Training manual for cluster representatives and health volunteers

Module 4

Noncommunicable diseases
Training manual for cluster representatives and health volunteers

Module 4

Noncommunicable diseases
# Module 4

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Introduction

Poverty is the most serious challenge that humankind currently faces. A healthy life, free from starvation and disease, is the right of each and every person. Diseases are one of the main obstacles that stand in the way of community efforts to overcome poverty. The spread of disease increases poverty and poverty accelerates the spread of disease. Improving health status through investment in health improves economic and social outcomes and thus can alleviate vulnerability and offer an exit route out of poverty. Indeed, healthy children are better able to learn and healthy adults are better equipped to work and care for their families. The health sector thus has sufficient grounds to justify its engagement in poverty reduction initiatives, for which it has to develop both the skills and infrastructure necessary to work in partnership with other sectors and the community.

The Regional Office for the Eastern Mediterranean has successfully advocated to Member States the importance of involving communities as active partners in the delivery of comprehensive primary health care. Experience from different countries of the Region implementing community-based initiatives (CBI) programmes has shown that organized and aware communities are able to significantly improve health indicators, especially related to immunization coverage, access to water and sanitation, mother and child health, tuberculosis and malaria control and healthy lifestyles. Community-based initiatives have been so successful in countries that Member States have begun to institutionalize the programme in a sustainable manner as part of the government structure. Community participation in health care programmes is now increasingly being recognized as an innovative and effective approach.

Cluster representatives and health volunteers in CBI-implementing areas of the Region have been assisting in the implementation of priority health programmes at the community level, while maintaining strong linkages with health services and health workers operating in the area. They are trained by specially selected trained nurses and technicians working in the nearest health facility to the CBI site supervised by members of the CBI intersectoral team and related technical programmes at the district level. However, there is a growing need to empower them, not only with the transfer of health messages, but also as partners in health planning and in its implementation. Responding to the challenge, the community-based initiatives programme of the Regional Office produced this training manual for cluster representatives and health volunteers in coordination with the 17 relevant technical units in the Regional Office. Its publication represents a starting point towards the integration of community-based initiatives into all health-related programmes at community level and its use facilitates the ability of health programmes to work closely with communities to involve them in a sustainable way at grass-roots level.

In using this manual health volunteers and cluster representatives will be trained on their specific roles and responsibilities and will be made aware of simple and timely actions to prevent and manage common diseases and health-related issues. It is expected that more extensively trained community representatives and health volunteers will be able to assist the health system in improving the access of the target population to primary health care services and in helping to ensure the provision of timely health services to the entire population. This manual has been successfully field-tested in several countries of the Region and it is
expected that Member States will translate the manual into local languages and use it as a
guideline for community involvement in health actions. Countries of the Region can adapt
and adopt the material in accordance with their specific needs, culture and local situation. It
should be updated periodically to accommodate new health issues and challenges.

The manual comprises four modules.

Module 1. Family health: Birth and emergency planning; Birth spacing; Child health,
Nutrition and Dental hygiene

Module 2. Emergencies, environmental health and food safety: Emergency planning, First
aid, Healthy environment, Food and chemical safety

Module 3. Communicable diseases: Tuberculosis; AIDS and sexually transmitted infections;
Malaria; Childhood diseases and immunization

Module 4. Noncommunicable diseases: Noncommunicable diseases; Prevention of control
of blindness; Active and healthy ageing and old age care; Mental health and
substance abuse; Tobacco and health
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Noncommunicable diseases

Learning objectives
The objectives of this session are to enable cluster representatives and health volunteers to:

• recognize the general signs and symptoms and the importance of the early detection of high blood pressure, diabetes and cancer;
• understand the importance of healthy lifestyles and good nutrition in the prevention and control of high blood pressure and diabetes;
• explain the importance of self-examination of the breasts;
• explain the complications of high blood pressure and diabetes and preventive measures which may be taken to avoid them.

Expected outcomes
After completion of this session cluster representatives and health volunteers will be able to:

• raise community awareness of the importance of adopting healthy lifestyles and eating habits;
• build skills of women in their catchment areas on self-examination of the breasts for the early detection of tumours;
• help in the early identification and referral of people suspected of having diabetes, high blood pressure and cancers;
• educate patients, families and communities on preventing complications of noncommunicable diseases.
Introduction
Despite the fact that the majority of noncommunicable diseases are preventable, they are increasingly recognized as a major cause of morbidity and mortality. Unhealthy lifestyles, stress, tobacco use, unhealthy diets, lack of physical activity, obesity, hereditary and environmental factors are giving rise to various noncommunicable diseases (high blood pressure, diabetes, cancers, heart diseases, stroke, injuries, mental disorders and blindness, etc.).

High blood pressure: hypertension
Blood pressure results from the pumping of the blood by the heart against the walls of arteries. Normal blood pressure for a young person is 120 (90–140)/80 (60–90).

High blood pressure increases the risk of getting heart disease and/or kidney disease, and/or having a stroke. Anyone, regardless of age, sex and race can have high blood pressure. Once high blood pressure develops, it usually lasts a lifetime although it can be prevented and controlled.

What causes high blood pressure and what are the main signs and symptoms of high blood pressure?
Lack of exercise, smoking, obesity, a high salt intake, and a range of other factors may cause high blood pressure although in most cases the cause is unknown. Common symptoms of high blood pressure include headache, blurred or double vision, chest pain, shortness of breath and dizziness but a person may have high blood pressure without symptoms. It is important for everyone, especially those who are over 30 years old or who have a family history of high blood pressure, to have their blood pressure checked regularly. Early detection and control is important for reducing the dangerous effects of this condition. High blood pressure can cause stroke, kidney damage, heart attacks and visual problems.

Stroke. A stroke is bleeding in the brain.
Kidney damage. High blood pressure can narrow and thicken the blood vessels of the kidneys and lead to kidney damage.
Heart attack. The arteries carrying blood to the heart muscle are narrowed and ultimately may become blocked.
Eyes. Hardening and narrowing of small blood vessels to the eyes causes bleeding inside the eyes that can lead to blindness.

How to prevent or control high blood pressure
In order to prevent or control high blood pressure, it is important to: eat more healthy foods such as vegetables, fruit, fish and cereals instead of eating food rich in fats and cholesterol such as, eggs, butter or too much sugar. It is also important to reduce salt intake in the diet; maintain a healthy weight; enhance physical activity; and quit smoking. Avoid alcohol as excess alcohol can harm the heart, liver and brain.

Treatment
The first step in controlling high blood pressure is to adopt changes in lifestyle. These changes may include undertaking physical exercise, reducing weight, reducing salt and fat intake and quitting smoking. If these changes alone are not reducing an individual’s blood pressure then medicine can be prescribed by a doctor. Refer patients with high blood pressure to a health centre for treatment.

