



Participation of Community and Pakistan Government in Health Education about Non-Communicable Diseases

¹ShaheenNazakat, ¹Muhammad Sajid

Faisalabad Institute Of Cardiology, Faisalabad

Email: shaheennazakat1@gmail.com

Abstract

Non-communicable diseases (NCDs) include conditions such as heart disorders, brain disorders, cancerous cells, and accidents-related illnesses that are not transferrable from one patient to another (Preston, Waugh, Larkins, & Taylor, 2010). People's lifestyles are the leading cause of many of the NCDs. The main types of noncommunicable diseases are chronic respiratory diseases such as obstructive pulmonary disease, cardiovascular diseases such as strokes, and diabetes. (Atiq, 2017). Despite the lack of transferability from one individual to another, NCDs are fatal. Statistically, they are amongst the top 10 leading causes of fatality globally, and in Pakistani (Khan et al., 2018). The use of tobacco, lack of exercise, and the use of alcohol increase the chances of contracting the disease.

Non-communicable diseases are among the significant public health issues. Studies have shown that these problems majorly affect minority groups and low-income earners. The economic, physical, social, and physical environments where this group of people lives are the primary influencers. Since these diseases pose a threat to the affected populations, the public health departments need to formulate effective strategies to combat the problem. For maximum positive effect, the communities that are affected need to be involved in tackling the problem. Reputable organizations such as the World Health Organization have realized the importance of involving the communities. Research conducted in Islamabad, Pakistan, reveals that non-communicable diseases predominantly affect people living in low-income neighborhoods as opposed to those in the high-income ends (Nishtar, 2004). With this in mind, continued participation in health education by both the community and the government is vital to create awareness of the severe effects of non-communicable diseases.

KEY WORDS: Non-Communicable Diseases, Participation of Community, Pakistan Government

Introduction

According to the 2018 statistics released by the Centre for Disease Control, more than 41 million people die of non-communicable diseases globally. This represents 71% of all global deaths. More than 15 million people who are aged between 30 and 69 years die from NCD, and most of these deaths occur in low-income populations. The leading killer is cardiovascular diseases followed by cancers and respiratory diseases. These four groups of diseases account for 80% of all premature deaths. The use of tobacco, lack of physical exercise, and the use of alcohol increase the chances of contracting these diseases. People of all ages and regions can contract these diseases though they most affect older people. (Khan et al., 2018). Therefore, children and adults are at risk of contracting the disease if they take unhealthy diets, do not engage in physical activities, or if they are exposed to tobacco smoke and the use of alcohol.

The governments must engage the communities with the aim of alleviating the problem. It is essential for the young and the adults to have a clear understanding of the risk factors of NCDs so that they can be in better positions to prevent them. Many young people can easily access information, and they can act to that information in shaping their health and that of the communities where they come from. The community should be involved so that they can provide novel perspectives on the NCD control and prevention of the diseases. Through the use of young people, governments can share information on the risk factors and other ways that the communities can stay safe. The programs involving the youth should focus on promoting healthy behavior, such as eating healthy diets and exercising (Khan et al., 2018). The community members, through the young people in the society, should be fully engaged in education awareness to inform the decisionmakers and the public about the health problems their communities are facing and the solutions.

In Pakistan, the government has implemented a raft of measures geared towards making the communities safe from non-communicable diseases. The government is working with the leaders in communities and the members of the public to conduct health education in the community. The government has organized a series of health education programs on non-communicable diseases. They plan and organize health lifestyle education programs and workshops (Khan et al., 2018). Most of the education awareness programs in Pakistan concentrate on women focusing on pre-and post-natal healthcare.

What is Community Engagement

According to Rafique et al. (2018), community engagement is when the health departments engage the stakeholders in the community to develop solutions and address the environmental and behavioral risk factors which are associated with a disease or diseases. There are several ways through which the community can get involved in health education. The following section analyses some of the community involvement measures in health education about non-communicable diseases in Pakistan.

