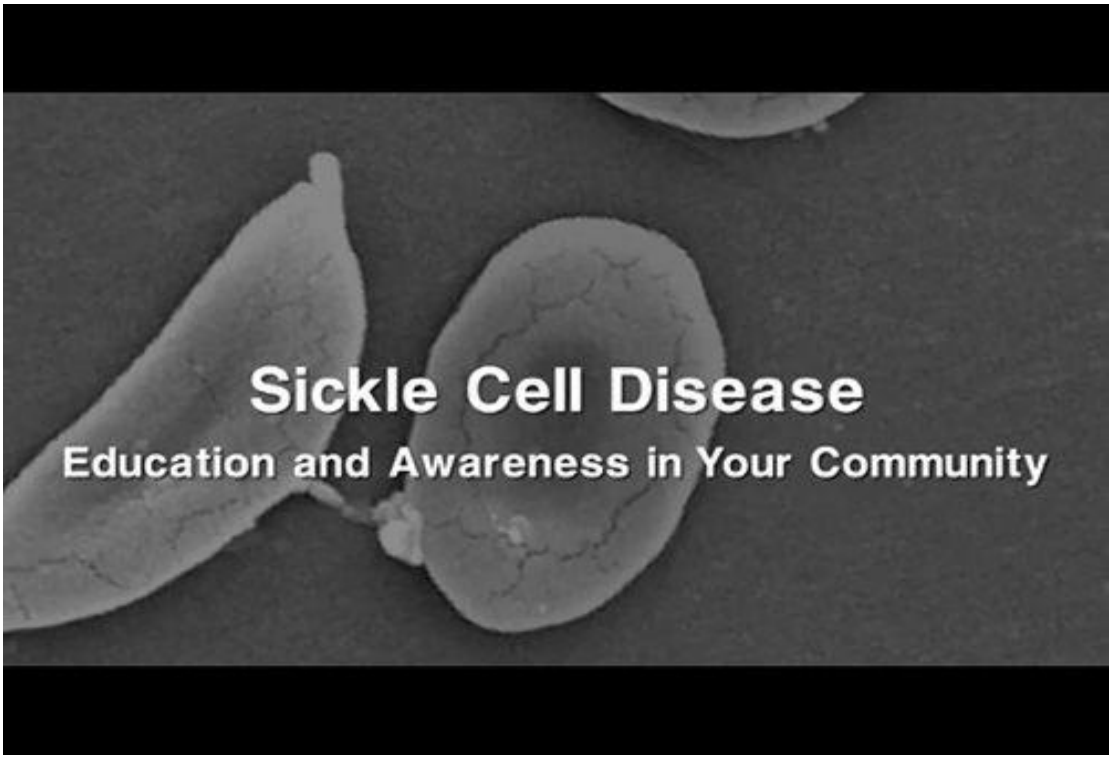
# NIGERIA DIASPORA SECURITY FORM

# SICKLE CELL DISEASE GUIDANCE



**Executive Summary**

It is a great pleasure for me to circulate this Sickle Cell Guidance in our community to increase the awareness and also understanding of how best to address the health challenges associated with it in different languages to increase visibility of the issue.

There are an estimated 3 to 5 million people globally affected by Sickle Cell Disease (SCD) and there are 300,000 births per year of babies with SCD, with up to 70% of these births taking place in Africa.

As the African and Caribbean community in the UK increases, the number of sickle cell sufferers in the United Kingdom expands. Using Hospital Episode Statistics (HES) data, trends for SCD hospital admissions in England showed a rise in 50% of hospital admissions over a 10 year period.

Sickle cell disease mainly affects people of African, Caribbean, Middle Eastern, Eastern Mediterranean and Asian origin. In the UK, it's particularly common in people with an African or Caribbean family background. Local findings in a high prevalence area showed that the majority of admissions were for a short length of stay and 74% of patients accounted for multiple admissions.

It is estimated that there are around 12,500 people with SCD living in England; 9,000 (3/4) of them live in London, and one baby in every 2,000 is born with the condition.

It is my hope that this guidance will help increase awareness and complete to family security in our community. My special thanks to the leadership of NDSF and individuals that have helped to make this document a reality

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**Sickle Cell Intervention: Ailment and Health Allied Stigma.**

People with sickle cell disease and their families have to cope with a chronic condition, which causes psychological distress and affects their quality of life. Therefore, psychological interventions are indicated to complement medical treatment for effective management. . Please help to support them and don't be judgemental.

**What is Sickle cell disease?**

Sickle cell anaemia is a serious ailment that is inherited by child from either or both the parents. When an individual is struck by the hammer of this dangerous disease, their body becomes incapable of producing normal red blood cell that are responsible for carrying oxygen, through blood, to the various parts of the body. Consequentially, the abnormal red blood cells, released in the shape of sickle, work inefficiently, causing the entire nervous system and body mechanisms run on oxygen deficiency.