High blood pressure in women
High blood pressure may develop during pregnancy. It is important for women to check their blood pressure regularly during pregnancy and while taking oral contraceptive pills.

Diabetes
Diabetes is a lifelong disease that results in increased levels of glucose or sugar in the blood.

How diabetes is diagnosed
Diabetes usually has no symptoms in the early stages. This is why it is known as a silent killer. Diabetes is common among
Noncommunicable diseases

older and obese people. It is important to check regularly for diabetes even if there are no symptoms. Younger people may also get diabetes. The level of sugar in the blood is detected through a blood test. If a patient has the following symptoms they should be referred to a health facility: frequent urination; unusual thirst; extreme hunger; unusual weight loss; extreme fatigue; frequent infections; and wounds which are slow to heal. People who are at the greatest risk of diabetes include: people over 45 years of age; people with a family history of diabetes; people who are overweight; people who do not exercise regularly; and women who had diabetes during pregnancy.

Complications of diabetes
Early treatment and control of diabetes is important as the disease may lead to: heart disease; stroke; kidney damage; high blood pressure; blindness; damage to nerves; damage to arteries; gum diseases; and complications during pregnancy such as large babies.

Prevention and control of diabetes
The aim of treatment for diabetes is to control the sugar in the blood at a level close to normal. If blood sugar levels in the body are kept normal or close to normal an individual will stay healthy and feel better as the symptoms and the possibility of serious complications are reduced. Regular treatment for diabetes includes: oral medications; insulin injections; regular and frequent testing of the blood; weight reduction; quitting smoking; diabetes self care (care of the feet for cuts, blisters, red spots and swellings that can result in a diabetes-related injury); diet; physical exercise; regular medical check-up for the eyes, kidneys and heart. Medicines for diabetes should be used regularly as advised by a doctor.

Healthy diet
It is vitally important that diabetics maintain a healthy diet. A healthy diet includes the following foods:

*Vegetables.* Vegetables such as spinach, broccoli, cabbage, cauliflower, carrots and cucumbers.

*Fruit.* Fruit such as oranges, apples, pears and apricots have plenty of vitamins and carbohydrates. However, much sweeter fruit should be avoided.

*Milk.* Milk products contain a lot of protein and calcium as well as many other vitamins. Non-fat or low-fat milk or milk products should be encouraged.

*Meat and animal products.* These include beef, chicken, fish, eggs, etc. Fat should be removed from the meat. Chicken and fish are a good source of protein for diabetics. Animal fats are not good for diabetics.
Fats and sweets. Sweets, biscuits, cakes, fried foods and potato chips contain a lot of fat and sugar and they should be avoided.

Cancer

The human body is made of cells. Cancer develops when these cells multiply in a disorderly and uncontrolled way. These cells form a lump called a tumour that gradually spreads to other parts of the body. Cancers can occur at any age, but the risk of developing cancer increases with age, especially after 60. Risk factors for cancer include: smoking; alcohol consumption; obesity; too much fat in the diet; age and sex; hereditary factors; irradiation; pollution; exposure to chemical carcinogens; and certain infections. It is important to detect cancer at an early stage, allowing treatment when cancers are more likely to be curable. In many cases, the sooner cancer is diagnosed and treated, the better are a person’s chances of recovery. Regular check-ups, self-examination, especially after the age of 40, are important even if there are no symptoms.

Symptoms of cancer

There are many different types of cancers, involving almost every part of the body. Each cancer attacks the body in a different way and has its own signs, symptoms and characteristics. However, there are a few symptoms commonly experienced by most people suffering from cancer. These symptoms, although not specific for cancer, may indicate the presence of cancer. In the early stages, almost all cancers are asymptomatic and symptoms may only arise as the disease progresses. If an individual shows any of the following signs they should be referred for a medical check-up at the nearest health facility.

Persistent fatigue. Fatigue usually occurs when a cancer is at an advanced stage, but it can also occur in the early stages of the disease.

Weight loss. Persistent weight loss, which is unintentional and occurring without dieting, may be the first symptom an individual with cancer experiences.

Fever. Most individuals with cancer experience recurrent unexplained fever at some point.

Changes to the skin. Changes to the skin such as jaundice, darkening of the skin, abnormal hair growth, reddening and skin itchiness can indicate certain types of cancers, in addition to swelling or enlarged lymph nodes, changes in the size, shape and colour of a wart or mole and new growths and sores that never heal.

Pain. Pain may develop as cancer progresses depending on the type and location of the cancer. However, with certain cancers, such as bone cancer, pain may begin earlier.

Unusual bleeding or discharge. Unusual bleeding or discharge can be a sign of many different types of cancer.

Persistent indigestion or difficulty in swallowing. These may be symptoms of cancer of the throat, oesophagus, stomach or other parts of the body.

Common cancers

Breast cancer

Breast cancer is the most common form of cancer among women. Most women in the Region present for treatment of breast cancer at quite an advanced stage of the disease. Early detection of breast cancer is important for starting appropriate treatment at an early stage when a cure is more likely. Refer
Noncommunicable diseases

a woman immediately to a health centre if any of the following signs are found during a breast examination: discharge from the nipple (clear or bloody); swelling or mass in the armpit (lymph nodes); inverted or scaly nipples; a lump that can be felt no matter how small; swelling of the breast.

Self-examination of breasts

The purpose of a breast examination is to identify any changes that may occur in the breast. Breast examination should be conducted at about the same time each month. The examination involves both a visual examination and a physical examination by feeling the breasts with the hands (Figure 1).

Visual examination

Stand in front of a mirror and look at both breasts with the arms relaxed to the side. Then look at both breasts with the arms raised and then again with the hands pressed against the hips and pressing down. In all these positions, look for any changes in the shape and colour of the breasts, or discharge from the nipples and redness of the skin, prominent veins, whitish scaly or inverted nipples, ulcers or sores.

Palpation: feeling with the hands

With the palm or pads of the fingers both of the breasts should be examined using a vertical or concentric movement to check for lumps. A breast examination should cover the whole area of each breast, including the under arms and upper chest from the collar bone to below the breasts and from the armpit to the breast.

Vertical movement. Using this method the breast is examined using the pads of the fingers in the underarm area of the breast, moving the fingers downwards to the area below the breast. The fingers are moved slightly towards the middle and the process is repeated, this time moving the hand upward over the breast. This is continued up and down until the whole surface of the breast and underarms is examined.

Concentric movement. Using this method the breasts are examined using a circular motion. Starting with a small circle around the nipple area of the breast the woman widens the circle as she moves her hand over the surface of the breast. The armpit should also be palpated for any lumps.

Lung cancer

Lung cancer is more common among men than women. The single most important cause of lung cancer is tobacco smoking. Even non-smokers who live or work in an environment of tobacco smoke (homes, public places, restaurants, etc.) can develop
lungs. Symptoms of lung cancer only appear when the disease is advanced. The symptoms of lung cancer include: shortness of breath; wheezing sounds in the chest; repeated attacks of pneumonia; persistent cough; hoarseness; coughing up blood; and weight loss or loss of appetite.

