



**The CONTROL**  
**(COgNitive Therapy for depRessiOn in tubercuLosis treatment)**  
**to improve outcomes for depression and TB in Pakistan and**  
**Afghanistan**

**Community Engagement Activity Report**  
**Tehkhal, Peshawar, Pakistan**  
**14th June 2025**

**Funded by: RIGHT3, NIHR**  
**Reference: NIHR201773**

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## Executive Summary

This Community Engagement and Involvement (CEI) activity was conducted on 14 June 2025 in Tehkal, Peshawar, Pakistan and comprised separate sessions for male and female participants held in local community spaces (hujras). Diverse populations, including Afghan refugees and local Pakistani residents, attended these sessions. The activity was implemented under the CONTROL Programme, which focuses on Cognitive Therapy for Depression within Tuberculosis Treatment. The sessions aimed to enhance awareness of tuberculosis (TB) and its significant association with mental health conditions, particularly depression and anxiety. The specific objectives were to deliver accurate and culturally relevant information, reduce stigma, encourage timely healthcare engagement, and introduce the CONTROL Programme's integrated model of mental health care within TB services.

## Activity Aims & Objectives

This session aimed to raise awareness about the CONTROL study, tuberculosis (TB), and related mental health issues such as depression and anxiety. The session aimed to improve understanding of the types, symptoms, prevention, and treatment of TB, while also addressing the psychological impact of the disease. Participants were introduced to simple coping strategies, Islamic perspectives on health, and the services offered by the CONTROL Programme. An awareness video was shared to support broader community learning, and feedback was gathered to inform future CEI efforts. In addition, this CEI activity specifically targeted areas with low recruitment rates for the CONTROL study. Tehkal was selected due to its proximity to Kuwait Teaching Hospital, which also serves as an implementation site for the CONTROL Programme. The objective was to mobilise the community toward the nearest TB centres offering integrated care, and to ensure active participation and knowledge-sharing among Afghan refugees and local Pakistani populations.

## Activity Plan

A focal person was identified from the community living within the catchment area of the health facilities where the CONTROL Programme sites are located. He was contacted by phone, and an in-person meeting was arranged. During the meeting, the focal person was informed about the CONTROL Programme, the purpose of the sessions, and the intended participants. Two days before the session, the focal person contacted members of both the local Pakistani and Afghan communities to inform them about the activity. A female community member, relative of the focal person, supported this effort by inviting women from the area. On the day of the session, follow-up phone calls and home visits were conducted in the hour before the session began to encourage attendance. The session lasted for one hour and thirty minutes.



## Male Community Engagement Session

### Facilitators

From the CONTROL team, the activity was facilitated by:

- Asad Ullah (CEI Lead),
- Ihtesham Ul Haq (Research Assistant)

### Male Hujra Setting

The community engagement activity was conducted on July 14, 2025, in Tehkhal, located on the rural outskirts of Peshawar, Khyber Pakhtunkhwa (KP). This area is predominantly inhabited by Pashtuns, whose native language is Pashto. In addition to the local population, the area also hosts a significant number of Afghan refugees who have been residing in the community for an extended period.



### Participants

The workshop was attended by 25 male participants from Tehkal, including religious scholars, local residents, Afghan refugees, the hujra owner, and a local political leader.

### Activity

The activity was opened with the recitation of the Holy Quran by a Local Religious Scholar. Later, Asad Ullah introduced the CONTROL team and briefed the participants on the purpose of the activity, its aims and objectives, and how the community can help and contribute to the project.

## Community Knowledge on Tuberculosis and Mental Health

To initiate dialogue, the Asad ullah posed a question about Tuberculosis (TB), its signs, and symptoms. Only two participants responded, mentioning symptoms such as *persistent cough, blood in sputum, and sudden weight loss*.

A follow-up question was asked regarding mental illness, its types, and causes. Only one participant responded, referring to *mental illness as “tension” and linking it to poverty*.