The success of health education about non-communicable diseases relies heavily on the close loop and rapport development between the health officials and the communities. Various studies conducted on the trends of NCDs in Pakistan show

that community engagement is essential. Over the years, both governmental organizations and non-governmental bodies have worked with the locals researching the occurrence of NCDs. Examples of such research include the studies conducted to determine the incidences as well as the risk environments associated with NCDs amongst adults in Pakistani. The research concluded that tobacco consumption, poor feeding habits, and lack of physical exercise lead to an increase in obesity and hypertension. Thus, community participation through the study led to the identification of Punjab and Sindh as the areas with a high prevalence of NCDs (Rafique et al., 2018). Additionally, an educational intervention that involves the entire community has commenced in the region.

Historical Perspective

The low-income communities have always received the most significant share of non-communicable diseases, and the effects are dire. The problem is compounded by their economic, social, and physical environments, which are not good enough when compared with high-income communities. Most of the diseases affecting these populations include diabetes, chronic kidney diseases, the disorders of the brain and the heart, arthritis, osteoporosis, and accident-related injuries (Rafique et al., 2018). Depending on the type of illness affecting the individual, the severity ranges from acute to chronic.

Non-communicable diseases refer to the conditions or diseases that affect people over an extended time. The period can be years, decades, and even an entire life. The diseases do not have any causative agents which are known to transmit them from one individual to another. The primary feature of the diseases is the way they manifest themselves clinically and the resultant disability, which is usually long-term. The World Health Organization reported that the profile of the diseases is changing at an alarming rate with the disabilities and the deaths surpassing those of the infectious diseases. The non-communicable diseases which are lifestyle-related such as type 2 diabetes, stroke heart diseases, obstructive pulmonary disease, and cancer, account for most of the deaths which occur globally. An average of 80% of all the NCDs that occur globally is from low-income countries such as Pakistan. If the situation is not reversed, it will present a significant global health issue that will be difficult to manage. (Saqib et al., 2018; Barolia, & Sayani, 2017). According to the World Health Organization, the socio-economic impact of the diseases is increasing and is making a significant contribution towards the total mortality rates globally.

In developing countries, NCDs have become a significant concern in the health systems and are affecting the economy negatively. The major causes of the deaths and disabilities in the developing world has changed from infectious diseases and nutritional deficiencies to non-communicable

diseases. The approaches that the developing world is using to deal with the problem are not effective. Community participation, which is key to eliminating the problem, is not well-practiced. The severity of the NCDs ranges from acute to chronic based on the type of disease as well as the individual. A more significant percentage of the NCDs constitutes of the non-infections illnesses. NCDs are amongst the significant health challenges in Pakistan. According to the reports of the World Health Organization (WHO) of 2018, NCDs holds a considerable position on the top 10 lists of diseases that links to the high morbidity and death in the nation (World Health Organization, 2018). The body had estimated that NCDs and accident-related injuries cause up to 77% of the total deaths in the country (Naseem, Khattak, Ghazanfar, & Irfan, 2016). Diabetes, which is amongst the most common types of NCDs, is the primary cause of the deaths both for the urban and rural populations.

Lifestyles of the Pakistani population is directly related to the prevalence cases of the NCDs in the country. Studies conducted by the National Health Survey of Pakistan (NHSP) reveals that tobacco consumptions, which is approximately at 34% amongst the country's population contribute considerably to the rampant cases of hypertension, while lifestyle contributes significantly to the overweight cases (Saqib et al., 2018; Barolia, & Sayani, 2017). The focus of this study is Pakistan, where there is a certain level of the government involving the communities to deal with the problem. The factors informed the analysis above, which, if not well tackled, they will cripple the economies and the healthcare services in developing countries. NCDs cause numerous deaths globally each year. 2014 WHO statistical analysis reveals that approximately 38 million people lose their lives as a result of the NCDs. Additionally, over 80% of these deaths happen in regions of low-income earners. Blood pressure and heart ailments are the principal cause of the deaths among all the NCDs. A research conducted by Naseem, Khattak, Ghazanfar & Irfan (2016), shows that the semi-urban areas of Pakistan record the highest cases of the prevalence of the NCDs compared to the high income earning regions (Memon, 2020). Therefore,

there is a need for continued community-based interventions to regulate the incidence of these

diseases in the semi-urban areas.

