



# ASBESTOS RELATED DISEASES IN PAKISTAN: AN EPIDEMIOLOGICAL AND CLINICAL PROFILE

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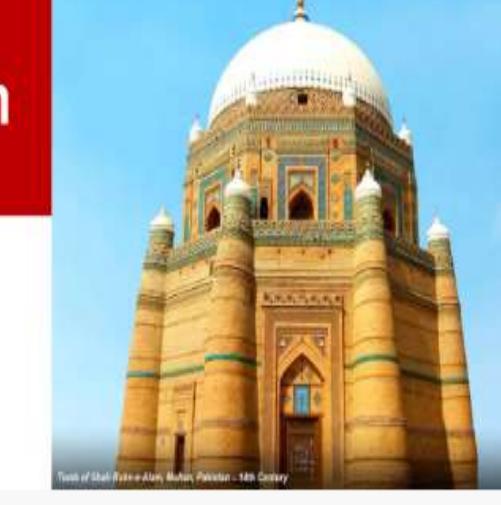
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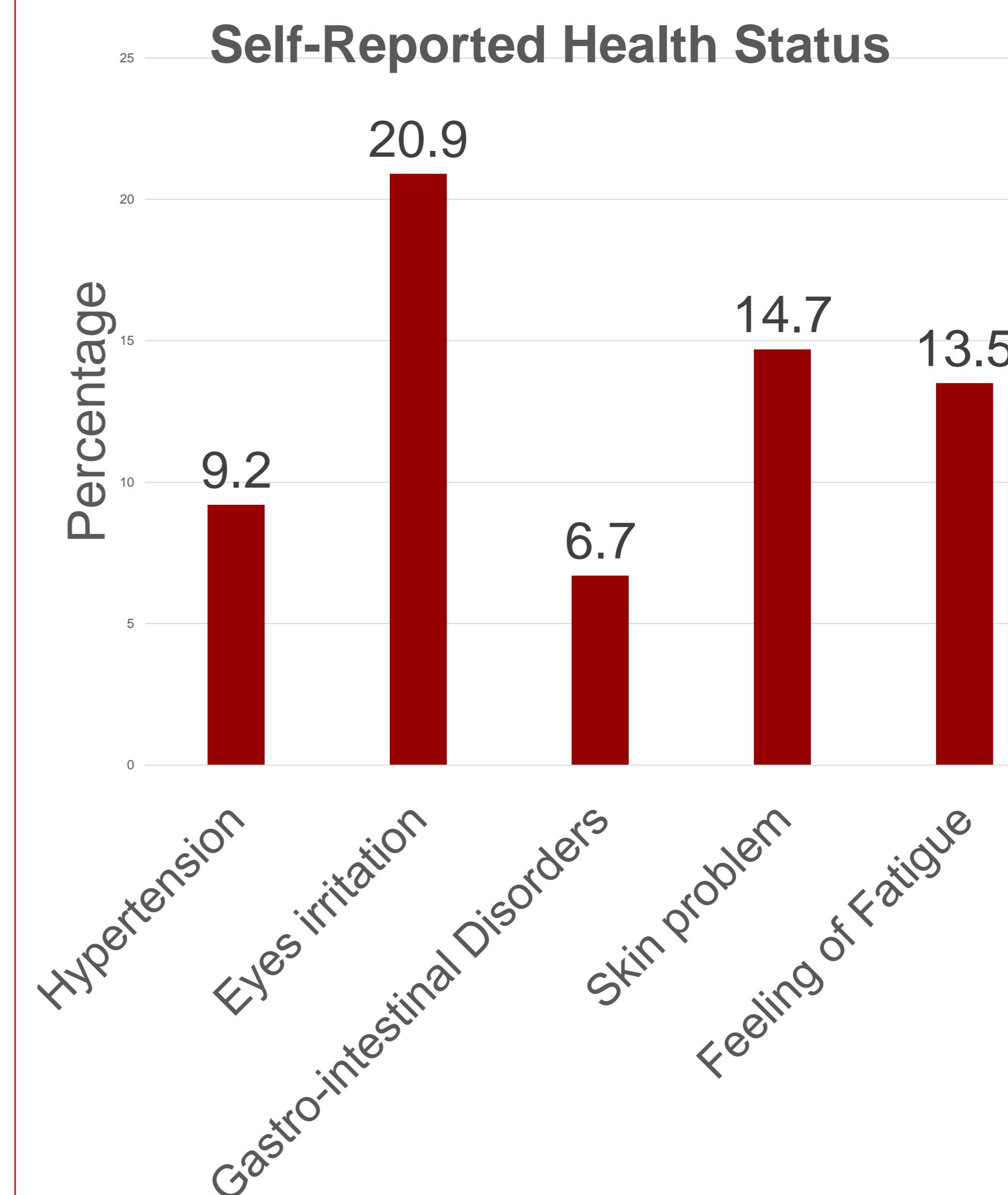
## OBJECTIVE

- Assess Pakistan's current **asbestos profile** according to ILO guidelines.
- Evaluate self-reported respiratory health of industrial workers.
- Identify occupational risk factors and propose preventive measures.

## BACKGROUND

- 55 countries ban asbestos; but not Pakistan.
- 125M workers exposed globally.
- 90,000 annual ARD deaths.
- Brake shoe manufacturing, ship-breaking, and construction industries.
- Causes mesothelioma, asbestosis.

## RESULTS



## METHODOLOGY

- **Design:** Cross-sectional study using survey & site observation. Based on WHO/ILO occupational health guidelines.
- **Setting:** Five asbestos units, Lahore. Duration: Feb 2018 – Feb 2020.
- **Participants:** 163 workers, age 15–60 yrs. Direct exposure  $\geq$  6 months.
- **Sampling:** Purposive, all eligible exposed workers included.
- **Data Tools:** Questionnaire + observation + hospital records.
- **Topics:** exposure, symptoms, safety, ventilation.
- **Process:** Post-shift Urdu interviews. Masks + safety talk provided. Anonymity maintained.
- **Ethics & Analysis:** University approval + verbal consent. Excel analysis; descriptive stats & themes.
- **Outcome:** First local asbestos exposure profile. Links workplace risk to health impact.

## RECOMMENDATIONS

- **Policy Reforms**
  - Enforce a complete national ban on asbestos import and use.
  - Introduce Asbestos Handling & Disposal Rules under PEPA 1997.
- **Worker Protection**
  - Mandatory personal protective equipment (PPE) and regular lung function testing.
  - Engineering controls in factories — ventilation, dust filtration, and safe material substitution.
- **Public Health Measures**
  - Mass awareness campaigns.
  - Health surveillance and compensation programs.
  - Encourage asbestos-free alternatives in construction and automotive industries.

## LIMITATIONS

- Limited Sample Access
- Absence of national registry for ARDs.
- Inadequate laboratory and diagnostic capacity.

Self-Reported Musculo-Skeletal Symptoms	Percentage
Weakness in arms & legs	34.4
Back pain	28.8
Pain in moving legs& arms	23.9
Difficulty in neck movements	14.7

Self-Reported Respiratory Symptoms	Percentage
Shortness of breath	37.4
Cough with phlegm	16.6
Early morning cough	11.7
Wheezing	6.1
Feeling of Chest tightness	6.1

## CONCLUSION

- Workers exposed to asbestos in Pakistan show high respiratory morbidity. Enforcement of occupational safety rules, health monitoring, and asbestos substitution are vital to reduce disease.

## REFERENCES

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