For some reason, which medical science can't exactly assert of, Sickle cell disease is mostly prevalent amongst people of African, Caribbean, Middle Eastern, Eastern Mediterranean and Asian origin. In United Kingdom, a large number of African and Caribbean communities are suffering from Sickle cell disease.

How do you define or find out that a typical red blood cell is a normal or an abnormal one? First let us talk about the normal red blood cells; a normal red blood is disc-shaped and is pretty much flexible, which allows them to move inside and outside spaces, easily; sickle cell, on the other hand, is crescent (sickle) shaped and is really rigid.

A normal red blood cell has a protein called haemoglobin, which is rich in iron, and which helps the red blood cells in carrying oxygen throughout the body.

We all know how important oxygen is not only for the proper functioning of our brain but also for the proper functioning of each and every cell, tissue, ligament and muscle of the body. Even all the chemical reactions such as digestion, aerobic respiration, cellular metabolism etc. are incomplete without proper and ample supply of oxygen.

Here, what sickle cells do is that they neither supply oxygen to the cells nor do they pass through the blood stream, easily. As mentioned before, they lack in the production of haemoglobin and are also rigid, thereby clogging the blood channels. Their rigidity sometimes destroys the entire organs and causes severe pain to the patient.

**Now, how is anaemia caused in all this?**

The sickle cells have a shorter life-span and with respect to the normal red blood cells, they tend to die faster and more rapidly. While, the decline rate is too high, the production rate is too low, creating an abysmal gap between the death and the birth of the red blood cells. And this makes a person Anaemic.

The perception people have in the communities, health care professionals, family members, police force, Ambulances services, hospitals, brings about no justice to people suffering from this ailment, and therefore links about unfair treatment and stigma. Mostly the communities at large including health care workers, institutions play an important part on the attachment of stigma. Most times people with sickle cell disease have been turn down for financial aid when it comes to disability allowances. This illness should be class as a disability because of the health risk involving in

excruciating pain that comes with crisis. Administrative Workers, especially people who are making decisions about disability benefits should be educated more about sickle cell Ailment and have compassion to people going through this malady.

**Health allied stigma.**

One of the perceived barriers to health allied stigma to Sickle cell ailment especially by health professionals is the act of seeing their patient as acting up when it comes to medication. The perceived thinking of a health professional might be thinking of misusing the drug which is substance misuse, or pretending to be going through such pain. Nonetheless, it's rather sad that in certain instances health care professionals goes with the idea that people going through this may have a perceived motive of exhibiting their pain to please their fixation. I know there is a duty of care, but this needs to be addressed in such a way that medication should be given timely and appropriately. Health related stigma is a big issue when it comes to sickle cell patients, and health care professionals needs to get a wider insights by training them to know more about the disease itself and how to manage it successfully.

Why is Stigma attached to SCD?

Lots of things that can subscribe to the stigma attached in SCD. Here are some of the few problems.

• Physical factors that make people with SCD stand out. Jaundice is one of the physical factors. This is apparently formed when red blood cells come to the end of their life. There is a yellowish formation called bile.. I guess you can figure this out sometimes your eyes gets yellow in colour. Sickle red blood cells have a shorter life and break down easily.

Sport activities are a major issues as people suffering from this ailment becomes breathless when doing exercise. However, they cannot join in or partake in sport activities and they experience being different amongst their Colleagues or peers.

• Some people with SCD may seem stoic or unemotional. The perceived behaviour of expression of a person or people with SCD may sometimes feel less of showing certain emotions. Possibly it's way of them coping with the excruciating pain they go through in their daily activities. Seemingly, other people will think that they don't feel pain. However, they are going through so much pain and they tend to hide their feelings.

• People with SCD should be listened to in terms of what medication works for an individual as everyone's pain is different in terms of duration and doses. People with SCD experience chronic pain and have experience managing frequent, acute pain crises which may give providers in the emergency room or other settings the false impression that they are affected by substance abuse, rather than simply being knowledgeable about their health needs.

• People with Sickle cell Ailment go through such an agonising pain and the sensation of physical discomfort in the form of agony and distress. However, it is also advisable for your employer or your teacher to be aware of your condition especially taken time off sick in terms of routine check ups and adaptation at work or school in regarding sports activities. This illness involves excruciating pain occurrences and tiredness can steer absent in work places and school institutions. Employers often feels that these people are lethargic and are not able to do the work, which can lead to negativity. As a result, SCD-related stigma may leave some sufferers feeling mistrustful of the healthcare system.

**What You Can Do About It, what steps are to be taken to support this ailment?**

There are few schemes that can support the management to cut down the stigma attached to this ailment. These are educating people about your own illness through self advocacy, empowerment sickle cell support groups, Cognitive Behavioural therapy sessions, counselling, empowerment, and self-help. There are also several things you, as a person with SCD, can partake to demoralise SCD-allied stigma in terms of accessing health care.