Cervical cancer
The cervix is the lower part (neck) of the uterus. Cancer of the cervix is a common cancer among women. It is a slow developing disease and symptoms appear only when the cancer has progressed to the surrounding areas. Symptoms of cervical cancer include: abnormal bleeding; unusual heavy discharge; pain in the lower abdomen (pelvis); pain during urination; and bleeding between menstrual periods.

Treatment of cancer
There are various treatment procedures for different types of cancers which depend on the stage of the detection of the cancer. Several treatment procedures are often combined, e.g. surgery, radiation and medicines.

Care of a cancer patient
Friends, relatives and community members can provide useful emotional support, rehabilitation and care after surgery. A patient's problems and needs, including information regarding their disease, should be discussed and shared. With good care and treatment, cancer sufferers can lead an active life.
The role of cluster representatives and health volunteers in the prevention and management of noncommunicable diseases

Table 1 describes the actions to be taken by cluster representatives and health volunteers in the prevention and management of noncommunicable diseases.

Table 1. The role of cluster representatives and health volunteers in the prevention and management of noncommunicable diseases

<table>
<thead>
<tr>
<th>Actions</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building community awareness</td>
<td>Undertake a community awareness campaign, focusing on the: importance of regular medical check-ups for the early detection of high blood pressure, diabetes and cancer; warning signs for high blood pressure and diabetes; importance of regular treatment for high blood pressure and diabetes; adoption of healthy lifestyles and healthy eating habits for the control and prevention of complications; probable signs and symptoms of common cancers.</td>
</tr>
<tr>
<td>Screening and early diagnosis</td>
<td>Ensure regular screening for high blood pressure and diabetes among all high-risk individuals and also ensure screening for cervical cancer in women at high risk or according to country recommendations. Encourage women to perform self-examination of breasts.</td>
</tr>
<tr>
<td>Referral</td>
<td>Refer all individuals suspected of having high blood pressure, diabetes or cervical cancer for diagnosis and treatment. Refer all individuals with signs/symptoms indicative of cancers.</td>
</tr>
<tr>
<td>Treatment follow-up</td>
<td>Follow up the treatment and ensure that medicines are taken regularly and appropriately. Ensure that patients with high blood pressure and diabetes adopt healthy lifestyles and healthy eating habits, in addition to taking medication in order to control the disease and prevent life-threatening complications.</td>
</tr>
</tbody>
</table>
Annex 1

Pre- and post-test

Please mark the following answers True (T) or False (F).

1. The following conditions contribute to high blood pressure.
   a. smoking.
   b. alcohol intake.
   c. too much exercise.
   d. salty food.
   e. obesity.

2. The usual symptoms of diabetes include:
   a. frequent urination.
   b. unusual thirst.
   c. frequent infections.
   d. extreme hunger.
   f. extreme tiredness.

3. The following conditions are the general signs and symptoms of cancers.
   a. unexplained weight loss.
   b. fever.
   c. unusual bleeding or discharge.
   d. increase in appetite.
   e. swelling or enlarged lymph nodes.

4. The following conditions and diseases are noncommunicable diseases.
   a. high blood pressure.
   b. measles.
   c. diabetes.
   d. cancer.
   e. tuberculosis.

5. The harmful effects of high blood pressure include:
   a. kidney damage.
   b. stroke.
   c. peptic ulcer.
   d. heart attack.
   e. chest infection.

6. For the control of diabetes you should avoid:
   a. green leafy vegetables.
   b. fats.
   c. sugars.
   d. pulses.
   e. fish.
Unit 15
Control and prevention of blindness
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Control and prevention of blindness

Learning objectives

The objectives of this session are to enable cluster representatives and health volunteers to:

- explain the causes of common conditions leading to avoidable blindness;
- identify common, curable and preventable conditions and understand the importance of early treatment;
- recognize the links between poverty and blindness.

Expected outcomes

After completion of this session cluster representatives and health volunteers will be able to:

- identify common, curable and preventable conditions, which, if untreated, may lead to blindness;
- build partnerships for the prevention of blindness activities;
- manage common eye problems and refer people with eye problems to health facilities.
Introduction

Blindness and visual impairment is a major public health problem that causes a huge economic burden on families and communities. Poverty and blindness are interlinked; and yet 75% of blindness is avoidable and eye diseases require simple interventions and treatment. Communities can play a critical role in disease prevention and in identifying avoidable cases of low vision and blindness and in directing individuals to health facilities for timely intervention.

The following are features of healthy eyes (Figure 1).

- the eyelids should open and close properly;
- vision should be good;
- the white part (conjunctiva) should look white and smooth;
- the central part (cornea) should be clear;
- the pupil should be black and should react to light.

Causes of avoidable blindness

The main causes of avoidable blindness are: cataract; trachoma; refractive errors and refractive errors; and childhood blindness.

Cataract

The symptoms of cataract are reduced vision and grey or white eye lens (Figure 2). Refer to a doctor if the patient cannot count fingers from a distance of 3 m or less. Vision can be restored with simple surgery.

Conjunctivitis

Conjunctivitis can be identified through red conjunctiva, discharge, itchiness and swollen eye lids (Figure 3). To treat conjunctivitis it is necessary to: wash eyes daily; use antibiotic; use tetracycline eye ointment three times daily for 7 days. If there is no improvement
in 3 days, the person should be referred to a doctor.

Stye

A stye can be identified by a red, swollen lump on the eyelid (Figure 5). To treat a stye, apply warm compresses on the eye for 10–15 minutes twice daily. Removing the eyelash over the lump may help to let out the pus and if there is no improvement, the individual should be referred to a doctor for further treatment.

Squint

Squints can be identified by wandering eyes and an inability to focus the eyes simultaneously. Any individual with a squint should be referred to an eye doctor.

Vitamin A deficiency

Vitamin A deficiency can be identified by: night blindness, dryness of the eye and Bitot’s spots (Figure 7). Parents should be
educated to give their child food which is rich in vitamin A, such as carrots, liver, milk and green vegetables. Children with vitamin A deficiency should be referred to an eye doctor (Figure 8).

Active trachoma (follicular)

Active trachoma is mainly found among children in endemic areas in some countries of the Region. It can be identified by the presence of five or more follicles in the upper tarsal conjunctiva (grey, white spot). To treat active trachoma, the face should be washed every day with clean water and 1% tetracycline eye ointment should be applied every day for 6 weeks (or azithromycin, single dose, if available). All members of an infected household should be examined.

Trachomatous trichiasis

Trachomatous trichiasis can be identified by the eye lashes rubbing the conjunctiva. The condition requires immediate referral to a doctor.

