



CONTROL

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

**A Four-year Programme of Research Funded by: NIHR (RIGHT)
Research and Innovation for Global Health Transformation**

Reference: NIHR201773

Community Engagement Initiative
(CEI) activity on Tuberculosis and
Depression

3rd December, 2022

CONTENT

EXECUTIVE SUMMARY	4
INTRODUCTION.....	5
Activity Background:.....	5
Pawaka CEI Activity Plan:	5
Female Hujra:	5
Facilitator:	6
Workshop Proceedings.....	6
Day & Venue	6
Participants:	6
Aims & Objectives of CEI Activity:	6
Events:.....	7
All About Tuberculosis.....	7
Lived Experiences of Community:	8
Patient 1:	8
Response From Community:	9
Mental Health & Depression:	9
Lived Experiences of Community	10
Response of Community Regarding Mental Health:.....	10
Lest We Forget.....	12
Agenda	13
Team members.....	14

EXECUTIVE SUMMARY

In the Community Engagement Initiative activities series, third community engagement activity was held on 3rd December, 2022 in Pawaka village, rural area in Peshawar, KP to engage with community in their natural settings for project overview and to discuss TB and Mental Health Outcomes in detail. This was arranged as parallel activity in both male and female hujras considering the socio-cultural demographics of the area and to ensure active inclusion of both male and female members of community. This report will narrate the CEI activities in the female Hujras.

INTRODUCTION

Activity Background:

Third community engagement activity was held at Pawaka, a small village in rural Peshawar after the initial two meetings focusing on community mapping. The aim of the activity was to engage actively with community to spread awareness regarding project and TB and Mental Health outcomes and to address myths prevailing in the community.

Project research team expects to identify the community advisory committee members from these activities to facilitate the team about community perspective regarding project activities.

Pawaka CEI Activity Plan:

The community engagement activity at Pawaka was planned as parallel activity in both male and female hujras considering the socio-cultural demographics of the area and to ensure active inclusion of both male and female residents.

Prior to the activity on due date, the three-member research team had visited the area to meet the hujra and area elders, to extend invites to community leaders and members and to make necessary arrangements. Separate meeting was conducted with the religious leader to take them on board for the activity.

Female Hujra:

The dedicated female hujra for the activity was based in the center of the Pawaka and was approachable for all the community members and research team. The hujra was spacious and well maintained. Around 35 – 40 females participated in the activity.

Facilitator:

For female hujra:

Dr. Saima Aleem, Communication manager and Community Engagement Lead in CONTROL and Ms. Saara Khan, Clinical Psychologist, working as a Communication officer in CONTROL facilitated the activity in female hujra.

Workshop Proceedings:

Day & Venue

Community Engagement activity on Tuberculosis and Depression was held on 3rd December, 2022 in Pawaka village which is rural area in Peshawar, KP. The area is primarily populated by Pashtuns and their native language is Pushto. Pawaka is famous for its simplicity and hospitality.

Participants:

The workshop was attended by 35-40 female participants, including Islamic scholar (a teacher from Mandrassa) and female counselor of the village along with local female residents.

Aims & Objectives of CEI Activity:

The aim of conducting the third CEI activity in natural setting and among rural population was to understand their perceptions regarding the TB and associated mental health outcomes, how they deal with TB patients and to address the myths prevailing in both urban and rural communities regarding TB and depression.

Events:

The activity was opened with the recitation of Holy Quran by the female religious scholar.

Later Dr. Saima Aleem introduced the CONTROL team and briefed the participants the purpose of activity, its aims and objectives and how community can help and contribute to project.



All About Tuberculosis

Ms. Saara Khan, Communication officer CONTROL, explained Tuberculosis signs & symptoms in detail including cough for 2 weeks or longer, pain in the chest, coughing up blood or sputum while other symptoms of TB disease are weakness or fatigue, weight loss, no appetite, chills, fever and sweating at night. Furthermore, types of tuberculosis, precautionary measures were also explained to participants.



As the old saying goes, “*an ounce of prevention is worth a pound of cure*”.

Precautionary measures were explained in detail to be followed by both patients and carers and all those

interacting with them and at the same times myths prevailing in the society were also explained to participants in details. Myth busting is important as community needs to get more awareness

regarding this to change their attitude towards TB patients which can help reduce poor mental health outcomes.

Lived Experiences of Community:

Both elder and young female actively participated in the session and shared their lived experiences. Among the participants, there were two female patients who had recovered from the Tuberculosis and they both narrated their journey from diagnosis till recovery.

Patient 1:

Verbatim as narrated by patient:

“I was diagnosed with Tuberculosis almost eight years back as I had constant cough and associated symptoms” I was young at that time and was living in joint family. When I was diagnosed, there were many misunderstandings in the minds of people around me but luckily, my sister-in-law was living with me and she was educated. She handled my kids and used to tell everyone that its safe to interact with me or sit with me as I used to wear mask to avoid coughing on anyone.

Initially, I was stressed as I used to feel why I got this disease and now people in village will hate me but thanks to my sister-in-law I recovered very quickly. She took care of my diet, rest and involved me in all family activities. I didn't get any depression as I had support and now it's been eight years that I am TB free.