**Self Help**

These are listed below:

• Keep checking for recent research studies on SCD.
Stay up-to-date with your medical care and keep yourself informed about your condition

• Work together with your hematologist and your regular healthcare team

• Mark out or Create a 'pain plan' (which is a list of pain medications that works for you) with your healthcare team, and either carry a validated copy with you at all times or have easy access to an electronic version

• Make sure you have Certain document like your haemoglobin card with you at all times that summarizes previous hospitalizations or emergency room visits. The individualized pain plan from your doctor can also be included

• If you have acute pain, document the symptoms and location of the pain before and during attempts to manage pain with therapy

• Look up upon ways that help to lower and/or support your pain before it becomes an emergency.

There are other things you can do to stop the stigma attached to SCD especially in terms of being prejudice individually. Involvement and education of family members and the extended community surrounding you is essential as well. Help them to understand the grass route of the ailment.

**What advice can we give to family in managing the illness?**

Family involvement is a great way to support people suffering from SCD. It is always advisable for family members to know how to support their loved ones in this ailment. Most of the time people suffering from this ailment don't want you to feel sorry for them, they sometimes tend to be ok but deep down they are in crisis. Help them to eat healthy meals and also with their medication intake. family Centred care has been advised and disclosure to be made to meet the appropriate understanding of the child's age in terms of emotional needs and informational support for children and parent. ( Anionwu & Atkin, 2001) concluded that's the government needs to work on policy and practice drawing issues relating to aspect of care families go through in terms of respect, training of health professionals, more improved quality of care, culturally sensitive care.

Educating yourself more about the condition is necessary in order to support your family with this ailment.

Help them avoid things that can trigger crisis.

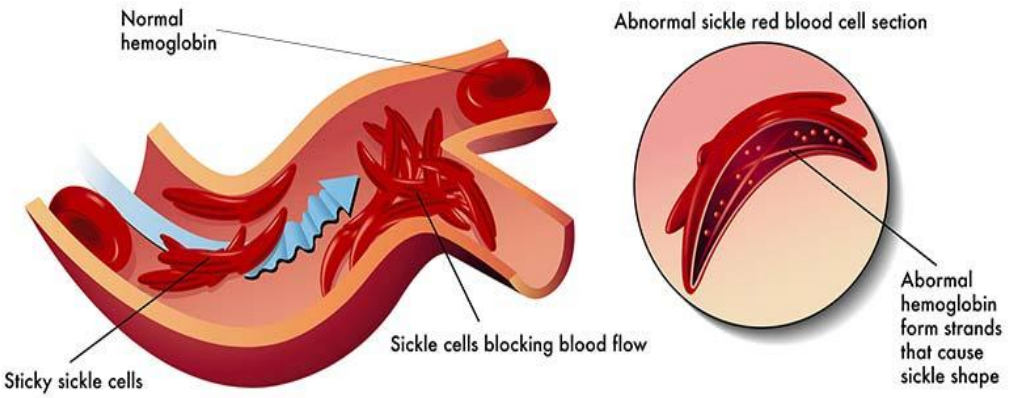
The first and foremost thing any doctor would tell you to prevent such crisis is drinking loads of fluids, esp. water. Why? Always remember, water dilutes blood and in conditions where there is a clot, as it makes blood thinner, it helps in keeping the clots at bay. So make sure they drink lots of water or fluids.

Help them prevent infection as this causes complications and brings about crisis.
Making sure they have regular check ups at all times.

Educate people around you about the illness that the ailment is not contagious but it is inherited.

**TSARON KUNGIYAN 'YAN NIJERIYA DAKE KASAN WAJEN**

**BAYYANIN A KAN CUTTAN AMOSANIN JINI**




**Takaitacen Zartarwa**

Ina matukkan farin cikin rarraba wannan bayyani akan Cuttan **Amosanin Jini** ga alhuma domin karin wayar da kan jama'a da kuma fahimtan inda yafi kyau a lura fa lafiyar jiki ga ai cuttan amosanin jini a cikin harshe dabban-dabban domin kauda cuttan.

Akwai akala mutane miliyan uku zuwa biyar a dukkan fadin duniya dake dauke da kwayan cuttan amosanin jini, kuma ana samun kimani yara dubu dari uku da ake haihuwa da wannan cuttan a kowane shekara, kuma kimanin kashi saba'in na wannan haihuwam na afkuwa ne a Afrika.

Da karuwan 'yan Afrika da 'yan Karibiyan a kasar Ingila, masu dauke da cuttan Amosanin jini yana karuwa. Yin anfanin da bayani asibiti, yana nuna cewa wadanda ake kwatarwa a asibit ya karu da kashi hamsin a cikin kimani shekara goma.

Amosanin jini yafi afkuwa a tsakanin 'yan Afrika, Karibiyan, kasashen larabawam da gabas ta tsakiya.A kasar Injila, anfi samun cuttan a tsakanin 'yan Afrika ko 'yan Karibiyan. Bincike inda aka fi samun wannan cuttan, ya nuna cewa wadada aka di kwantarwa a asibiti na yin lokaci kalilan na kuma kashi saba'in da hudu masu fama da cuttan ana yawa kwantar dasu sau da yawa.