Eye perforation

The eye can be perforated if it is cut by a sharp object (Figure 11). No eye drops or ointment should be applied to a perforated eye but a protective dressing should be applied to protect it. The individual should
be immediately referred to a doctor and general antibiotics may be prescribed.

The role of cluster representatives and health volunteers in the prevention of avoidable blindness

Cluster representatives and health volunteers should provide health education on eye care, such as explaining the importance of receiving a measles vaccination, taking vitamin A, controlling diabetes, screening children for refractive errors and low vision and preventing eye trauma. This will encourage families to adopt changes in lifestyle that improve eye health and prevent eye diseases. Visually impaired and blind people in the community should be identified and records kept. The instructions of the doctor should be followed.

Cluster representatives and health volunteers should ensure the early identification of common eye conditions, with a potential to cause blindness, such as cataract, stye, refractive errors, trachoma, vitamin A deficiency disorders, etc. They should work with the teachers of local schools to screen young students for low vision and crossed eyes and identify students who need spectacles.

It is important to ensure that treatment has been taken and simple ‘first aid’ treatment of basic eye conditions is administered. Patients should be referred to appropriate eye care services for adequate treatment, rehabilitation and low-vision care. Patient’s treatment procedures should be followed to ensure full recovery (see Table 1).
Table 1. Activities to control and prevent avoidable blindness

<table>
<thead>
<tr>
<th>Activity</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing measles vaccination</td>
<td>Prevents blindness</td>
</tr>
<tr>
<td>Ensuring improved nutrition</td>
<td>Prevents blindness due to vitamin A deficiency</td>
</tr>
<tr>
<td>Ensuring use of safe water and sanitation</td>
<td>Controls trachoma</td>
</tr>
<tr>
<td>Conducting childhood eye screening</td>
<td>Identifies cases of cross eyes, refractive errors, low vision and childhood blindness</td>
</tr>
<tr>
<td>Providing health education</td>
<td>Prevents trauma, early treatment of cataract, control of diabetes-related eye conditions</td>
</tr>
<tr>
<td>Providing simple treatment and referral</td>
<td>Ensures timely treatment of simple eye diseases, removal of foreign bodies, prevents blindness</td>
</tr>
</tbody>
</table>
Annex 1

Pre- and post-test questionnaire

The following test should be given to trainees before and after training.

*Choose one of these answers (a, b and a) for each of the following questions.*

<table>
<thead>
<tr>
<th></th>
<th>Needs emergency referral to a hospital</th>
<th>Can be treated at the community level</th>
<th>Needs to be examined by a doctor, but is not an emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sudden loss of vision with severe pain</td>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
<tr>
<td>2. Night blindness</td>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
<tr>
<td>3. Eye lids sticky with discharge. Vision is normal</td>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
<tr>
<td>4. Eye cut with a sharp object</td>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
<tr>
<td>5. Cross eye or squint (both eyes focus in the same direction)</td>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
<tr>
<td>6. Majority members of the household have red, sore eyes</td>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
<tr>
<td>7. Grey or white pupil</td>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
<tr>
<td>8. Cannot read the letters on a blackboard</td>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
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Active and healthy ageing and old age care
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Active and healthy ageing and old age care

Learning objectives
The objectives of this session are to enable cluster representatives and health volunteers to:

• understand the changes that occur in the body during the ageing process;
• recognize the special health, nutritional and socioeconomic needs of older people;
• identify early impairment, disability and disease in older people;
• understand the importance of self-care in maintaining good health and in the prevention of accidents;
• understand the importance of socialization and involvement in community affairs for older people.

Expected outcomes
After completion of this session cluster representatives and health volunteers will be able to:

• advocate and promote the health of older people through increasing awareness of the special needs of older people;
• improve self-care skills, including accident prevention among older people and their caregivers;
• support timely referral for the management of disability by forming linkages with health services and nongovernmental organizations;
• enhance awareness of the prevention of diseases in older people;
• promote and encourage involvement in decision-making processes and community affairs.
Introduction

With better health care and lower mortality rates, the proportion of older people is rapidly growing. The health needs of older people are different from those of younger or middle-aged people. The ageing process produces a number of changes which may restrict the lifestyle that a person had in his/her earlier years. These changes also predispose the body to several diseases.

What is ageing?

The human body undergoes gradual but continuous changes throughout life. Although these changes cannot be stopped, reversed or prevented through suitable measures, the effects on the functions of the body can be delayed or minimized. There is no specified age for the onset of old age, however, between 60 and 65 years is considered to be the beginning of old age.

Changes in the human body

Bones. There is a gradual loss of the hardness of the bones. The bones become brittle and can easily fracture, even as a result of minor falls. Fracture of the hip and femur are more common in older people, especially among women after menopause.

Muscles. The muscles begin to degenerate as an individual ages. This affects bodily movements and physical activity. Loss of muscle also occurs in body organs, such as the heart, kidneys, liver, spleen, etc., resulting in the reduced function of these organs.

Body fat. With the gradual loss of body fat, the skin becomes dry and itchy and tolerance to the cold is reduced.

Body water. More than 70% of an adult’s body is composed of water. With reduced body fluid, older people can easily become dehydrated. This can be very dangerous as they may experience little thirst and drink less water.

Common diseases/disabilities of older people

Common diseases and disabilities experienced by older people include:

- high blood pressure;
- heart disease;
- diabetes;
- cancer;
- respiratory diseases;
- incontinence;
- loss of vision;
- impaired hearing;
- decreased mobility due to arthritis, fractures, decreased skeletal muscle mass;
- oral/dental problems;
- mental illness.

Special needs of older persons

Nutritional needs. The intake of sugar, red meat, eggs, butter, oily and spicy foods must be reduced.

Economic independence. The majority of older people are economically dependent on others. The financing of specific health care needs of older people, for such things as buying eye glasses, hearing aids, crutches and for the treatment of other chronic diseases, must be ensured. The community should take care of older people, particularly the poor, and older people should be given access to some type of health insurance scheme.

Improved living conditions. In the Eastern Mediterranean culture, it is the cultural norm for older people to live with their families. However, with gradually changing
values, economic pressures, urbanization and patterns of migration, this norm is changing as a lot of pressure is being placed on families. It is important that improved living conditions such as a comfortable well-ventilated room with toilet facilities for older people should be promoted in communities.

Health care. The ageing process can result in a number of diseases and disabilities but many of these can be easily managed. The provision of a hearing aid, glasses or dentures or the performing of cataract surgery, etc. can substantially improve conditions of old age. Individuals experiencing medical conditions, such as high blood pressure, diabetes and heart disease, should be referred to the health facilities for treatment and appropriate advice.

Special care. Older people who are frail require special care and support in their day-to-day life with tasks such as dressing, preparing meals, using the toilet, etc.