### All about Tuberculosis

Mr. Asad Ullah provided a comprehensive explanation of the signs and symptoms of tuberculosis (TB), detailing that symptoms include a persistent cough lasting two weeks or longer, chest pain, and coughing up blood or sputum. Other symptoms of TB disease were also covered, such as weakness or fatigue, weight loss, lack of appetite, chills, fever, and night sweats. In addition to discussing the types of tuberculosis, He also explained that TB is treatable with antibiotics for six to nine months. However, in some cases where patients do not complete their treatment properly, the disease may become resistant to standard medicines. This condition is known as Multidrug-Resistant TB (MDR-TB). MDR-TB requires stronger medication and a longer treatment duration, often extending up to two years. Although treatment is more complex, MDR-TB is still curable if detected early and managed with proper medical care.

He also emphasized the importance of prevention, which includes completing the full course of treatment, practicing good respiratory hygiene, and ensuring proper ventilation in living spaces.



### Discussion on Mental Health

Mr Asad then shifted the discussion to mental health and explained that depression and anxiety are two common forms of mental illness and are often experienced by individuals affected by chronic health conditions like TB. Depression was described as a state of persistent sadness, lack of interest or pleasure



in daily activities, and difficulty functioning in daily life. Symptoms discussed included low energy, disturbed sleep (either too much or too little), poor concentration, memory issues, and in some cases, thoughts of self-harm or suicide.

He discussed anxiety as a condition where a person constantly feels worried, restless, or fearful, often without a specific reason. Symptoms of anxiety include racing thoughts, physical discomfort such as stomach upset or chest tightness, shortness of breath, and a general sense of unease.

## Relationship between TB and Mental Health

The moderator explained the relationship between TB and mental illness, highlighting that many people diagnosed with TB may also experience depression. This may result from the stigma associated with the disease, the inability to work due to illness, financial stress, isolation from family and friends, and fear of disclosing their condition to others. It was also noted that the burden of TB in Pakistan is among the highest in the world, ranking fifth globally in TB cases and fourth in MDR-TB. According to recent data, around 49 percent of TB patients may suffer from depression during their illness.

## Strategies for Improving Mental Health

The moderator provide guidance on managing mental health by introducing practical coping strategies in accessible terms. He emphasized the importance of relaxation techniques such as deep breathing and mindfulness, regular physical activity, a balanced diet, adequate sleep, and maintaining strong social connections with supportive family members and friends as key components of emotional well-being.

## Religious Perspectives

Mr. Asad Ullah invited the local religious scholar to share perspectives on communicable diseases and mental health from an Islamic viewpoint.

*The scholar acknowledged the CEI team's efforts and highlighted the significance of cleanliness, compassion, and community responsibility in Islam. He cited a Hadith stating that donating blood is rewarded as though one has saved an entire life. He also referred to historical instances during the time of the Prophet Muhammad (peace be upon him), where the community was advised to stay in place during outbreaks to prevent the spread of disease. The scholar reinforced the belief that while ultimate healing comes from Allah, Islam strongly encourages seeking medical treatment as part of one's religious duty.*



## Use of video for community awareness

Mr. Asad Ullah shared an awareness video that had been developed in alignment with community preferences, focusing on essential information about tuberculosis and mental health. The video was disseminated via WhatsApp to ensure that individuals who were unable to attend the session in person could still benefit from the content.

Participants responded positively, describing the video as highly informative, easy to understand, and reflective of real-life experiences. Several community members expressed their appreciation, noting that the video made complex topics more relatable and encouraged them to share the content further within their networks.

After watching the video, one of the participants shared his personal reflection.

*He spoke about a female family member who had tuberculosis five years ago and described how she often appeared extremely tired and began withdrawing from others. He mentioned that, after attending this session and watching the video, he realised that she may not have been struggling with TB alone. She might also have been silently facing depression. He expressed that this was something he had never considered before, and the session helped him better understand the emotional side of illness.*

## Interaction with Local Community Leader

As the session drew to a close, a local community leader arrived and expressed interest in the ongoing community engagement activities. In response, Mr. Asad Ullah invited participants to voluntarily summarize the key topics covered during the session. A senior community member responded by outlining that the session addressed critical information related to tuberculosis, its symptoms, and the mental health challenges often experienced by TB patients, including depression and its contributing factors. Additional participants supported this summary by sharing their reflections and learnings.