Bincike ya nuna cewa akwai kimanin mutane dubu goma shabiyu da dari biyar dake dauke da wannan cuttan a Ingila, dubu tara cikin su na zaune ne a London, kuma na samun yaro daya cikin haihuwa dubu biyu mai dauke da wannan cuttan.

Ina fatan wannan takadan zai taimaka wajen wyar da kan jama'a kuma ya tsare iyalen dake ciken wannan garin na mu. Ina Godiya ga shugabancin kungiyan tsaron 'yan Nigeria dake kasar wjen (NDSF) da mutanen da suka sa wannan aikin ya kamalu.

**Kawo Dauki Ga Cuttan Amosanin Jini: Cutta, Lafiya da Kuma kyama**

Mutanen dake da cuttan Amosanin Jini da iyalin su na bukatan sabawa da tsananin cuttan, wanda ke kawo rashin kwanciyan hankali ga marasa lafiya da yanayin sa wajen kawo dauki da kuma magance cuttan. Dan Allah ku taimakka masu kuma kada ku matsa masu.

**Menene Cuttan Amosanin Jini?**

Cuttan Amosanin Jini wani cutta ne da yara ke gadon sa wjen iyayen su. Inda mutum ya kamu da wannan mugun cuttan, jikinsa ba zai iya bada jini dake aikin rrarraba iska a jiki ba, ta hanyar jini zuwa bangarorin jiki. Hakannan kuma, gurbatacen jini, wanda ke samuwa a yanayin amosani, ba zai yi aikin da yakamata ba, wanda zai kawo wa jiki matsala kuma ya kawo matsalar iskan jiki. Domin wadansu dalilai, wanda massanan kimiyan suka gano, cuttan amosanin jini yafi kama 'yan Afrika, karibiyan, gabas ta tsakiya da mutanen Asia. A kasar Ingila, akwai yawan 'yan Afrika da karibiyan dake fama daga cuttan Amosanin jini.

Ta wane hanya ne mutum zai gano cewa jan jinin jikinsa yana da kyau? Da farko, bari muyi magana a kan jan jinin jiki, jan jini dake da kyau yana da kamanin kwoi kuma bashi da danko, wanda ke sa shi yayi motsi inda ya kamala a jiki, Amosanin kam a dayan hannu, yana da kamanin jaririn wata kuma yana da danko.

Jan jini jiki dake da kyau yana kunshe da sinadarin gina jiki, wanda ke taimakawa wajen rarraba iskan a dukkan bangarorin jiki, kama inda dukkan mu, muka san muhimmacin iskan a jiki da kwakwalwan mu, yana kuma taimakawa wajen aikin tsoka da naman jiki. kuma dukkan aikin sinadarin jiki kaman narkewan abinci, nunfashi, da sauran su ba zasu yiwu ba idan babi iska a jiki.

Anan, amonsanin jini bayan sa iska yayi yawo a jiki inda ya kamata to hanyar jini. Kaman inda muka fada daa, basu aikin ba jiki abubuwa da yake bukata wajen gina shi kuma suna da danko, wanda ke sa dodewan hanyoyin jinin a jiki. dankon wani lokaci yana bata dukkan bangarorin cikin jiki kuma yana kawo wa marasa lafiya ciwon jiki.

**A Yanzu, yaya Amosanin jiki ke faruwa a wannan yanayin?**

Amosanin jini yana da gajeren rayuwa kuma dangane da jan jini, suna mutuwa da wuri kuma cikin hanzari. Duk da raguwa su yana faruwa cikin sauri, yaduwan su baya afkuwa cikin sauri, wanda ke kawo gurbi tsakanin mutuwa su da samin jan jinin jiki.

Fahimtan mutanen da muke da su, kwararau, iyali, 'yan sanda, motan asikbiti, asibiti baya taimakawa mutanen dake fama da wannan cuttan, kuma yana kawo kyama da lura marasa kyau. Yawan mutane wanda ya kunshi ma'aikatan lafiya, gurarane aiki na yin abubuwan dake kawo wa masu cuttan kyama. Yawan ci lokuta mutanen dake da cuttan amosanin jinin basu karban ragomen gwamnatin wanda ake ba nakasasu. Ana bukatan a sa wanna cuttan a cikin jerin nakasasu domin ilar sa da zafin da ya kunsa. Ma'aikatan, masu aikin yin dauki na bukatan su sa masu wannan cuttan cikin wandada ake bawa taimako kama nakasasu du kuma taimaka ma masu wannan cuttan

**Kyama dake tare da Lafiya**

Daya daga cikin matsalolin tattare da kyama ga masu ciwon Amosanin jini daga masanan kiwon lafiya shine duba mai cuttan da lura da su. Tunanin masanan kiwon lafiya shine rashin anfani da magani inda ya kamata ko kuma yin anfani dashi ta hanyar da bai kamata ba, ko kuma masu cuttan su dinga yin karyan jin radadin ciwon a jikin su. Ama duk da wannan, abun ban haushi shine akwai wadansu lokuta da masanan kiwon lafiya ke da tunani cewa masu wannan cuttan na da wanni manufa na nuna halamun ciwon inda babu domin a duba su da sauri. Na san cewea aikin su shine lura da marasa-lafiya, ama wannan na bukatan a yi shi ta hanyar da za'a ba marasa-lafiya magani da sauri da kuma kiman da ya kamata. Kyama mai dangataka da lafiya babban matsala inda ya faru da mai cuttan Amosanin jini, kuma masanan kiwon lafiya na bukatan neman karin ilimi domin sanin cuttan kansa da kuma hanyar da za'a magance shi.