Socialization. Older people need to be part of the family and community and need not to be isolated. Isolation and loneliness are a common cause of depression. Older people who live in close contact with their families experience less depression and mental illness.

Self-care for older people

Prevention of accidents. Older people are more prone to accidents with most accidents taking place at home. Falls at home usually happen while getting out of the bed, crossing the doorstep, slipping on the wet floor of a bathroom or while using the stairs. Adequate lighting, the use of eye glasses and special hand rails and supporting mechanisms in bathrooms, along the sides of beds and stair rails can avoid such accidents.
Daily exercise. Regular exercise also helps to improve muscular functions.

Personal hygiene. Maintaining good personal hygiene protects against diseases. Special care should be taken to maintain oral and dental hygiene, especially if dentures are used. Taking a regular bath will keep the body clean.

Sleep. Sleep requirements diminish in old age. This is normal and any attempt to change this by the use of sleeping agents can create problems. Active engagements during the daytime may be helpful in reducing frequent daytime naps.

Bowel movements. Regular bowel movements may be ensured through regular exercise and eating more vegetables and fruit in the diet.

Preventive health measures. Simple preventive measures, such as regular monitoring of blood pressure, body weight, use of clean drinking-water, adequate diet, avoiding smoking and regular check-ups at a health facility assist in preventing disease. Any change in weight, bowel habits, discovering a lump on a breast, bleeding from any site and chronic cough must be reported at the earliest moment for medical consultation. These may be early signs of some serious disease.

Medication. Medicines should be used with utmost care and after proper consultation with a doctor.
The role of cluster representatives and health volunteers in improving the health of older people

Table 1. Planning community action to improve the health of older people

<table>
<thead>
<tr>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify older people and their needs in the community</td>
<td>Prepare a list of older people in the community.</td>
</tr>
<tr>
<td>Conduct a survey</td>
<td>Conduct a simple rapid survey among older people to assess the number of those with physical disabilities and those with medical illnesses through individual home visits. Identify those who need special care and support.</td>
</tr>
<tr>
<td>Conduct community awareness and advocacy</td>
<td>This awareness-raising campaign should highlight: ageing as a natural biological process; the special physical and social needs of older people which differs from young people; the maintenance of good health through early identification of diseases, disabilities and timely management through treatment and prevention; self-care through simple measures of avoiding disabilities and adapting adjustment mechanisms.</td>
</tr>
<tr>
<td>Build capacities in self-care</td>
<td>Provide self-care skills to older people and their caregivers in the family on: adjusting to changing lifestyles; improving personal hygiene and nutrition; avoiding hazards and preventing accidents; and adopting preventive health measures.</td>
</tr>
<tr>
<td>Explore resources—build linkages to cater for the special needs of older people</td>
<td>Build linkages with charitable organizations, nongovernmental organizations and health care facilities to cater for the health needs of older people and reduce the impact of disabilities, such as: cataract and hearing and visual impairment. Organize special medical camps for medical check-ups and treatment.</td>
</tr>
<tr>
<td>Build social support for older people</td>
<td>Older people can make a significant contribution to community affairs. They must be brought in to the mainstream of the community through a variety of community-based interventions, such as: inclusion in planning, implementation of social development projects utilizing their expertise; seeking advice on important issues; recognizing the important contribution that older women make to families and communities through care-giving; supporting older women to enable them to participate in the decision-making process; creating a community centre for enhanced socialization.</td>
</tr>
</tbody>
</table>
Annex 1

Assessment questionnaire

To assess the needs of older people in your community, fill out the following questionnaire. After collecting information through this questionnaire, the results may be analysed in the presence of the health staff of the nearest health facility.

Table 1. Questionnaire to assess the health needs of older people in the community

<table>
<thead>
<tr>
<th>Personal details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who do you live with?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>With spouse</td>
<td>☐</td>
</tr>
<tr>
<td>Alone</td>
<td>☐</td>
</tr>
<tr>
<td>With spouse and unmarried children</td>
<td>☐</td>
</tr>
<tr>
<td>With extended joint family</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you need assistance with any of the following?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Toilet</td>
<td>☐</td>
</tr>
<tr>
<td>2. Washing yourself</td>
<td>☐</td>
</tr>
<tr>
<td>3. Dressing</td>
<td>☐</td>
</tr>
<tr>
<td>4. Feeding</td>
<td>☐</td>
</tr>
<tr>
<td>5. Walking/shopping</td>
<td>☐</td>
</tr>
<tr>
<td>6. Cooking</td>
<td>☐</td>
</tr>
<tr>
<td>7. Any other activity (please specify)</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have any of the following disabilities?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Impairment/loss of vision</td>
<td>☐</td>
</tr>
<tr>
<td>2. Loss of hearing</td>
<td>☐</td>
</tr>
<tr>
<td>3. Decreased loss of mobility (severe joint pains)</td>
<td>☐</td>
</tr>
<tr>
<td>4. Dental problems (loss of teeth)</td>
<td>☐</td>
</tr>
<tr>
<td>5. Any other (please specify)</td>
<td>☐</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Do you have any of the following illnesses?</strong></td>
<td></td>
</tr>
<tr>
<td>1. Hypertension</td>
<td>☐</td>
</tr>
<tr>
<td>2. Heart disease</td>
<td>☐</td>
</tr>
<tr>
<td>3. Diabetes</td>
<td>☐</td>
</tr>
<tr>
<td>4. Cancer</td>
<td>☐</td>
</tr>
<tr>
<td>5. Respiratory disease</td>
<td>☐</td>
</tr>
<tr>
<td>6. Mental disorders</td>
<td>☐</td>
</tr>
<tr>
<td>7. Any other (please specify)</td>
<td>☐</td>
</tr>
<tr>
<td><strong>What activities do you do throughout the day?</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>1. Sit alone</td>
<td>☐</td>
</tr>
<tr>
<td>2. Talk with friends/neighbours</td>
<td>☐</td>
</tr>
<tr>
<td>3. Housework</td>
<td>☐</td>
</tr>
<tr>
<td>4. Work outside part time</td>
<td>☐</td>
</tr>
<tr>
<td>5. Work outside full time</td>
<td>☐</td>
</tr>
<tr>
<td>6. Anything else (please specify)</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Do you eat any of the following foods?</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>1. meat</td>
<td>☐</td>
</tr>
<tr>
<td>2. eggs</td>
<td>☐</td>
</tr>
<tr>
<td>3. milk</td>
<td>☐</td>
</tr>
<tr>
<td>4. pulses</td>
<td>☐</td>
</tr>
<tr>
<td>5. vegetables</td>
<td>☐</td>
</tr>
<tr>
<td>6. fruit</td>
<td>☐</td>
</tr>
<tr>
<td>7. other (please specify)</td>
<td>☐</td>
</tr>
<tr>
<td><strong>How many times during the last week did you eat:</strong></td>
<td>Write in the number of times you ate this food</td>
</tr>
<tr>
<td>1. meat?</td>
<td>☐</td>
</tr>
<tr>
<td>2. eggs?</td>
<td>☐</td>
</tr>
<tr>
<td>3. milk?</td>
<td>☐</td>
</tr>
<tr>
<td>4. pulses?</td>
<td>☐</td>
</tr>
<tr>
<td>5. vegetable?</td>
<td>☐</td>
</tr>
<tr>
<td>6. fruit?</td>
<td>☐</td>
</tr>
<tr>
<td>7. other? (please specify)</td>
<td>☐</td>
</tr>
</tbody>
</table>
Table 1. Questionnaire to assess the health needs of older people in the community *(continued)*

