This feasibility study aims to develop and test a behaviour change intervention to better support lung health patients in primary health care settings in Nepal.

Background

Tobacco is a major risk factor for lung health diseases. 20% of the global disease burden due to TB is attributable to tobacco use. In low-middle income countries, 32% of chronic obstructive pulmonary deaths among women and 47% among men are attributable to tobacco use. Compared to non-smokers with asthma, smokers have more severe symptoms; accelerated decline in lung function and a reduced response to corticosteroid therapy.

In Nepal, 17.1% of men and 11.3% of women attending primary health care centres had a lung health problem. Smoking is a growing issue in Nepal, with 30% of men and 9% of women smoking cigarettes.\(^1\)

WHO’s Practical Approach to Lung Health (PAL) is being rolled out across primary care in Nepal, with Health Research and Social Development (HERD) playing a leading role in providing training to health workers in the approach. While PAL recognises the importance of tobacco cessation, as yet there is no training or support for health workers to provide a behaviour change intervention that can help patients to quit smoking. Evidence from Pakistan’s ASSIST trial\(^2\) indicates that behaviour change alone can help around 40% of patients to quit tobacco use.

Objectives

The study will recruit a 3 primary health care centres (PHCCs) trained in PAL in urban and rural Nepal to develop and test the behaviour change intervention.

The study will:

- conduct qualitative interviews with lung health patients and PHCC health workers to understand smoking issues among lung health patients
- review evidence of the effectiveness of smoking cessation interventions and identify existing information, education and communication materials
- develop and conduct an intervention development workshop with key government stakeholders and health workers
- use action research to make the intervention more locally appropriate
- test the feasibility of using CO monitors to identify the proportion of tobacco users able to quit

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References