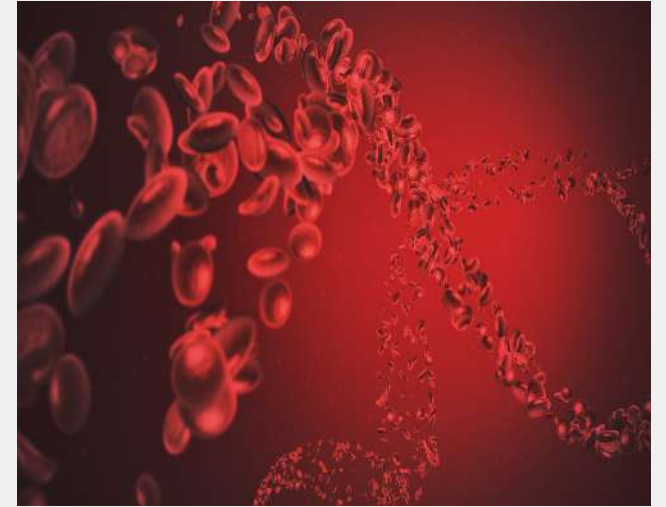


Improving Global and Local Anaemia Literacy through Community Engagement

EMWWA INEQUALITIES
CONFERENCE

DIANA DE

READER, CARDIFF UNIVERSITY



CARDIFF
UNIVERSITY

PRIFYSGOL
CAERDYDD

Glocalising 'haem' health and Anaemia literacy
in Butetown and Blantyre.



BILL GEORGE

from Emerging Leader Edition of True North

**As a leader, you cannot change
the whole world.**

**But you can have a powerful
impact by picking an issue that
calls to you and using your voice
and your position for the greater
good.**