<table>
<thead>
<tr>
<th>Income and health</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a source of regular income?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you go the health centre for medical check-ups?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If yes, when was your last check-up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you take regular medication?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If yes, for which illness do you take medication?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do you:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. smoke?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. drink alcohol?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**What support, in your view do you need to improve your health and quality of life? (Please specify)**
Unit 17
Mental health and substance abuse
Contents

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Mental health and substance abuse

Learning objectives
The objectives of this session are to enable cluster representatives and health volunteers to:

• understand that people with mental illness should be treated with the same respect and understanding as people with physical illness;
• understand the common causes of mental illness;
• understand that mental illness is treatable and should not be stigmatized;
• prevent common mental illnesses and understand procedures for referral and follow-up;
• recognize the importance of early identification, referral, follow-up and physical and social rehabilitation of individuals who abuse substances.

Expected outcomes
After completion of this session cluster representatives and health volunteers will be able to:

• raise community awareness of mental illness and substance abuse;
• identify common, but important, mental illnesses and substance abuse patients and refer these people for treatment;
• implement simple prevention/promotional mental health programmes and campaigns against substance abuse;
• involve the community in the social rehabilitation of people with mental illness and people abusing substances;
• instigate follow-up and rehabilitation procedures.
Introduction
Almost all families are affected by some form of mental illness in their lives. It has been shown that greater social cohesion and community support can prevent some mental illnesses and assist people with mental illness to recover more easily. Mental illness is treatable and being aware of this encourages early treatment and lessens the stigma and discrimination related with it.

Some of the causes that can contribute to the development of mental illness include:
- poverty;
- gender discrimination;
- domestic violence, violence and abuse of women and children;
- insecurity and hopelessness;
- social isolation;
- general health problems, such as heart disease;
- substance abuse;
- unemployment;
- low literacy;
- stressful working conditions;
- heredity factors.

Mental illnesses are very common, affecting more than 20% of the world’s population. Mental illness is not the same as insanity. There are different types of mental illness with different symptoms; people may feel sad, lose interest in life, experience disturbed sleep or losses in appetite or decreased levels of activity. Some people may feel hopeless and have negative thoughts. They may also experience anxiety, feel fearful or may experience physical complaints.

Severe mental illnesses are however less common. When individuals are experiencing severe mental illness they may hear voices or see things that do not exist, they may become suspicious of others and behave strangely. Some people may not be able to take appropriate care of themselves. Both common and severe mental illness is treatable.
People with mental illness are not dangerous and should not be feared, they should never be chained or confined. People suffering from mental illness are not possessed by evil spirits but their illness is due to disturbances in the functions of the brain.

The stresses of life can contribute to the development of mental illness. Chronic physical complaints may be due to mental illness or disease and if no physical cause is found after investigation by doctors, mental disorders should be considered as the most likely cause. Substance abuse is a form of mental illness which can be prevented and treated.

People living with severe mental illness are among the most disadvantaged people in the community. As a result of the physical and emotional consequences of illness, they may not be able to function normally within their family, society or at work and their situation is further worsened by discrimination, stigma and human rights violations.

Preventing and managing mental illness health

Prevention of early childhood mental illness

Adequate care during pregnancy and childbirth can help to prevent the development of mental illness in a child. Parents need to provide adequate nutrition for their children and monitor their growth in early childhood. Parents and teachers should treat children
with love as physical punishment and the emotional humiliation of children negatively affects their mental health.

Economic and social empowerment of women

Women should be encouraged to be equal partners in all aspects of life, and should be respected and supported by men. Violence against women is unacceptable and may lead to the development of mental illness in women. Women should be provided with equal access to education and skills’ development and be part of decision-making processes in the family and the community. Providing community support through counselling and problem-solving sessions with women experiencing stress would be useful in alleviating this stress.

Social support to ageing populations

Older people should be respected within communities and need to be listened to carefully in order to gain an understanding of their thoughts and feelings. Older people should never be isolated. Their wisdom may be sought in dealing with daily life issues and soliciting their advice guarantees their perception of themselves as useful members of the community. Their basic health needs, such as the provision of a hearing aid or a pair of glasses should be ensured as this will reduce their dependency on others.

Tobacco, substance abuse and alcohol-related problems

Communities should have information about common substances which are abused in their localities. Social and economic interventions provided through community-based initiatives will have a positive role in the prevention of drug abuse. People should be aware that tolerance to drugs increases over time and will lead to dependency, reduce a person’s ability to function and lead to negative health and social consequences.

Severe mental illness

People with severe forms of mental illness should be treated with respect. They should not be chained or confined and should be identified and referred for early diagnosis and treatment. These patients require regular visits, continued follow-up and provision of essential medicines to be able to fully recover and become active members of the community.

Common mental disorders, including depression

Common mental disorders should be identified early and referred for diagnosis and correct treatment. People experiencing mental disorders need continued follow-up and regular medication. Depression, if untreated, will decrease a person’s ability to function and leads to a feeling of hopelessness and possibly even suicide.

Epilepsy

People with epilepsy should be identified and treatment should start as early as possible. This will prevent further damage to the brain and those patients for whom treatment starts early will be able to enjoy greater control of their illness and increased functioning of the mind.

Mental retardation

All efforts to improve the general health of mothers and children will have a good effect on the prevention of mental retardation. Promoting the use of iodized salt will also prevent one type of mental retardation.
Referrals
People who should be referred to a health facility include those with:
- severe mental illness;
- common mental illness;
- mental illness who intend to harm themselves or others;
- epilepsy;
- mental retardation;
- drug abuse problems.

Referral process
In the process of referral it is always important to be respectful to the patient and to ensure patient confidentiality. It is also important to obtain a patient’s full consent for their referral. If they intend to harm themselves or others, close relatives should always be informed. It is essential that a patient follows their prescribed treatment upon their return from the hospital and health workers can follow up on this. The patient should continue to take their treatment for the entire period that the medicine is prescribed for and be referred back to the physician after certain intervals.
Annex 1

Questionnaire

To assess whether the training objectives have been reached, the following questions should be asked.