I feel, for any TB patient, having family support is very important. If husband and family is understanding and they support the patient, fighting with disease becomes easy”.

Response From Community:

The female members actively interacted with the research and extended their full cooperation not only to research team but also to anyone in surrounding with TB or mental health issues.

One elder from community also suggested that team should train few females from the area who can help families in case any TB patients emerges. They should be trained regarding how families can take care of patient and how community can support all such patients and their carers. Being local, people living below poverty line or illiterate, feel comfortable to get connected to locals among them and they listen to them as well.

Mental Health & Depression:

The facilitator talked about Mental Health & Depression. Participants were explained about the Mental health including emotional, psychological, and social well-being, how they think, feel, and act and how to handle stress, anxiety and depression and make healthy choices.

Signs and symptoms of depression was discussed. Stigma of TB and mental health and impact was elaborated along with daily life examples. The reluctance to seek help, believing it is a weakness in their personality, the belief that people will never succeed at certain challenges or that can't improve his/her situation which in results can stop people from accessing



appropriate help and creates self-doubt and shame. Moreover, Facilitator explained the link of TB and depression how they can be cured.

Lived Experiences of Community Another participant was diagnosed with TB ten years ago, she narrated her journey starting from how she was diagnosed, and how was her feeling at that time, her symptoms and attitude of family and relatives. Her Husband was also diagnosed with TB. She mentioned that initially her husband was diagnosed and it was very difficult time for her family. Their relatives stopped meeting that due to lack of awareness and stopped inviting them to their functions. Her husband faced difficult time and hard reactions at his work place as well so he developed depression. After treatment, he recovered from TB, but it was difficult for him to recover from depression as he never expected such rejection from family, relatives and colleagues. She and her kids tried to support him and took him to spiritual healers and psychiatrists as recommended by few elders, but recovering from depression took her husband two years. He passed away five years later. She also mentioned that she also got TB but while taking care of her husband, she had learnt how to deal with people and not to get disease itself and people's reaction on my nerves as I had to live for my kids. She is living TB free life for last six years and didn't develop depression or any other mental health issue.

Response of Community Regarding Mental Health:

To the utmost surprise of facilitators and team, a female after listening to mental health and common mental disorders went to her home nearby and came back with another female.

She mentioned to the team, that this lady was her sister-in-law and for past many years she does strange things. They were taking her to spiritual healers as they thought she has some black magic on her. That lady mentioned and we quote, *“Today while listening to details shared by you all, I realized that she is dealing with depression and not black magic and she needs treatment that’s why I went home to bring her along to you all”*.



This was very spontaneous yet positive feedback for the team as people connected to the information shared and felt the need to seek medical treatment and care instantly.

Later, Islamic scholar (Baji of Mandrassa) recited few Ayats and narrated few hadith from Sahih Bukhari about paying visit to patient and good treatment with patient.

The participants shared their feedback regarding the information presented to them during activity and session was concluded with the vote of thanks.

Lest We Forget



Group picture of Facilitators with Team CONTROL

**COGNITIVE THERAPY FOR DEPRESSION IN TUBERCULOSIS
TREATMENT
(The CONTROL Project)
*COMMUNITY ENGAGEMENT INITIATIVE***

Agenda: CONTROL Community Engagement initiative 01

Date: 3th December 2022

Area: University Town, Pawakka, Mohallah Umar Zai Peshawar

Pinned location:

Male and female parallel in two different houses (Hujras)

Time slot	Topic / title	Resource person
11:00am – 11:05am	Recitation of Holy Quran	Dr. Fayaz Ahmad (Male side) Dr. Fatima Khalid (Female side)
11:05am – 11:15am	Welcome note and Introduction of participants	Dr. Zeeshan Kibria (Male side) Dr. Saima Aleem (Female side)
11:15am – 11:25am	Infectious disease burden in Pakistan (specifically TB) and in Khyber Pakhtunkhwa. Aim & objective of the Community Interaction, importance of community engagement in improving healthcare delivery and access.	Dr. Zohaib Khan (Male side) Dr. Saima Aleem (Female side)
11:25am – 11:35am	Overview of mental health disorders in chronic diseases and TB Mental health disorders prevention and treatment, role of community in advancement of research and project specific research activities.	Prof. Dr. Saeed Farooq Ms. Sara Khan
11:35am – 11:45am	Speech by the community representative (cousellor)	Local cousellor (Male) Local cousellor (Female)
11:45am – 11:50am	Speech by the religious representative (Imam Masjid)	Imam Masjid (Male side) Hafiza (Female side)
11:50am – 12:00pm	Vote of thanks	Dr. Zeeshan Kibria (Male side) Dr. Fatima Khalid (Female side)

Team members:

- Dr. Saima Aleem (Khyber Medical University)
- Ms. Sara Khan (Khyber Medical University)
- Dr. Fatima Khalid (Khyber Medical University)
- Ms. Rida Zarquish (Khyber Medical University)
- Ms. Faryal (Khyber Medical University)