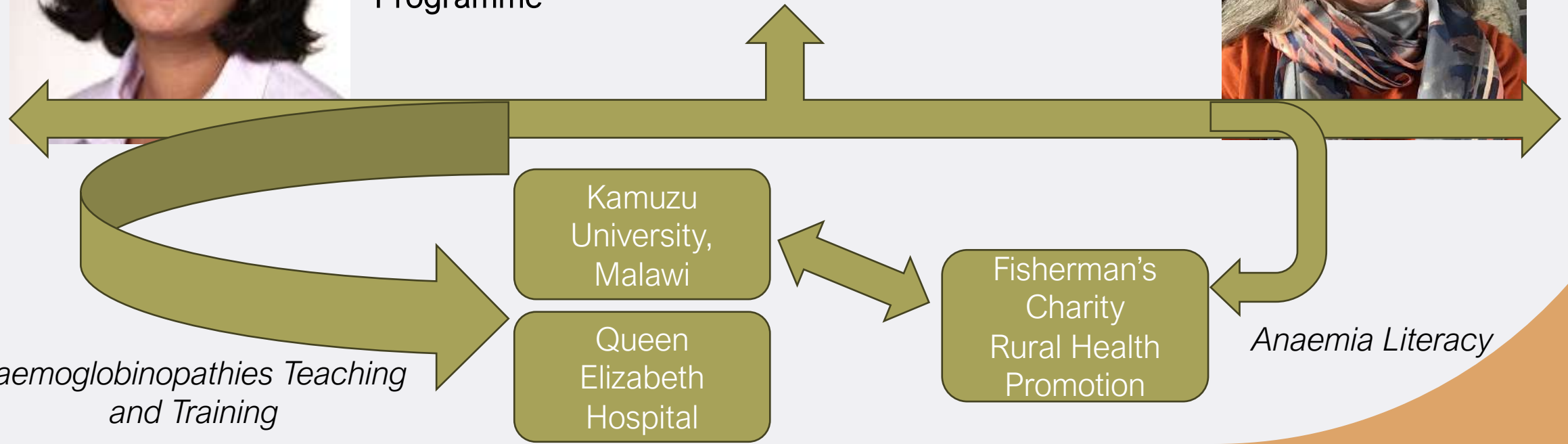
Background



EMWWA
Mentorship
Programme



Solva Care

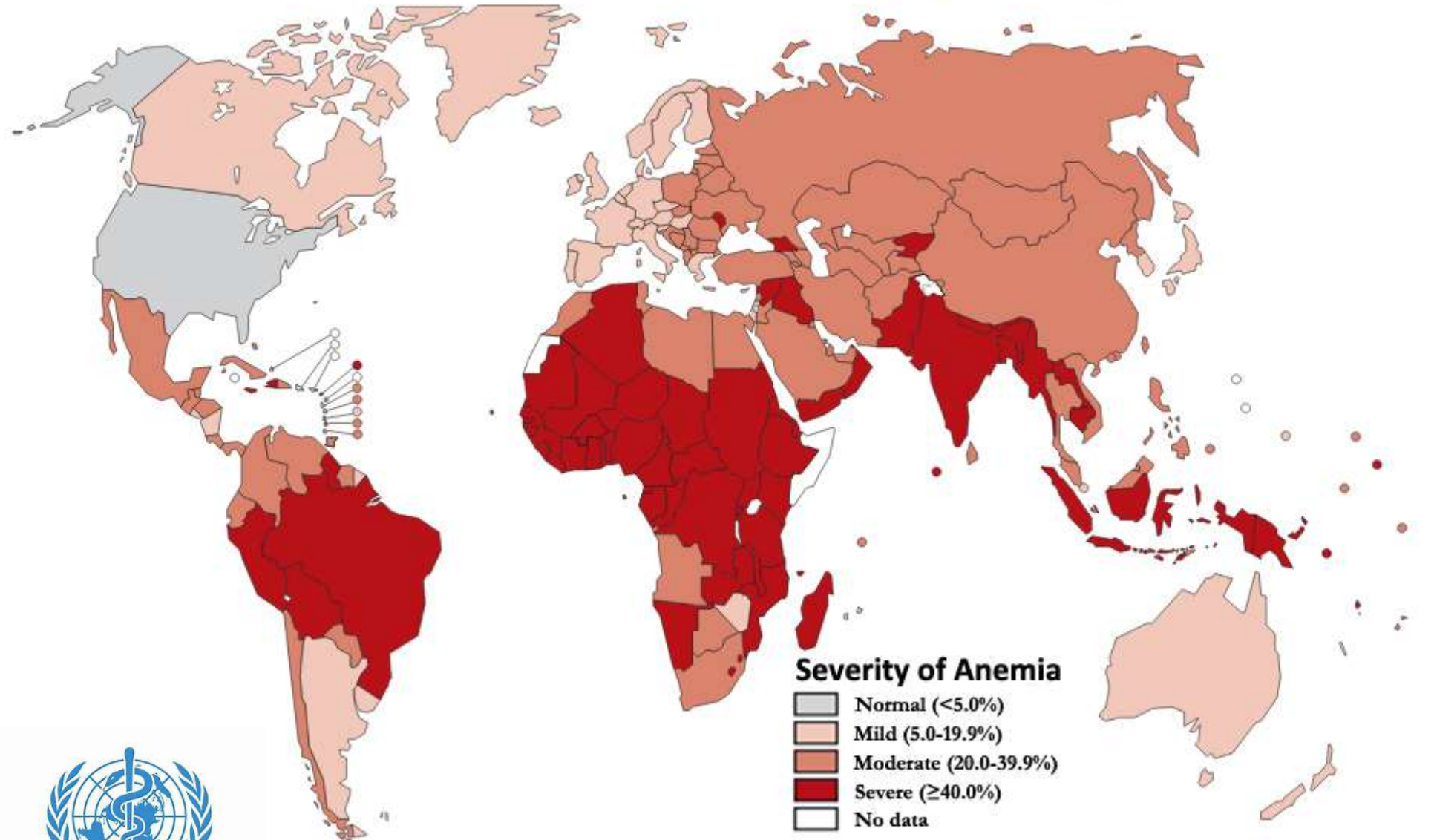


Anaemia is shortage/deficiency of red blood cells, haemoglobin, iron, B12 or folate.

Causes across the lifespan:

- Malnutrition – limited diet
- Pregnancy – growth, baby, haemorrhage, breast feeding
- Toddlers and Puberty – growth
- Bleeding -heavy menstruation, rectal fissures
- Malaria and parasitic infections
- Familial chronic blood disorders like Sickle Cell and Thalassaemia
- Age- over 65 years

Worldwide Prevalence of Anemia, by severity





WHO/UNICEF 2023 based on mortality trends between 2000-2020~800 women die due to post-partum haemorrhage DAILY!