**Mai ke kawo kyama ga masu cuttan Amosanin Jini?**

Akwai abubuwa da yawa da za'a iya cewa su ke kawo kyama ga masu cuttan Amosanin jini.Ga kadan daga cikin matsololin.

- Abubuwan da za'a iya gani da ke kawo kyama: ciwon **Shawara**yana daya daga cikin abubuwa da za'a iya gani. Wannan yana faruwane idan jan jini jiki ya kusan mutuwa a cikin jiki. Yana sa fatan mutum ya koma launin dorowa. Gurbatacen jini jiki basu dade wa a jiki kafin ya mutum kuma yana saurin warewa.
- Wassanin motsa jiki yana cikin abubuwa da mutanen dake dauke da wannan cuttan ba zasu iya jurewa ba domin zai sa su dinga nunfashi sama-sama ko kuma yakan sa su zama basu son yin aikin karfi. Ama wannan wani hanya ne da zasu iya rage tsananin zafin da suke ji a jiki ta hanyar yin wassan motsa jiki. Wadansu mutane kuma zasu yi tunani cewa basu jin zafi. Ama, suna jin zafi ciwon ama suna boyewa ta hanyar yin wassan motsa jiki.
- Mutanen dake da cuttan **Amosanin jini** na bukatan a sa sunan su a cikin magungunan dake musu aiki a jiki, domin mutanen dake fama da irin wannan cuttan na fama da radadi iri dabban-dabban, daga mutum zuwa mutum, da kuma lokacin jin radadi da magungun nan da ya kamata a basu. Mutanen dake da wannan cuttan na fama da tsananin ciwon, ciwon ma radadi wanda ke sa kawo masu daukin gaggawa kuma ba su bukatan a yi banza da su idan ciwon nasu ya tashi.
- Mutanen dake da cuttan **Amosanin jini**na fama da tsananin ciwon da kuma rashin natsuwa a dukkan bangarorin jikin su. Ama, ana bada shawarran cewa dukkan ma'aikata ku ko malamin na bukatan su san yanayin ko kuma inda ake lura da masu wannan cuttan ta hanyar yin binciken lafiyar su da kuma sanin inda za'a yi mu'amala da masu cuttan a gurin aiki ko kuma makaranta domin kuma sanin irin wassan motsan jiki da zasu iya yi. Wannan cuttan na sa tsanani ciwon jiki da gajiya wanda zai iya sa mutum kada yaje wajen aikin sa ko kuma makaranta. Masu ma'aikata a wadansu lokuta suna tunanin cewamasu irin wannan cuttan basu son yin aiki ne, wanda ke sasu mugun tunani akan su. Domin hakan, kyama ga masu cuttan **Amosanin jini**na iya kawo wa masu cuttan kada a yarda da su ko kuma kada su amince da irin luran da ake basu.

**Abunda  Mutum zai iya yi game da Kyaman, hanyoyin da zai bi domin samun taimakkon**

Akwai abubuwa da aka hajiye domin taimakawa wajen lura da radadin dake tattare da wannan cuttan. Wadannan na taimakawa wajen fahimtar mutane dangane da lafiyar su ta hanyar wayar da kansu, karfafawa kungiyoyin masu cuttan amosanin jini. Wayar da kai, sana'a da kuma dogaro da kai. Akwai abubuwa masu yawa da mai fama da cuttan amosanin jini zai iya yi ko shiga domin shawo kan cuttan da kyama dake tattare da shi dangane da hanyar samun cikeken lura da lafiya.

**Taimakawa kai**

Ga hanyoyin da mutum zai iya taimakawa kan sa:

- Bincike a kan sabobin bayyanai akan cuttan Amosanin jini. Samun sabobin bayyanai da ya dace da zamani da kuma sanin yanayin da mutum ke ciki dangane da cuttan.
- Yin aiki tare da masu masana da kuma masu lura da lafiyar mutum.
- Kebe hanyar rage radadi ciwon ( wanda ya kunshi shan maganin rage zafi dake yi ma mutum aiki a jiki) tare da masu lura da lafiyar mutum, da kuma tafiya ko'ina da bayyanin yanayin lafiyan mutum ko kuma hanyar sanin sa ta hanyar nahuran komfuta.
- Tabbatar cewa mutum na tare da katin da ya kunshi lafiyar sa ko da yaushe wandake da bayyanin asibitocin da mutum ya taba zuwa ko kuma dakin gaggawa da ya taba zuwa. Da yanayin rage radadin zafin cuttan wanda likitan ka ya baka.
- Idan kana da tsanani ciwon jiki, ka rubuta da bayyani inda yake maka ciwo a da da kuma lokacin da ka/ki ka yi kokarin rage radadin ciwon da hanyar.
- Ka/ki nemi hanyoyin da zasu taimaka wajen rage ko kuma da zasu taimaka wajen rage radadi kafi yayi tsanani.

