CONCLUSION

This study has provided new and important evidence that strengthens the relationship between respiratory illness and biomass fuel use. The biofuel use is widespread among the rural poor, and that woman and children face maximal potentials for high exposures. Repeated ARI in children can lead to damage to their lung parenchyma which can predispose the child to other respiratory illness in adult hood like tuberculosis, COPD, Asthma etc. The chief risk factor for respiratory illness and biomass fuel use is poverty. Although accurate, however it is not also true that poverty alleviation is the best intervention. As with other major poverty-related diseases, there are known ways to make people healthy before they become wealthy like the vaccination program, nutritional supplementation program which have been shown to be effective means to reduce mortality in India. Local health agencies therefore should play a greater role in integrating indoor air pollution into existing women (maternal) and child health programs, and also IAP in other home-related health programs (e.g., hygiene, water and sanitation). Various methods -from including IAP issues in basic hygiene education by primary schools and health centers to mass media -could be utilized. Improving knowledge of the IAP problem and possible solutions among all major stakeholders, including the medical community, is also important. Awareness rising may thus be an important mechanism for initiating behavioral interventions that provide opportunities for exposure reduction. The strengthening of local technical capacities through academic and interagency partnerships is thus crucial to enhance not only the cost-effectiveness of research initiatives, but also to ensure sustainability of subsequent environmental management initiatives and supporting policies.
The burden of disease attributable to indoor air pollution has only been recently recognized as an important contributor to national burden of disease. Integration of the results from this study with exposure studies will help in refining disease burden estimates that are attributable to indoor air pollution which can be used by the researchers as well as local public health officials in future for implementation of interventions to reduce the morbidity, mortality and economic burden due to IAP.

Indeed, addressing such public health risks is an essential element for ensuring equity in quality of life among populations, and it is hoped that the information generated from this study represents a small, incremental step toward achieving that goal.