Barriers: stigma, lack of awareness and barriers to access to medical services



Sexism

Menstruation
Stigmatized



Patients and
providers
unaware of what
constitutes a
"normal period"

Bleeding
disorders
underrecognized
and
underdiagnosed

Weyand and
James (2020)
RPTH

Resources
dedicated to men
and diseases
associated with
men

Historical Bias against Women with Bleeding Disorders

- Sexism in medical practice
 - 1820: 'hemophilia is transmitted entirely by unaffected females to their sons'
 - 1886: 'females hand down the disease while the males are the victims of it'
- von Willebrand disease
 - 76% of males are diagnosed by 10 years of age
 - 50% of females are not diagnosed by 12 years of age
 - On average women experience a 16 year delay between symptom onset and diagnosis
- Milder bleeding disorders harder to spot
- Lack of awareness amongst public and healthcare professionals

Importance of preoperative anaemia



35-50% preoperative patients anaemic



80% due to iron deficiency



30% increase risk of complications

Diagnosis

Identify anaemic patients early in preoperative pathway



screen with full blood count



provide patient information on test results and potential treatment options

Diagnose anaemia



Hb <130g/L

Consider potential cause(s)

Reflex test Iron studies

Other investigations guided by clinical picture

Identify iron deficiency

Ferritin <30 ug/L- absolute iron deficiency

Ferritin 30-100ug/L, tsat<20% may benefit from iron supplementation

Treatment

Treat absolute iron deficiency



Offer oral iron first line



Offer intravenous iron if insufficient time to assess response to oral iron, if oral iron not tolerated, or there is failure to respond to oral iron

Other treatments



Consider erythropoiesis stimulating agents only if complex transfusion requirements or where transfusion is declined
Administer with iron



Consider preoperative transfusion only if very anaemic and urgency of surgery precludes other options

If anaemia is untreated.....

-If you are pregnant, anaemia poses risks to you and your baby.

-Lack of iron can affect cognitive development/learning/concentration/employment/safety/increases risk of errors/misjudgement

-Ongoing illness and tiredness affects mental wellbeing, relationship breakdowns and other aspects of daily living

-Anaemia affects schooling/sports/job attendance/ quality of life/vital organs.

Prolonged heavy bleeding after pregnancy, periods lasting more than 10 days or rectal bleeding can become embarrassing to discuss.

-Eventual management therefore becomes complex and resource intense
(Health promotion can be transformative)



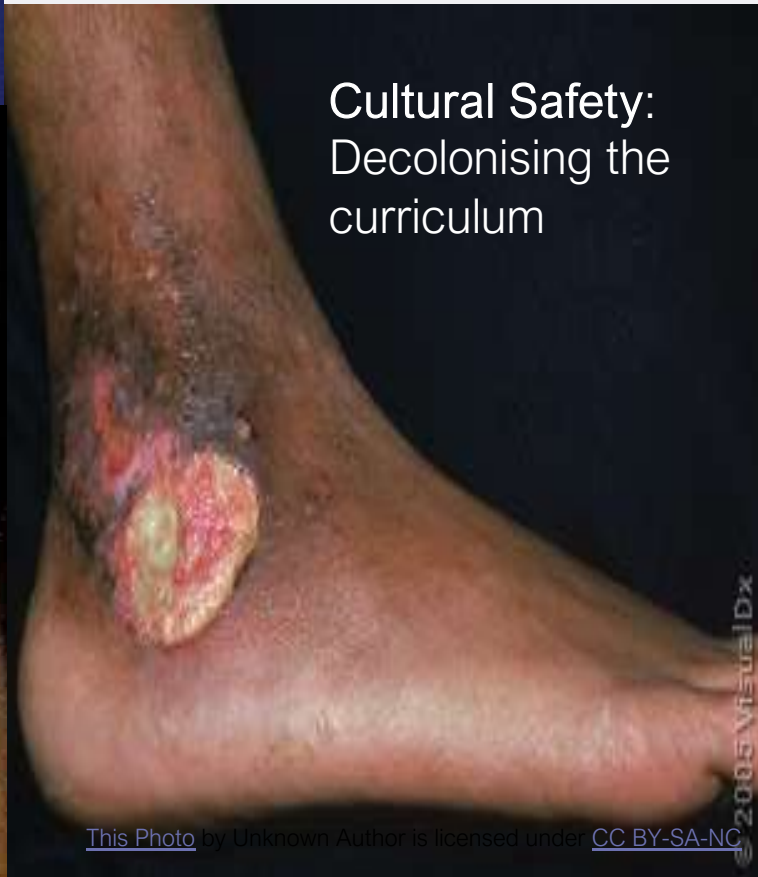
Why do our communities need to talk about anaemia?