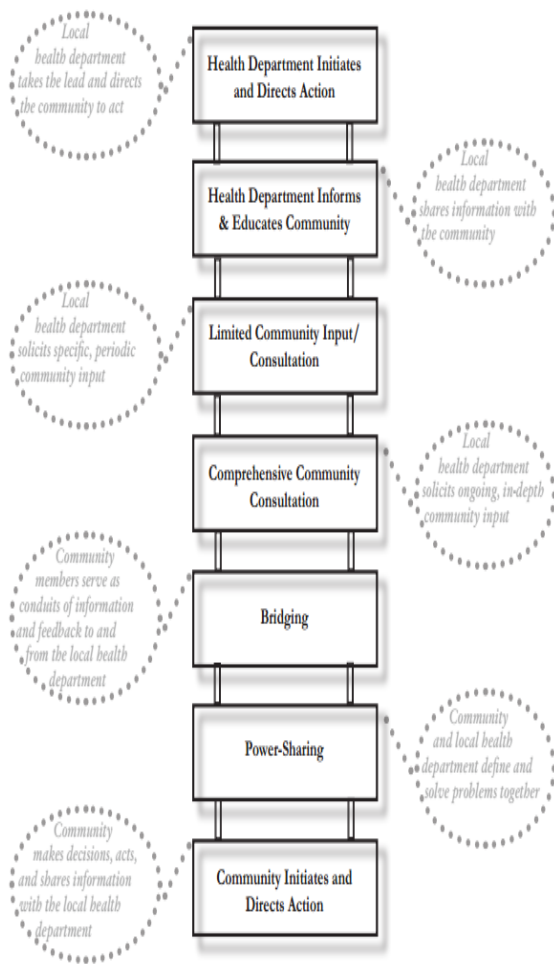
Framework: Ladder of Community Participation

Integrated community participation in dealing with NCDs was widespread in developed countries because that is where the diseases were prevalent before it reached the developing world. However, since the problem has shifted to developing countries, they are also formulating and implementing strategies on how to involve the communities in mitigating the effects of the diseases. One of those developing countries is Pakistan, where the government has partnered with the communities to ensure that the problem is addressed from the core, which is the community (Saqib et al., 2018; Barolia, & Sayani, 2017). In Pakistan, the program core involves the intervention measures that are geared towards mitigating the levels of the main risk factors of the diseases.

According to Memon (2020), the establishment and implementations of approaches that aim at regulating the adverse effect of non-communicable diseases have faced a significant challenge globally, and more especially for developing countries. As a result, different countries are taking various measures to regulate the prevalence and severity of NCDs. Both the Pakistani government and the private sectors have put joint efforts in the regulation and prevention of the NCDs (Nishtar, 2004). In Pakistan, some of these measures include the government working with community leaders and the general members of the community to facilitate health education. The community gets involved in the health education on non-communicable diseases through research and studies, health awareness programs, non-governmental initiatives organizing workshops, and healthy lifestyles education, among others (Saqib et al., 2018; Barolia, & Sayani, 2017). However, much of the community-based health education occurring in Pakistan focus on women and delivery, prenatal, post-natal, and postpartum healthcare. Community participation through the study led to the identification of Punjab and Sindh as the areas with a high prevalence of NCDs. Additionally, an educational intervention that involves the entire community has increased in the region.



The Ladder of Community Participation includes seven strategies:



How the Ladder can be used

The headings in this ladder include the initiatives and reforms taken by health department, community inputs and consultations, and the sharing of power. The utilization of these headings will ensure that the best outcome is realized. Adams (2002) posits that statistical results have proven that non-communicable diseases are a result of several failures in lifestyles. Health education on the desirable lifestyle approaches is critically essential for the control, prevention, and reduction of the severe effect of the non-communicable diseases. Community involvement is at the frontline of these mitigation approaches. There are several ways through which the communities in Pakistan are getting involved in health education. The following section analyses some of the community involvement measures in health education about

non-communicable diseases, specifically in Pakistan.

Theoretically, people are more responsive in the implementation of the plans and regulations that they are at the central position. According to Adams (2002), the involvement of a community in events such as disaster management increases the chances of success of any health or disaster mitigation endeavor. With this in mind, involving the community in the decision-making regarding NCDs in Pakistan is vital for the success of health education. Community involvement in decision-making primarily manifests during health system research. According to Preston, Waugh, Larkins, & Taylor (2010), community participation denotes the collective or combined involvement of the locals when it comes to establishing and implementing regulations that aim at preserving the health needs of the population.

