings, ensuring that the conclusions drawn are based solely on the data collected rather than any external influences.

Informed Consent

Informed consent was obtained from all participants prior to their involvement in the study. This process involved providing detailed information about the

study's purpose, procedures, potential risks, and benefits. Participants were given the opportunity to ask questions and ensure they fully understood their involvement before agreeing to participate. The provision of informed consent is a critical component of ethical research, emphasizing the importance of participant autonomy and the right to make informed decisions regarding their participation in studies related to women's health physiotherapy services.

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