The political leader proceeded to inquire about the prevalence of TB in Pakistan and sought clarification regarding the NIHR logo displayed on the session's informational banner. Mr. Asad provided an overview of the collaboration between Khyber Medical University and Keele University under the CONTROL Project, funded by the National Institute for Health Research (NIHR). Furthermore, the leader requested details regarding other CONTROL Programme sites operating within Peshawar and expressed interest in receiving the awareness video link to facilitate broader dissemination across the community.



## Addressing Community Concerns

As the session concluded, participants were given the opportunity to ask questions and share their feedback regarding the information presented. One participant raised a concern about the potential cost of tuberculosis (TB) treatment. In response, the moderator clarified that all diagnostic services and treatment, including medication, are provided free of charge at designated public health facilities.

## Closing Remarks

The CEI team extended thanks to every member of the community for taking time out to attend the session and for their feedback.

## Group Photo



## Female Community Engagement Session

### Facilitators

From the CONTROL team, the activity was facilitated by:

- Miss. Rida Zarkaish (Research Assistant)
- Miss. Maria Marjan (Research Assistant)
- Miss. Sania Abdul Jaleel (Research Assistant)

### Female Hujra Settings

The female hujra selected for the session was centrally located within Tehkhal, providing convenient access for participants as well as the research team. Its proximity to the male hujra enabled parallel facilitation of both sessions on the same day and at the same time, supporting efficient coordination. The venue was well suited for the activity, offering a clean and adequately sized space that



comfortably accommodated approximately 28 to 32 female participants. The focal person played a key role in preparing the venue, including arranging seating to ensure a welcoming and organised environment for the participants.

### Participants

The workshop was attended by 32 female participants, including an Islamic scholar (a teacher from the Madrassa) and female residents including both Afghan refugees and residents.

### Session Proceedings

The activity began with the recitation of the Holy Quran by Rida Zarkaish, setting a respectful and culturally appropriate tone for the session. Following the recitation, she welcomed all participants and



provided a brief introduction, outlining the purpose of the visit and the intended objectives of engaging with the community members.

## All about Tuberculosis & Mental Health

Following the opening recitation, the session was moderated by Maria Marjan. She began by discussing tuberculosis, including its signs and symptoms, methods of prevention, and common misconceptions associated with the disease. After covering the topic of tuberculosis, the facilitator provided information on mental health, focusing on prevalent conditions such as depression and anxiety. The discussion included an overview of their signs and symptoms, as well as the potential impact of these conditions on individuals undergoing tuberculosis treatment.

During the interactive discussion, a participant asked, *“If a person gets TB from someone else, how did the first person get it?”* In response, Maria explained that the initial case of TB could have been caused by exposure to someone already infected, especially in situations where preventive measures such as wearing a mask were not observed. She further elaborated that TB spreads through airborne droplets released when an infected person coughs, sneezes, or speaks, which can then be inhaled by others nearby.

Following this, another participant inquired, *“Can TB spread by sharing utensils or food?”* Maria addressed this misconception by clarifying that TB is not transmitted through sharing food, drinks, or utensils, nor through physical contact such as shaking hands or touching surfaces. Instead, she emphasized that TB transmission occurs solely through the inhalation of infected airborne droplets.

### Further Clarification on TB and Its Management

Maria elaborated on the common symptoms of TB, such as a persistent cough lasting more than two weeks, chest pain, fever, night sweats, and unintentional weight loss. She explained that TB is treatable with antibiotics over six to nine months. However, if treatment



is not completed properly, the disease can become resistant to standard drugs, leading to Multidrug-Resistant TB (MDR-TB). This form requires stronger medication and prolonged treatment, sometimes

lasting up to two years, but it remains curable with early detection and proper medical care. She further emphasized the importance of prevention, including completing the full treatment course, wearing a mask, ensuring good ventilation, and maintaining hygiene.

Ms. Maria then prompted the participants by asking,

“Can anyone tell me the symptoms of TB and how we can prevent it?” In response, one participant shared that the symptoms include *“coughing for more than two weeks, weight loss, fever, and night sweats. Another participant added that prevention includes wearing a mask.”*

### Relationship between TB and Mental Health

The modeator explained that depression and anxiety are common among TB patients due to stigma, isolation, and financial stress. She described depression as persistent hopelessness and loss of interest, while anxiety involves excessive worry and physical symptoms like chest tightness. A participant shared experiencing these issues, reinforcing the link. Maria noted that Pakistan ranks fifth globally in TB cases, with studies showing that around 49% of TB patients may suffer from depression.