Collective or community decision-making on health education about the non-communicable disease in Pakistan would imply decisions of changes in lifestyles such as barring smoking in public places. Smoking has been the major contributor to the rampant increase in non-communicable diseases in Pakistan. Many of the Pakistani targeted by the health education on non-communicable diseases are the perpetual alcohol and tobacco consumers, as well as those with hypertension as a result of poor lifestyle habits (Rafique et al., 2018). They, therefore, tend to be irresponsive to the call for a change in lifestyle habits. As a result, there tends to be a reduction in the success scores of health education on NCDs.

Health Department Initiates and Directs Action

The local department of health will lead to the decision making process and actions. The approach is mainly employed in public health emergencies, such as when responding to disasters more, especially when there is an immediate threat to the public's health safety. In this option, the health department has the obligation of directing the community to act as well as adhere to the safety

procedures that had been standardized. Experience has shown that if the community is involved in the development of the procedures during an emergency, it is likely to follow. There is also a chance of the community developing trust with the local department of health.

Department Informs and Educates

This option is characterized by one-way communication, whereby the health department locally delivers health information to the community. They use a variety of ways such as printed materials such as flyers, brochures, and other media, such as electronic. The health officers equally use one on one method to deliver the information. Sometimes classes are held in a clinical setting.

Limited community input/Consultation

In this option, the local health departments locally seek occasional input from the community. The input is usually on discrete issues that are predefined. The department subsequently utilizes this information to make decisions on the interventions to make. The strategy is to gather information on consumer feedback through interviews, community forums, surveys, and forum groups.

Comprehensive Community Consultation

The option involves the health department seeking information from the community on several issues. The department also engages the community in helping it shapes the priorities of the department. The priorities should be related to programs, resources, and planning. The strategy requires a lot of resources to be used on institutional mechanisms for community involvement. They include coalitions and advisory boards.

Bridging

The bridging strategy involves the engagement of the community members as the information conduits and feedback. This is both to the

community department and the local health department. The departments of health use this strategy to hire and train locals to be health educators.

Power Sharing

The power-sharing strategy is used by the local departments of health and the community to solve community problems. The strategy is not very familiar to most of the local health departments. The most common is the strategies for community engagement. It requires a lot of commitment to resources and the staff members to be successful.

Community Initiatives and Directs

In this option the community acts and makes independent decisions without involving the health department. However, in some cases, the department of health has limited roles such as organizing the community or doing advocacy. This initiative gives opportunities for the health department to support and respond to the concerns of the community and set the stage for collaborations in future.

Preparing to Navigate the Ladder

In addressing health problems, the health department has created robust partnerships with the communities. Through the partnership, identification of problems, making decisions, and taking a shared course of action are prioritized. To achieve these, there is a shared vision, mission, strategy, and structure. The political leaders and the staff who are experts in public health and are highly committed are involved(Nishtar, 2005). The involvement of the community is essential because they are the ones who understand the formal and informal networks in the communities.

Community Involvement in Planning and Program Implementation

Planning health education is critically vital. Adequate planning of the activities ensures that there is maximum participation and inclusion of the members of the community. People have different life activities that they attend to during their typical life adventures. Therefore, poor planning of schedules can adversely affect community involvement in health education. Additionally, most of the community education amongst the developing nations involves seminars and workshops that mostly occurs in public places. As a result, members of the community have to affirm the planning and implementation of the health educational programs. (Nishtar, 2005). Despite the usefulness of community involvement in the planning and implementation processes of health education, there is no actual involvement of the community, thus contributing to poor results of the health education about NCDs in Pakistan.

The government of Pakistan is on the frontline in promoting health education amongst the citizens. Ronis & Nishtar (2007) outline the numerous ways through which the Pakistan government promotes health education with some focus on non-communicable diseases. According to the article, the Pakistani government launched an educational health program to equip the members of the public with relevant information on healthy lifestyles in 2004 (Ronis, & Nishtar, 2007). The most robust tool that the government of Pakistan uses to promote health education is creating awareness on the severity of non-communicable diseases and enhance preventive measures against the NCDs (Nishtar, 2005). The government, through the National Action Plan for Non-Communicable Disease Prevention, Control and Health Promotion in Pakistan (NAP-NCD), has created a framework upon which it provides conducive grounds for health education.