Akwai wadansu abubuwa da za ka/ki iya yi domin rage kyama dake tattare da cuttan Amosanin jini, wadan ya kunshi mutum. Wayar da kan iyali da jama'a da ke kusa da mutum yana da anfani. Yana taimakawa wajen fahimtarcuttan.

**Wadane Irin Shawarra ne zaka iya ba Iyali wajen lura da Cuttan?**

Wayar da kan iyali yana da matukan anfani wajen taimakawa mai fama da cuttan Amosanin jini. Yana da kyau mutum ya sa iyalin sa su san yanda zasu iya taimaka wa wanda ke da cuttan. A lokutan da dama mutanen dake fama da wannan cuttan ba su son mutum ya nuna jin tausayin su, suna son nuna cewa suna da koshin lafiya, ama cikin zuciyan su, su san cewa akwai matsala. Ku taimaka masu wjen cin abinci ma nagarta da kuma anfani da magungunan su.An nuna cewa taimakon ta hanyar iyali yana da kyau domin sun san shekarun sa da abubuwa da yafi so da bayyanin da zai taimaka wajen taimakon sa da iyayensa. (Anionwu da Atkin, 2001)  sun yi bayyanin cewa gwamnati na bukatan kinkiro da dokan da kuma abubuwan dake da halaka da cuttan ta hanyar anfani da iyali ta lura da cuttan amosani jini, kara tura masana aikin lafiya wajen karin ilimi akan cuttan, da karin nahuran lura da cuttan, da kamalelen lura da masu cuttan.

Wayar da kan mutum gama da yanayin cuttan yana da matukan muhimacin domin taimakawa iyali wajen lura da mai cuttan.

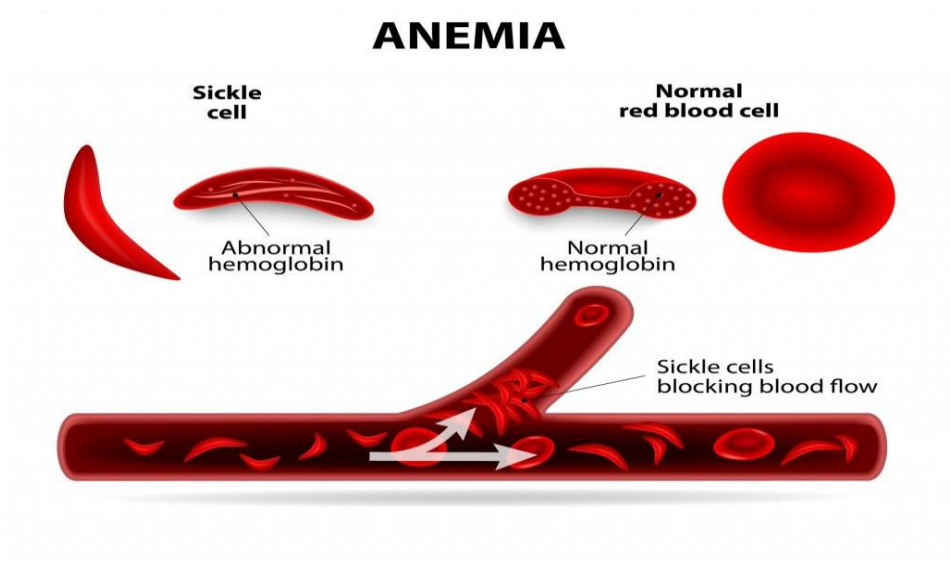
Ka/ki taimaka masu da bayyanai da ba zai sa cuttan ya tashi ba.

Abun farko da kuma ya kamata a likita zai fara yi shine ya gayamaku shine ku dinga shan abubuwa shan masu da yawa, kama ruwa, Meyasa? Ku tuna cewa ko da yaushe, ruwa yana hadewa da jini kuma yanayin da akwai matsala, zai wake jini. Domin haka ku tabbatar cewa kun sha ruwa masu yawa ko abubuwan shan.

Ku taimaka masu wajen samun wadansu cutta domin rage samun matsala da kuma zai iya kawo abubuwan da basu kamata ba.

Ku wayar da jama'a dake kusa da ku gama da wannan cuttan cewa cuttan ba'a kama shi ta hanyar taba ma shi, ana kamuwa da wannan cuttan ta hanyar gado ne kawai.