1. How many community members have changed their behaviour in terms of listening more to others and adopting less violent behaviour?
2. How many parents/teachers have stopped beating children?
3. Have more members of the community stopped making fun of people with severe mental illness? How many?
4. Have members of the community been asked to be introduced to doctors as a result of feeling sad and or experiencing sleeplessness? How many individuals have requested to see a doctor during the last month?
5. Are people with mental illness continuing their treatment in the way that the doctor has recommended? How many individuals?
Annex 2

Communicating with the community

Table 1 provides a list of appropriate actions (do’s) and inappropriate actions (don’t’s) in communication with the community.

**Table 1. Appropriate and inappropriate behaviour when dealing with members of the community**

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>• introduce yourself if they do not know you and ask for permission before starting to talk.</td>
<td>• start talking without an introduction and a willingness on the part of the individual to talk.</td>
</tr>
<tr>
<td>• sit or stand at the same level as people in the community.</td>
<td>• stand up to talk to a person who is squatting on the ground.</td>
</tr>
<tr>
<td>• express your willingness to assist people verbally and non-verbally.</td>
<td>• show indifference or impatience toward the person.</td>
</tr>
<tr>
<td>• tell individuals that they have the right to keep silent and they are not obliged to share their private thoughts with you. Let them disclose such issues themselves first.</td>
<td>• force an individual to talk. • intrude into an individual’s private life.</td>
</tr>
</tbody>
</table>

**Table 2. Communicating with the public**

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>• listen to him/her carefully.</td>
<td>• just tell him/her what to do or interrupt him/her repeatedly.</td>
</tr>
<tr>
<td>• tell them that you are trying to understand them.</td>
<td>• appear indifferent towards their feelings. Don’t tell a person not to cry.</td>
</tr>
<tr>
<td>• be neutral and admit that they may have different beliefs. Respect their culture. Example: Eye-to-eye contact is acceptable with the same sex but should be carefully considered with the opposite sex if the local culture is against it; sit and talk more respectfully with older people.</td>
<td>• judge them and confronts them when they have different beliefs. • ignore or use sarcasm regarding their values, belief systems and culture.</td>
</tr>
<tr>
<td>• be outright and honest.</td>
<td>• tell lies to try and calm someone.</td>
</tr>
</tbody>
</table>
### Table 3. How to relate emotionally to members of the community

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>• be calming and supportive.</td>
<td>• be critical.</td>
</tr>
<tr>
<td>• laugh with them if they laugh.</td>
<td>• laugh at them.</td>
</tr>
</tbody>
</table>

### Table 4. How to close a meeting

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>• wrap up the session at the end of every meeting and ask them whether there have any further questions.</td>
<td>• set rigid time limits for your interviews and finish without reaching any conclusions.</td>
</tr>
<tr>
<td>• set the time and the date for the next appointment upon closing the session. Tell them you will be back at a definite date.</td>
<td>• interrupt the working sessions and leave the area even if you are busy elsewhere. • end the working session without answering all questions.</td>
</tr>
</tbody>
</table>
Unit 18

Tobacco and health
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   Economic costs 69
   Health benefits of smoking cessation 69
   Water pipe 69

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Tobacco Free Initiative

Learning objectives

The objectives of this session are to enable cluster representatives and health volunteers to understand:

• the harmful effects of smoking;
• the importance of motivation and of building alliances with all key partners against tobacco use;
• the tactics of the tobacco industry to promote smoking.

Expected outcomes

After completion of this session cluster representatives and health volunteers will be able to:

• run awareness-raising campaigns of the dangers of smoking, especially targeting the youth;
• design tobacco control campaigns;
• involve key partners in their campaigns and activities.
Noncommunicable diseases

Introduction

Tobacco is deadly in any form or disguise as it contains chemicals which are toxic, addictive and which cause a variety of cancers and diseases. Tobacco use also contributes to increasing levels of poverty. This is in addition to the suffering caused through tobacco-related diseases and the burden of disease on individuals, families and society as a whole. Second-hand smoke has huge social, health and economic costs. Adults need to abstain from tobacco use, not only to protect themselves, but to protect younger and future generations from becoming the victims of deadly tobacco-related diseases.

Tobacco use

Tobacco use is currently responsible for the death of one in ten adults worldwide. If current smoking trends continue, tobacco use will cause 10 million deaths each year by 2020, claiming more lives than HIV, tuberculosis, maternal mortality, motor vehicle accidents, suicide and homicide combined. Lifelong smokers, on average, have a 50% chance of dying early from a tobacco-related disease. Tobacco use is a risk factor for 25 diseases.

The negative effects of smoking on the human body affect the: heart, arteries, lungs, brain, stomach, skin and hair.

Heart: heart diseases; high blood pressure; sudden cardiac arrest and death.

Arteries: gangrene and the amputation of limbs.

Lungs: infections including pneumonia; cancer.

Brain: impaired intellectual functions.

Stomach: stomach ulcers.

Skin and hair: wrinkling of the skin and hair loss.

Tobacco use can also cause hearing loss, ear infections, blindness and cataract. It has a negative effect on reproductive health in terms of its effects on pregnancy; miscarriage; premature delivery; decreased reproductive ability; impotence and deformed sperm and sterility. Tobacco use can cause brittle bones and tooth decay and lead to a range of cancers: bladder, lung, stomach, brain, breast, cervix, leukaemia and childhood tumours.

All tobacco products, including chewing tobacco, smoking cigars and water pipes (shisha) contain nicotine which is dangerous and addictive. Nicotine dependence is a major barrier to successful cessation.

Passive smoking is as dangerous for health as active smoking and the second-hand smoke of others represents a violation of the rights of non-smokers. Children represent a large portion of the population who are exposed to the harmful effects of smoking.

Religion is part of the daily life of individuals. All religions call upon people to look after their health, to avoid health hazards, risks and addictions and to raise their standards of hygiene. Religion plays a key role in health education and this channel creates additional opportunities for improved health education.
The effects of second-hand smoke on children

The effects of smoking on a fetus include: low birth weight with smaller lung capacity; the onset of asthma in early childhood and birth defects, such as club foot and cleft palate.

On infants under 1 year of age, the effects of second-hand smoking can include: sudden infant death; increased asthmatic symptoms; irritation of the airway and lungs; and higher exposure levels than children.

Children who are exposed to second-hand smoke are more likely to: develop asthma and lung infections; experience impaired lung growth; experience ear infections and have their intelligence and behaviour altered.

Economic costs

The economic costs of tobacco use are equally devastating. In addition to the high public health costs of treating tobacco-related diseases, tobacco kills people at the height of their productivity, when they are young, depriving families of breadwinners and nations of a healthy workforce.

Some of the poorest households spend as much as 15%–30% of total household expenditure on tobacco. This means that these families have less money to spend on basic items such as food, education and health care. Tobacco use leads to malnutrition, increased health care costs and premature death.