The (NAP-NCD) has, in some way, been vital in enhancing public health education on the dangers of non-communicable diseases. The body, through government support, has managed to classify and categorize the numerous types of NCDs. Additionally, it has been able to identify the various areas affected by non-communicable

diseases. As a result, the regulation of the effects and control of NCDs has been easier due to the co-operation between the government, the private sectors, and community-based organizations. The various documentation of the (NAP-NCD) provides important and informative content to the public on NCDs. For instance, the grouping of the NCDs in the (NAP-NCD) documentation has set a road map and action plan for enhancing health education, as well as aligning actions with the healthcare bodies in Pakistan. Finally, the (NAP-NCD) operates through an Integrated Frame of Action (IFA) (Atun et al., 2013). The primary role of IFA within the (NAP-NCD) is to enhance the preventive measures as well as focusing on the control of NCDs. Health education happens to be at the inner core of these functionalities (Tanzil, & Jamali, 2016). Therefore, the (NAP-NCD) helps the Pakistani government in the promotion of health education about NCDs.

In addition to the co-operation with the private sector in promoting health education and fighting non-communicable diseases, the Pakistani government directly facilitates health research and educational programs. The government directly offers financial support for evidence-based research that aims at the control and prevention of NCDs. It is worth noting that it is the role of the Pakistani government to facilitate the school health programs across the country (Roshan, Hamid, & Mashhadi, 2018). However, the major challenge for the school programs has been lack of funding to concentrate and specialize in health education, especially in the line of non-communicable diseases.

Summary

Non-communicable Diseases (NCDs) have become a significant concern in developing countries because they constitute 80% of all the deaths that occur globally. If the problem is not addressed immediately, it will affect the socio-economic aspects of the developing world. Therefore, smart strategies have to be formulated to deal with the problem, and engaging the communities is one such strategy that has been tested and proved elsewhere. Thus for a developing country such as Pakistan, fruitful community participation is key to mitigating the effects of NCDs. 2014 WHO statistical analysis

shows that an average of 38 million people loses their lives as a result of the NCDs (Memon, 2020). Besides, over 80% of these deaths happen in low-income populations.

Blood pressure and heart diseases are the leading cause of the deaths among all the NCDs. A study done by Naseem, Khattak, Ghazanfar & Irfan (2016), shows that the semi-urban areas of Pakistan record the highest cases of the prevalence of the NCDs compared to the high income earning regions. Therefore, there is a need for continued community-based interventions to minimize the effects of these diseases in the semi-urban areas. The semi-urban population of Islamabad suffering from adverse effects of non-communicable conditions deals with other lifestyle issues, including the use of tobacco, alcohol, and lack of physical activity. Overweight and obesity are some of the primary contributors to the increased prevalence of NCDs (Ghaffar, Reddy, & Singhi, 2004). With this in mind, a critical analysis of the actions of the community, community-based organizations, and the Pakistan government concerning health education is essential.

The Pakistani government has failed to facilitate extensive healthcare education and awareness of the severe effects of NCDs. The significant action that the Pakistani government has taken towards the control and prevention of NCDs is the partnership with the private sector. The government has delegated much of the activities to the (NAP-NCD), which primarily focuses on the prevention and control of NCDs. The body rarely focuses on the provision of health education to the community on the severe effect of non-communicable disease. Additionally, the Pakistani government has failed to provide the much-needed financial support for the non-governmental bodies working on evidence-based research on non-communicable diseases (Hasanain, Yasmin, & Siddiqui, 2019). Finally, Pakistani being a developing nation, suffers from a lack of enough resources to offer successful health education about

non-communicable diseases(Jafar et al., 2013). The government focuses on the provision of other

essentials at the expense of health education on non-communicable diseases.