YORUBA Translation




Anfani nla lo je fun mi lati se alabapin imo nipa aisan foni ku fola n de lagbegbe wa ati lati je ki imo wa po si lori re, ki a si tun lo orisirisi ede lati le nilo awon ona to a le gba fi yanju awon isoro ilera to ro mo.

Nkan bi eeyan tiye won wa laarin milionu meta si milionu marun larun foni ku fola nde n ba finra ni gbogbo agbaye.

Ewe, awon omo bii egberun lona oodunrun (300,000) ni won maa n I pelu arun foni ku fola n de lodoodun, to si je pe, ida-a aadorin ninu ogorun (70%0 ninu iru awon omo bee ni won maa n bi nile alawodudu.

Gege bi awon eeyan to wa lati ile adulawo ati agbegbe Caribbea se n po si nile geesi, bee niye awon to ni aisan foni ku fola n de n po si lorile-ede ohun (UK). Ti a ba ni ka samulo abo ati akosile iwadi ti Hospital Episode se iyen ti a mo si Hospital Episode Statistics (HES), iye awon to ni aisan yi lara ti won n gbe wa sile wosan fun toju kan n peleke si ni pelu ida aadota ninu ogorun (50%) laarin odun mewa.

Awon ti aisan foniku fola nde maa n baa finra ju ni awon eeyan ile adulawo, awon to wa latawon orile-ede to yi okun Garibbea ka, awon to wa lati aarin-ila Oorun agbaye, awon to wa latawon orile-ede to yi okun Mediterrannea ka atawon to wa lati awon orile-ede to wa ni Asia. Nile geesi. Aisan yi wopo laarin awon eeyan to je omo bibi ile adulawo ati awon to wa latawon orile-ede to yi okun Caribbean ka.Iwadi lawon agbegbe taisan yi ti rinle julo fi han pe opo awon to won gba sile-wosan fun toju aisan yi ni kop e rara tiwon fid a won sile ati pe ida merinlelaadorin ninu ogorun (74%) awon ti won gbe wa sile wosan fun toju lori aisan yi ni won ti gbe wa ju eekan lo.

Won ti foju woo pea won eeyan bi egberun mejila aabo (12.500) to ni aisan yi lara lo ngbe nile geesi; egberun mesan ninu won (eyi tii se ida meta ninu ida merin) lo n gbe nilu London, to si je pe laarin awon egberun meji (2000) ti won ba bi, eyokan ninu won maa n ni aisan yi lara.

Mo nireti pe iwe atonisona yi yoo seranwo nipa fi fun wa nimo si lori aisanyi. Mo dupe pupo lowo awon alase ayo NDSF ati enikookan to lowo si ati je ki gbigbe iwe yi jade di ohun.

Igbese lori aisan foniku fola n de: Awon isoro to ro mo aisan yi Awon to ni aisan fonuku lola n de atawon ebi won maa n koju isoro to koja siso, eyi to si maa n mu ki aye su won gbe. Nitori naa, nigba ti a ba fe toju won, o ye ki sisanwulo oro iyanju/imoran kun itoju isegu oyinbo ti a ba n fun won. E jowo, e je ka ran won lowo, ka si yee da won lebi.

Ki ni a n pe ni arun foniku fola nde?

Aisan foniku fola n de je aisan kan to lagbara pupo, eyi ti omo maa n jogun latara okan lara awon obi re tabi latara awon mejeeji nigba mii. Nigba ti aisan yi ba kolu eeyan kan, ago ara won ko mi le pese eroja to maa n gbe afefe ti a n mi sinu gba inu eje lo si gbogbo eya ara(Red blood cell) to poju owo.

Nitori idi eyi, ayederu eroja red blood cell to wa lara yi ko ni sise to muna doko, eyi lo si maa n sokunfa ki a kude ba eemi tiry emi be n mi sinu.

Nitori awon idi Pataki kan, eyi ti imo isegun oyinb o o le salaye re, aisan foniku fola n de wopo laarin awon eeyan ile adulawo, awon to wa latawon orile –ede to yi okun Caribbe ka, awon to wa lati Ila oorun arin gbungbun agbaye, awon to wa lati ila oorun awon orile-ede ile to yi okun Mediterrnea ka atawon to wa latawon orile-ede ile Asia. Nile geesi, opolopo awon omo ile adulawo atawon to wa latawon orile-ede to yi okun Caribbea kalo ni aisanyi lara.

Bawo la se le mo boya eroja red blood cell kan je ojulowo tabi ayederu. Lakoko naa, e je ka soro lori eyi to je ojulowo. Eroja red blood cell to je ojulowo maa n ri rogodo, to si maa n ro, eyi to maa n fun won laaye lati wole tabi jade si awon eya ara mii  pelu irorun. Sugbon ni ti eroja red blood cell ti kii se ojulowo n tie, irisi re maa n te kodoro, to si le koko.