Health benefits of smoking cessation

The cessation of smoking has major and immediate health benefits for all ages. Benefits apply to persons with and without smoking-related diseases. Former smokers live longer than continuing smokers. For example, people who quit smoking before the age of 50 have one half of the risk of dying in the next 15 years compared with continuing smokers. Smoking cessation decreases the risk of lung cancer, other cancers, heart attacks, strokes and chronic lung diseases. Women who stop smoking before pregnancy or during the first 3 to 4 months of pregnancy reduce their risk of having a low-birth-weight baby to that of women who have never smoked. The health benefits of smoking cessation far exceed any risk from the average 2.3 kg weight gain or any adverse psychological effects that may follow quitting.

Water pipe

Smoking a water pipe (shisha/nargila) and using filters for smoking is usually considered less harmful. It is believed that smoke after passing through water or a filter is purified. This is incorrect. Both are equally harmful and dangerous for health. Studies now show that using a water pipe to smoke tobacco poses a serious potential health hazard to smokers and others exposed to the smoke emitted and is not a safe alternative to cigarette smoking. A typical one hour water pipe-smoking session involves inhaling 100–200 times the volume of smoke inhaled with
Noncommunicable diseases

a single cigarette. Even after it has been passed through water, the smoke produced by a water pipe contains high levels of toxic compounds, including carbon monoxide, heavy metals and carcinogenic chemicals.

Commonly-used heat sources that are applied to burn the tobacco, such as wood cinders or charcoal, are likely to increase the health risks because when such fuels are combusted they produce their own toxicants, including high levels of carbon monoxide, metals and carcinogenic chemicals.

Pregnant women and the fetus are particularly vulnerable when exposed either actively or involuntarily to water pipe smoke toxicants. Second-hand smoke from water pipes is a mixture of tobacco smoke in addition to smoke from fuel, and therefore, poses a serious risk for non-smokers. There is no proof that any device or accessory can make water pipe smoking safer. Sharing a water pipe mouthpiece poses a serious risk of transmission of communicable diseases, including tuberculosis and hepatitis. Water pipe tobacco is often sweetened and flavoured, making it very appealing. The sweet smell and taste of the smoke may explain why some people, particularly young people who otherwise would not use tobacco, begin to use water pipes.

The role of cluster representatives and health volunteers in preventing the use of tobacco

- Conduct a meeting of all the key players and prepare a simple document to outline the activities and the role of each partner.
- Firstly, there should be an agreement about the activities that will take place. All key sectors should be involved, such as schools, health facilities and mosques. Public places that large populations use can be used to host events.
- Simple activities and awareness-raising campaigns may be planned. The more involved the community are, the more successful a campaign will be.
- The magnitude of the problem and its harmful consequences both on health and the economy can be identified through a simple community-based survey. This should carry simple information on the prevalence of tobacco use and its socioeconomic impact on the local community. Some knowledge-related questions will help in identifying the steps and the information that the people want to know.
- Interventions may be designed, based on the problem identified in the survey. Objectives and targets may be laid down. For example, if second-hand smoking is identified as a problem, the objective will be to enhance knowledge for awareness and community motivation for action to creating a smoke-free environment for all.
- It should be ensured that awareness-raising messages are properly
disseminated and the community have the basic facts in their own language and from their own community. The results of the survey regarding the harmful effects of tobacco may be used in conveying the message. This will stimulate a community dialogue on the harmful socioeconomic consequences of tobacco use and motivate the audience to change their behaviour in positive ways.

- If a decision is taken to stop smoking in public places, monitoring and enforcement mechanisms should be developed. Using school students would be a good idea to get them involved in the campaign.

- Utilization of community public figures is very important, people love role models and they like to imitate what they do and follow their beliefs.
**Annex 1**

Pre- and post-test

Please tick True or False.

<table>
<thead>
<tr>
<th></th>
<th>False</th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Smoking and tobacco use in all forms leads to the following health-related hazards:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. heart disease and hypertension.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>b. lung disease.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>c. impotence and infertility.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>d. dental carries and loss of teeth.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>e. cancer (lung, bladder).</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>2. Smoking shisha:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. is less harmful than cigarettes.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>b. is more harmful than cigarettes.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>c. has the same effect as cigarettes.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>d. causes no harm at all.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>e. is a leading cause of tuberculosis.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>3. People start smoking because:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. smoking is considered fashionable and stylish.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>b. smoking is thought to give energy and prevent fatigue.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>c. smoking prevents weight gain.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>d. smoking prevents respiratory infection and opens airways.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>e. smoking is considered as a social habit in gatherings.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>4. People become regular smokers because:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. tobacco is an addictive substance and smokers are unable to quit smoking easily.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>b. smoking tobacco enhances concentration at work.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>c. smoking tobacco gives self-confidence.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>d. smoking tobacco helps to relieve stress.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>5. Cigarettes can be safe if:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. they are filtered.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>b. they are a good brand.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>c. they are occasionally smoked.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>d. they are labelled as mild or safe.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>e. they are labelled as low tar or nicotine.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>f. hand-rolled cigarettes are smoked.</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
6. For pregnant women who are smokers:
   a. shisha use is considered safe in pregnancy because it has a milder effect than cigarettes on the health of the baby.  
   b. there is no effect on the health of the fetus.  
   c. a woman who smokes is more likely to have a low-birth-weight baby.  
   d. a woman who smokes is more likely to have a baby with birth defects.  
   e. the infant of a woman who smokes is more likely to develop symptoms of asthma in early childhood.

7. The use of shisha:
   a. shisha is less harmful than normal cigarettes.  
   b. as the smoke passes through water in a shisha, it absorbs all the harmful substances.  
   c. smoking shisha is equivalent in volume to smoking between 100 and 200 cigarettes.  
   d. sharing shisha with friends is good for building strong friendships.  
   e. the tobacco in shisha also contains flavours that are good for relaxation.

8. Occasional smoking may:
   a. help to clear airways of dust particles and harmful substances.  
   b. have a milder effect in comparison to frequent smoking.  
   c. turn into heavy smoking easily.  
   d. have no related health effects.  
   e. lead to weight gain.

9. Smoking is related or not related to poverty because:
   a. cigarettes are very economical and therefore do not affect the pocket much.  
   b. some poorer people may spend between 15% and 30% of their earnings on cigarettes.  
   c. smoking is an affordable pleasure for poor people.  
   d. there is the added cost of medical treatment related to smoking-related diseases.  
   e. the money saved by not buying cigarettes can be used for food, education and children's health care.

10. Children's exposure to second-hand smoke can:
    a. lead to repeated chest infections.  
    b. cause bronchial asthma and pneumonia easily.  
    c. be prevented by parents smoking outdoors.  
    d. be prevented by parents smoking in the next room.  
    e. lead to them smoking cigarettes as adults.