### Improving Mental Health

Ms. Rida began by acknowledging

Ms. Maria’s discussion on TB and mental health. She spoke about practical ways to improve mental well-being, emphasizing the importance of regular exercise, a balanced diet, and adequate sleep. She encouraged participants to engage in relaxing activities such as hobbies, mindfulness, and breathing exercises to support stress management. Mindfulness was explained as the practice of focusing attention on the present moment in a calm and non-judgmental way, while breathing exercises were introduced as a simple technique involving slow, deep breaths to promote physical and emotional relaxation.

Rida also highlighted the role of social support, explaining that spending time with family, friends, and the community helps reduce feelings of isolation. She stressed that seeking help from mental health professionals is a positive and necessary step when struggling emotionally. She encouraged participants



to promote awareness of tuberculosis and mental health within their communities and informed them about the availability of related services at Kuwait Teaching Hospital, located nearby.

Linking her message to Islamic values, moderator reminded the group that health is a gift from Allah and maintaining it is a part of faith. Islam encourages cleanliness, seeking medical help, prayer (namaz), remembrance of Allah (zikr), and trust in Him (tawakkul), all of which contribute to inner peace and emotional strength.

## Dissemination of Awareness Video: Gul Makai Ki Kahani



Ms. Rida introduced a short awareness video titled “*Gul Makai Ki Kahani*” (The Story of Gul Makai), created to help communities understand the link between TB and mental health. The video tells the story of a girl who contracts TB and faces depression, showing how timely treatment and family support aid her recovery.

*The video was then shown to participants.* After this, participants were asked if they understood the message. Ms. Rida informed them that the video link would be shared so they could rewatch it and share it with others. She emphasized that spreading this message can raise awareness, encourage early help-seeking, and build a more supportive and healthier community.

## Religious Perspective

To conclude the session, Ms. Rida invited a religious scholar (*Aalima*) to share the Islamic perspective on health and well-being. The *Aalima* emphasized that Islam considers health a trust (*Amanah*) from Allah, and caring for both physical and mental health is a religious duty.

She highlighted the Prophet Muhammad's (PBUH) teachings on hygiene, such as hand washing, cleanliness, and covering the mouth while coughing, all of which align with TB prevention. Cleanliness (*taharah*) is central to Islamic practice and vital for disease prevention. On mental health, she explained that conditions



like depression and anxiety are real challenges, not weaknesses in faith. Islam encourages both spiritual practices, such as prayer, *zikr*, and *tawakkul* and seeking medical help. She urged participants to support one another with compassion and to view treatment-seeking as an act of faith and responsibility.

## Integrated TB and Control Programme

She encouraged participants to seek timely medical care if they or someone they know experiences symptoms such as a persistent cough, fever lasting more than two weeks, night sweats, or unexplained weight loss. Rida informed the group that Kuwait Teaching Hospital offers free screening, consultation, and support for both TB and mental health. She stressed the importance of early detection not only for individual recovery but for the well-being of the entire community.

## Participants Feedback

Participants shared that they were previously unaware of TB symptoms and found the session highly informative, particularly on the connection between TB and mental health. They appreciated the simplicity and relevance of the awareness video "*Gul Makai Ki Kahani*", stating it was easy to understand and relatable, especially for women with limited literacy. They expressed interest in viewing the video again and sharing it with others as a means to raise awareness about tuberculosis and mental health within their communities.



One participant emphasized the importance of hygiene education, noting that many people in the area do not practice regular hand washing. She highlighted that sessions like this help raise awareness about simple yet essential practices such as washing hands with soap to prevent TB and other infections and protect family health.

## **Closing Remarks**

The session ended with appreciation for the participants' active involvement. Facilitators encouraged early health-seeking, community support, and sharing of the information and video to raise awareness. The session closed with a shared commitment to promoting TB and mental health awareness at the community level.