# YOUTH WITH HEMOPHILIA IN PAKISTAN



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### Introduction

Pakistan has a large population that can be categorized as "Youth" [falling within the UN's definition of youth]. An estimated 103 million Pakistanis, or 63% of the population, fall under the age of 25 years. However, as a result of endemic poverty, the majority of youth in Pakistan do not have the opportunity to experience an enjoyable childhood

### Objectives

To highlight the issues of the youth living with hemophilia in Pakistan. This study will help in finding solutions, capacity building and making them a productive dynamic citizens.

# My Experience as a 'HEMOPHILIC'

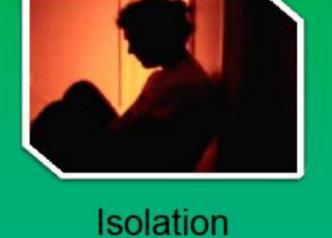
Youth is always considered as the Back Bone of any country. But being a young person with hemophilia [PWH] in Pakistan is a Taboo. Bleeding episodes may cause inconsistency in schooling, may start from the very began, which usually have a long lasting effects on person's career. Having troubles in studies may cause of low grade in results which is main hurdle in the admission of any good reputed university. Institutional status influences in job ranking and amalgamation of hemophilia compel the employer to think negative about the candidate. Moving ahead, social stigma & discrimination has to be faced in developing countries like Pakistan, i.e marriage of PWH. In many cases, circumcision is major concern although we belong to the conservative culture; in some areas social bindings do not allow the marriage without circumcision. It is considered to be one of the mandatory conditions to be a Muslim. Unfortunately, there is a misconception that a hemophilic could transfer the disease to his spouse and children. These factors often have many psychological impacts like: self stigma, deprivation, isolation and erratic and uncoordinated approach towards life.



#### Results

These elements have the deadly effects on hemophilic person's life.

- Low grade results in low repute institute.
- Low motivational level .
- Anxiety, depression and tension results in increasing the bleeding episodes.
- Treatment expense results in vulnerability to poverty.
- No urge to livlihood.
- Suicidal attempts in some cases because of refusal from the marriage.
- > Dependency upon the family.



Discrimination



tion Social binding for circumcision





#### Conclusions

Quality treatment is the emerging need of the person living with Hemophilia.

Awareness and education is required at all level to sensitize the issue of hemophilia.

Advocacy required to overcome the myths related to hemophilia

Government lobbying is the ethentic tool in response of hemophilia ownership