- To inform people about the risks, signs and symptoms
- To introduce them to iron rich foods
- To make people think about using alternatives / more planet friendly period products/ avoid risks associated with period poverty
- To reduce stigma and get people to consider donating blood



(Ferguson et al. 2022 BAME Communities Trust and Distrust)

- To empower individuals to seek medical help early



Cultural Safety:
Decolonising the
curriculum



EyeRounds.org

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Diagnosis Quiz

Women & Bleeding Disorders

✓ 2 or more → see a doctor, get tested for a bleeding disorder

What is normal?

Talking Red



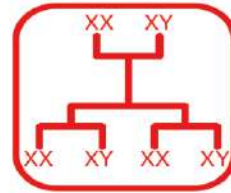
Long-lasting bleeds (after a cut, a surgery ...)



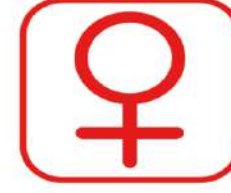
Long-lasting and heavy nose bleeds (+10 min)



Long-lasting bleeds of the gums or after a tooth extraction



Family history of bleeding disorders



Heavy and/or long-lasting (+ 7 days) menstrual bleeds



Frequent and/or large bruises



Post-partum bleed



Lack of iron, anemia



Need of a transfusion

Anaemia risk can be reduced or treated with simple preventative measures, eating a mixed diet, taking iron supplements, food fortification and medical intervention.



Iron Supplement Advice



- Take one tablet daily (on an empty stomach).
- Take with orange juice or water with lemon.
- Avoid taking with milk, fizzy drinks, tea or coffee (for 2 hours after)
- Side effects can include a metallic taste, nausea, abdominal pains, diarrhoea or constipation.
- Eating fibre rich foods like fruit and vegetables, wholegrains and drinking plenty of water are ways to stay healthy and will help with constipation.
- Do not be concerned if notice your stools change colour. Black or green is a common*.

Communities in Common

Promoting haem health was empowering

- *Thank you for teaching us, we have gained knowledge about anaemia.*
- *We are encouraged with what we have learnt. I now know how blood works in the body.*
- *I will tell other people about anaemia.*
- *This lesson was very important because people don't believe in going to the hospital when they have anaemia. They believe more in witch doctors or churches, so a lot of people get sick and can die.*
- *I have a comment, I once suffered from anaemia, got medicine and I got well.*
- *I am now free to talk about periods and will follow instructions from the hospital about blood.*
- *I am happy that you came. I have knowledge on anaemia now. I did not know that a person can get so sick or die because of it, so I will follow instructions given like eating suggested food groups so I can prevent anaemia.*
- *Donating blood is safe and good to help people with anaemia. I will*



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Fisherman's Rest
Charity
Wales-Africa



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<https://phwwhocc.us5.list-manage.com/track/click?u=99fabcb2159861226d0856fd5d&id=ca8d923555&e=12cd402c9b>

Come, Listen



Talks will include information on nutrition, growth, puberty, pregnancy, iron, heavy periods, swimming and lifestyle choices. Keeping healthy can also prevent crises in those with Sickle Cell and enhance wellbeing for those with Thalassaemia.