References

- Adams, J. (2002). *Environmental health in emergencies and disasters: a practical guide*. Geneva World Health Organization
- Atiq, M. A. (2017). Epidemiology Of Non-Communicable Diseases In Pakistan: Are We On The Right Track?. *The Pakistan Journal of Medicine and Dentistry*, 6(4), 52-56.
- Atun, R., Jaffar, S., Nishtar, S., Knaul, F. M., Barreto, M. L., Nyirenda, M., ... & Piot, P. (2013). Improving the responsiveness of health systems to non-communicable diseases. *The Lancet*, 381(9867), 690-697.
- Barolia, R., & Sayani, A. H. (2017). Risk factors of cardiovascular disease and its recommendations in the Pakistani context. *JPMA. The Journal of the Pakistan Medical Association*, 67(11), 1723.
- Ghaffar, A., Reddy, K. S., & Singhi, M. (2004). The burden of non-communicable diseases in South Asia. *BMJ*, 328(7443), 807-810.
- Hasanain, M., Yasmin, F., & Siddiqui, S. A. (2019). Health Screening as a tool to tackle the growing burden of Non-Communicable Diseases in Pakistan. *JPMA*.
- Jafar, T. H., Haaland, B. A., Rahman, A., Razzak, J. A., Bilger, M., Naghavi, M., ... & Hyder, A. A. (2013). Non-communicable diseases and injuries in Pakistan: strategic priorities. *The Lancet*, 381(9885), 2281-2290.
- Khan, M. A., Walley, J. D., Khan, N., Hicks, J., Ahmed, M., Khan, S. E., ... & Harries, A. D. (2018). Effectiveness of an integrated diabetes care package at primary healthcare facilities: a cluster-randomized trial in Pakistan. *BJGP Open*, 2(4).
- Memon, A. R. (2020). Physical activity to prevent non-communicable diseases: current status and national-level policy in Pakistan. *Journal of Pakistan Medical Association*.
- Naseem, S., Khattak, U. K., Ghazanfar, H., & Irfan, A. (2016). Prevalence of non-communicable diseases and their risk factors at a semi-urban community, Pakistan. *Pan African Medical Journal*, 23(1). DOI:10.11604/pamj.2016.23.151.8974
- Nishtar, S. (2004). Prevention of non-communicable diseases in Pakistan: an integrated partnership-based model. *Health research policy and systems*, 2(1), 7. Nishtar, S. (2005). National action plan for prevention and control of non-communicable diseases and health promotion in Pakistan. *Islamabad, Pakistan: a tripartite collaboration of the Ministry of Health, Government of Pakistan*. <http://www.heartfile.org/pdf/NAPmain.pdf>
- Preston, R., Waugh, H., Larkins, S., & Taylor, J. (2010). Community participation in rural primary health care: intervention or approach?. *Australian journal of primary health*, 16(1), 4-16.
- Rafique, I., Saqib, M. A., Munir, M. A., Qureshi, H., Rizwanullah, K. S., Khan, S. A., & Fouad, H. (2018). Prevalence of risk factors for non-communicable diseases in adults: key findings from the Pakistan STEPS survey. *East Mediterr Health J*, 24(1), 33-41.

Riaz, H., Godman, B., Bashir, S., Hussain, S., Mahmood, S., Waseem, D., ... & Raza, S. A. (2016). Evaluation of drug use indicators for non-communicable diseases in Pakistan. *Interactions*, 18, 19.

Ronis, K. A., & Nishtar, S. (2007). Community health promotion in Pakistan: a policy development perspective. *Promotion & Education*, 14(2), 98-99.

<https://journals.sagepub.com/doi/abs/10.1177/10253823070140022101?journalCode=peda>

Roshan, R., Hamid, S., & Mashhadi, S. F. (2018). non-Communicable Diseases in Pakistan; A Health System Perspective. *Pakistan Armed Forces Medical Journal*, (2), 394-399.

Saqib, M. A. N., Rafique, I., Qureshi, H., Munir, M. A., Bashir, R., Arif, B. W., ... & Bhatti, L. (2018). The burden of tobacco in Pakistan: Findings from the global adult tobacco survey 2014. *Nicotine and Tobacco Research*, 20(9), 1138-1143.

Tanzil, S., & Jamali, T. (2016). Obesity, an emerging epidemic in Pakistan-a review of evidence. *J Ayub Med Coll Abbottabad*, 28(3), 597.

World Health Organization. (2018). Non-communicable diseases country profiles 2018.

