THALASSEMIA IN PAKISTAN: THE ALARMING REALITY

5.4%

13.2 million carriers (5.4% of population)

6K

6,000 children born with thalassemia major every year — about 17 per day

60K

60,000 registered patients across the country

90%

90% of marriages are at increasing risk

MYTHS

- ✕ Myth: Thalassemia is contagious
- ✓ Fact: It's a genetic disorder, not an infectious disease
- ✕ Myth: Healthy-looking people can't be carriers
- ✓ Fact: Carriers are healthy and may not know they carry the gene
- ✕ Myth: It only affects poor or rural families
- ✓ Fact: Thalassemia can affect anyone, regardless of background
- ✕ Myth: Blood transfusions cure thalassemia
- ✓ Fact: They manage symptoms but are not a cure

WHERE TO FIND

MEDICAL SUPPORT:

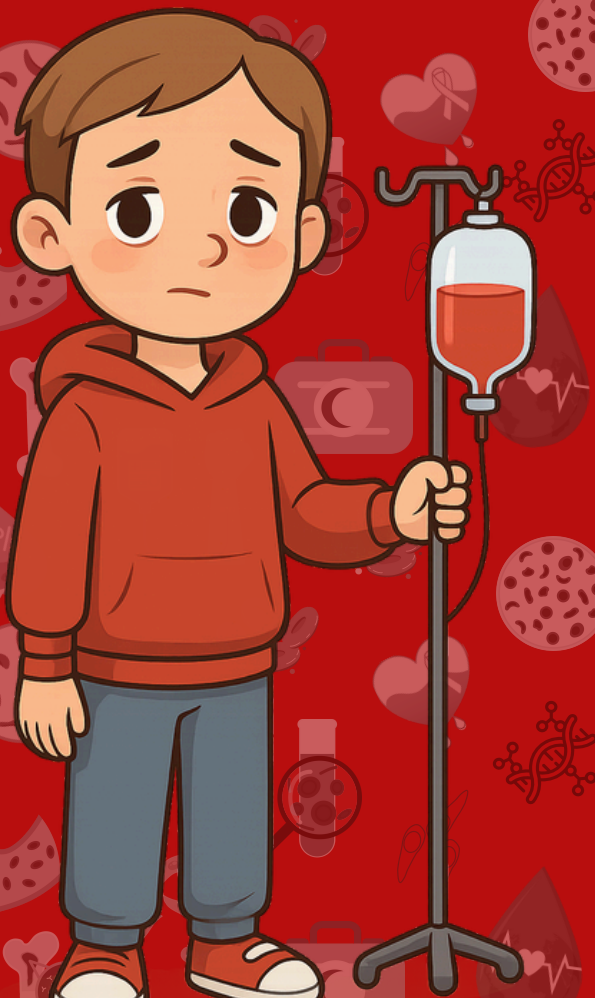
- PATHWEL Centre, Rawalpindi
- Sundas Foundation, Sector F-9
- Thalassemia Centrer, Holy Family Hospital Rawalpindi
- Jamila Sultana Foundation, Chaklala scheme 3
- Pakistan Bait-ul-Mal (PBM) Thalassaemia Center, Sector F-9

PSYCHOSOCIAL SUPPORT

- PATHWEL Centre, Rawalpindi
- Jamila Sultana Foundation, Chaklala scheme 3

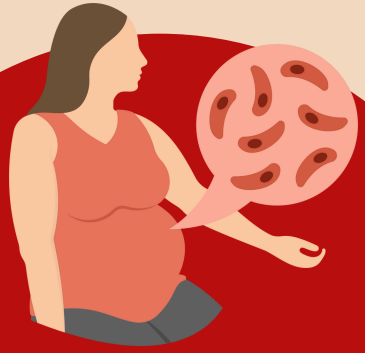
GLOBAL YOUTH FORUM FOR HEALTH AND AWARENESS
GYFHA

What is THALASSEMIA ?



What is Thalassemia?

Thalassemia is a inherited blood disorder where the body cannot produce enough healthy red blood cells. This leads to anemia and multiple health complications. Without proper treatment, it can be life-threatening.



SIGNS OF THALASSEMIA

- Intense fatigue
- Dizziness or weakness
- Irregular or fast heartbeat
- Trouble concentrating
- Pale or yellow skin
- Wide or brittle bones
- A swollen belly due to liver problems or an enlarged spleen
- Developmental or intellectual disabilities
- Shortness of breath
- Dark urine
- Headaches
- Leg pain
- Lack of appetite
- Slow growth
- Late puberty
- Irregular bone structure of the face

Who is at RISK?

Both parents are carrier:

- 25% chance child will have thalassemia major
- 50% chance child will be a carrier
- 25% chance child will be healthy

Cousin Marriages = Higher Risk 💍

Close-relative marriages increase the chance if both partners being carriers.

No Screening = Hidden Danger ❗

Without a simple blood test before marriage, carriers may unknowingly pass the disease to their children.

PREVENTION

Carrier screening through a simple blood test

Genetic counselling for at-risk couples

Prenatal testing to make informed decisions

TREATMENT

Severe cases need regular blood transfusions and iron chelation therapy to prevent iron overload.

A bone marrow transplant is the only possible cure, but not suitable for everyone.

Other options include medications to reduce transfusions and spleen removal in select cases.