LEARN AND PARTICIPATE

Designed by LMG

Let's Talk About Anaemia

Saturday 30th March 14:00-16:00

Butetown Community Center, Loudoun Square, Cardiff CF10 5JA



DEWCH, GWRANDEWCH



Bydd y cyflwyniadau'n cynnwys gwybodaeth am faeth, twf, y glasoed, beichiogrwydd, haearn, mislifoedd trwm, noffio a dewsiadau o ran ffordd o fyw. Gall cadw'n iach hefyd atal argyfyngau ymhlith y rhai â chlefyd y crymangelloedd a gwella lles y rhai âthalasaemia.

DYSGWCH A CHYMERWCH RAN

Dyluniwyd gan LMG

Gadewch i ni drafod anemia

Dydd Sadwrn 30 Mawrth 14:00-16:00

Canolfan Gymunedol Butetown, Sgwâr Loudoun, Caerdydd CF10 5JA



CULTURAL SAFETY



Inclusion of Virtual Reality

<https://www.goggleminds.co.uk/xplore-3d>

"I spoke to a young person who had their first sickle cell crisis during the festive period. Our conversation around their discomfort validated their pain. I have had similar discussions with numerous young people from the community. They didn't fully know how to articulate the severity of their pain."

If children, young people, and adults truly understood what was happening to their blood during a sickle cell crisis, they would be confident, empowered in their rights and informed to make decisions impacting their lives and treatment."

Faith Walker: Community Lead

<https://www.gov.wales/nhs-wales-blood-health-plan-whc2021027>

Welsh Blood Service

Promoting haem health and empowering individuals

My one word to describe the day
Was **COMMUNITY!**

I learnt new things and how to donate blood.

Healthy iron foods.

I found out that we could have good jobs and learn about anaemia.

Necessity, benefits of ethically matched blood products and high iron foods

The information provided was pitched at a very good level for the attendees The VR section was fantastic.

It was very eye-opening, and I would love to attend again in the future. You covered high BiliRubin (which I have)!

Education awareness is very important.

A mother with two sickle cells children - glad these events show awareness.

*Having spent a life-time researching and diagnosing anaemias of different types I know how difficult it is to pitch the content correctly for the different audiences you will encounter so
WELL DONE*

Such an uplifting day and opportunity to hear some excellent speakers, innovations and interact with some young people - always so much more to learn isn't there!

It's inspiring to witness collaborative efforts yielding the positive feedback you have shared. Anaemias are indeed a critical health concern, and increasing community health literacy can undoubtedly bring about numerous benefits.

Social Change

- *I will eat more nutritious foods after the village talk. I will encourage my friend who doesn't like vegetables to eat them since it contains iron and other vitamins that help to prevent anemia*
- *I went to the Butetown event but thought, 'well, I don't have anaemia so it doesn't affect me', but when I went, I learnt a whole lot of information that was really useful to me and information that I can pass onto at least two people that I know who have anaemia*





ANAEMIA

THE GOAL

By 2025, achieve a 50% reduction in the rate of anaemia in women of reproductive age

WHY IT MATTERS



Anaemia increases the risk of **adverse maternal & neonatal outcomes**



causes **fatigue and lethargy**, and impairs physical capacity and work performance



Impairs the health

and quality of life for **millions of women**, and the development and learning of their children



Anaemia reduction can help drive progress against the other global nutrition targets

- **stunting**
- **wasting**
- **childhood overweight**
- **breastfeeding**
- **low birth weight**



RECOMMENDED ACTIONS

INTEGRATED PLANNING

WHAT? Address nutritional and non-nutritional causes of anaemia and their determinants



HOW? Include interventions with an effect on anaemia in national health, education, agriculture and development plans

MULTI-SECTORAL APPROACH

WHAT? Use a multi-sectoral approach to anaemia prevention and control



HOW? Ensure that development policies and programmes beyond the health sector include nutrition and other major causes of anaemia relevant to the country context

STRENGTHEN HEALTH SYSTEMS

WHAT? Provide hospital and health facilities-based capacity for anaemia prevention and treatment



HOW? Support antenatal iron and folic acid supplementation (daily or intermittent) as part of routine antenatal care

COMMUNITY SUPPORT

WHAT? Raise awareness of the value of iron supplementation in women of reproductive age



HOW? Support community mobilization and social marketing strategies



Quality Health Care
Training & Research

Faith



CHAMPIONING OUR COMMUNITIES

Co-creation and sustainability

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Esnet

