Background

Pakistan is the sixth most populous country in the world located in north-west South Asia [1]. Pakistan is an agricultural country, and nearly 64% of the population mainly live in rural areas [1], where access to commercial and clean energy resources is limited and traditional ways of using solid fuels (such as wood, straw/shrubs/grass, animal dung, charcoal, and coal) are the only available options for domestic cooking fuel [2]. Almost 87% of rural and 13% of urban households in Pakistan use solid fuels for cooking [1], and when these fuels are burnt in open fire produces health-damaging pollutants and chemicals. [3–5].

In Pakistan, tobacco smoking, air pollution and inactivity are major threats to human health and ecosystems. Respiratory diseases are on the rise in the country because of the growing trends of smoking and polluted air conditions. Pakistan is among the top 15 countries have high burden of tobacco-related illness. More than 24 million tobacco users with annual 163,180 deaths. Whereas 39% of households are exposed daily to second-hand tobacco smoke and 55% of households contain at least one smoker.

It is a common practice in rural areas to smoke traditional Hukka or cigarettes among family members and cook foods on cooking fires with children. No proper air ventilation system can remove all the toxins found in tobacco and cooking fire. So household residents have to breathe into toxic environments is a key risk factor for a major contributor to the burden of cardiovascular and respiratory diseases. Babies who breathe second-hand smoke or polluted air are more likely to die from Sudden Infant Death Syndrome (SIDS) and children who are exposed to second-hand smoke have an increased risk of heart attacks asthma attacks ear infections lung disease stroke bronchitis early death lung cancer pneumonia etc. Air pollution also has considerable economic impacts, reducing life expectancy, increasing medical costs.

In accordance with the WHO's guidelines, the air quality in Pakistan is considered unsafe the country's annual mean concentration of PM2.5 is 58 µg/m3, exceeding the recommended maximum of 10 µg/m3.

Project activities detail

Healthy Lungs for Life HLFL project activities were conducted in collaboration with District Health Authority DHA and Basic Health Units BHUs. After obtaining departmental approval, lady health workers (LHWs) were recruited (n=40-60) from four primary health units in three tehsils (district administration units) to transforming the HLFL messages to their assigned households (150-200). LHWs acted as LHFL advocates on how to protect the population from the dangers of polluted environment, smoking and educating them about the importance of physical activity and vaccination. Interventions with LHWs (n=46) have translated HLFL messages to their assigned households (n=1650) which will surely improve the health and lifestyle of a substantial population an estimated (9,900)

Healthy Lungs for Life topic covered
• Air Pollution • Smoking Cessation • Physical Activity • Vaccination

Activity 1

I get a letter from the District Health Authority to engage the LHWs to work as an HLFL advocate for a week and to incorporate HLFL messages into its routine health promotion activities.

Letter to PMPHC-Health -pdf

Activity 2

I designed an awareness material in the form of pamphlets on "Not to Breathe Polluted Air" highlighting the dangers of indoor air pollution, benefits of smoking cessation and educating them about the importance of physical activity and vaccination

Basic Health Unit (BHU) which has 2 beds and serves a catchment population of about 10,000 to 25,000. Lady Health Workers LHWs (10-20) are community based and work from their homes (called health houses), within an area of 200 houses. They are attached to a health facility and interact with the health service delivery system for specific interventions.

I Visited Basic Health Units BHUs at different dates of Oct-Nov 22 to engage the Lady Health Workers LHWs to act as LHFL advocates. They were sensitized to include HLFL messages in their health education campaigns to reduce deaths and illnesses caused by indoor pollutants and inactivity.

Visited BHUs
1. Basic Health Unit (BHU) FEROZEWALA
2. Basic Health Unit (BHU) MANDIYALA TEGA
3. Basic Health Unit (BHU) CHAK RAMDAS
4. Basic Health Unit (BHU) KALI SUBA

Basic Health Unit (BHU) FEROZEWALA
Basic Health Unit BHU CHAK RAMDAS
Activities outcomes

Generally, LWHs submit their reports to LHVs (the in charge of LHWs at BHUs) monthly. Four LHVs reported that almost all trained LHWs delivered the LHFL messages to their assigned houses. LHWs appreciated the intervention as improving their understanding of how to make households healthy and smoke-free. It is hoped that this will prove to be a sustainable strategy for making households a smoke-free and families’ health
One LHW informed a family not to send their children to the shop attached to the house to buy cigarettes for their family’s smokers and to prevent their children from buying sweets from the shop. This process will help smokers to keep the smoke out of the house and will make your children non-smokers in the future.

Activity 5
To reach maximum population activities news in the newspapers

Delivery

Newspapers
News in a local TV channel

https://photos.google.com/album/AF1QipOYi7MX2th8tA8A8v3nvParfZ4Kw7S7dA2YC_D3/photo/AF1QipNnnwa_0zf_mS6RhwItSitlzVrbXI7cBm66Xmk7

Activity 6

I shared project activities on social media

Delivery

Using WhatsApp groups, Facebook and twitter
References