Ojulowo red blood cel ni eroja asaraloore protein kan ti an pe ni hearogbobin, eyi to kun fun eroja kan ti a mo oon si iron; ohun lo sin n fun red blood cell lanfani lati gbe eemi/ategun kaakiri ago ara.

Gbogbo wa la mo bi ategun se se Pataki si; ko wa fun ati je ki opolo wa sise dada nikan, o tun wa fun ati je ki awon eya inu ago ara kookan maa sise bo ti to ati bo ti ye. Ko da awon nkan mii tomaa n sele ninu iru lotun ninu ago ara wa, bii dida ounje, ko le se e se bi ko ba si ategun toto.

Ohun ti eroja red blood cell ti kii se ljulowo (sickle cells) maa n se nip e won kii gbe ategun lo sinu awon eya ara iru lotun, bee ni won kii gba iru eje koja pelu irorun. Bi a ti se so saaju, won kii ni eroja hearoglobin, ti won si maa n le koko, to je pe nipase eleyi, won maa n di ibi tie je maa n san gba koja. Lile koko ti won le yi maa n baa won eya ara iru lohun kan je. Ti won si maa n fa inira fun eni fun eni taisan yi n ba a fin’ra.

Nibayi, bawo ni isele yi se maa n yori si aisan?

Eroja red blood cell ti kii se ojulowo (sicke cell) kii t’ojo bii eyi to je ojulowo. Won tete maa n ku. Agbara won tete ma dinku, bee ni bi agbara ise ti won n se se gbewon si kee jojo, eyi to maa nfa fa ki alafo wa laarin asiko ti eroja iru ara lotun kan ( cell) ku at igba ti a pese omiran, eyi si maa n mu ki eroja red blood cell ma to iwon to ye ko to ninu aga ara awon to nii.

Oju tawon eeyan adugbo, awon akose mose eleto ilera, awon ebi awon olopa, awon osise isele pajawiri atawon ile wosan n fi wo oro yi nipe ko si itoju to peye fawon ni aisan foniku fola nde, eyi lo si maa n sokunfa awon ipenija kan to maa n telee. Opo awon eeyan adugbo, ninu eyi ti a ti ri awon osise eleto ilera maa n kopa ti kii se reeremi lati dakun awon ipenija to ri tele aisan yi. Lopo igba, won ti dun

awon eeyan to ni aisan foniku fola nde, lanfanii eto eyawo ninu owo ti aya soto fawon to ni ipenija arak an tabi nii. O ye ki a ka aisan yi mo ara awon akanda eda nitori ewu to ro mo irora to maa n sele lati-pase aisan yi. O ye ka se to ilaniloye awon osise alabojuto, papa julo, awon to n se ipinnu lori anfani to wa fawon akanda eda, lori aisan foniku, fola nde, ki won le maa saanu awon to laisan yi.

Awon isoro to ro mo aisan yi okan lara ipenija aisan yi okan lara ipenija aisan yin ii se pelu awon eleto ilera to maa n ni lero peawon to ni aisan yi maa n wuwa ko to to ba kan ki won fun loogun. Awon osise eleto ilera yi maa n ni lero pe won o si oogun ti won ba fun won lo tabi pe won maa n titori pea won n la irora koja.

O wa je ohun to buru pupo pe nipase awon iriri kan, awon eleto ilera maa n ni lero pea won to ni aisan yi lara maa n pariwo irora lati le je kawon eeyan woo do won.

Mo mo pe looto, ojuse awon kan ni lati se toju; sugbon o ye ka mojuto eleyi, ki won le maa fun won loogun loju ojo. Ati niwon to ye. Awon isoro to ro mo aisan fniku fola n de kii se keremi rara, o si ye kawon eleto ilera nimo kikun nipa sise idanileko fun won lori arun yi ati b won se le se itoju re daadaa.

Ki lod e ti isoro ro mo aisan foniku fola nde?

Opolopo isosro lo ro mo arun yi. Die lara won niwonyi.

- Awin isele kan to maa n mu kawon to ba n saisan yi da yato. Aisan to maa n kolu ifun eyi to maa n mu ki awon ara ati oju pori (jaundice) niru awon isele yi. Eyi si maa n sele nigba ti eroja red blood cell ba ti sose sile. Awon nkankan to maa n pari a kora jo; ohun ni a n pe ni oronro. Mo mo pe lawon asiko kan a ti maa n ri ti oju wa yoo pon. Emi red blood cell ti kii se ojulowo (sickle cell) kee tojo, won si tete maa n dase sile.
- Ere idaraya sise je openija nla fawon to ni arun yi lara tori nse ni won kii lee mi daadaa ti won ba n sere idaraya.
  Tori idi eyi, won kii le kopa ninu ere idaraya, eyi si maa n mu ki won ri ara won bi emi to yato sawon ekegbe won.
- Awon kan lara awon to ni arun yi n dabi eni to ni anzunmora. Iwa won tawon eeyan n wok ii jo teni to maa n pariwo sita. Boya eyi ri be nitori bi won se maa n pa irora alailegbe ti won n la koja lojoojumo mora.
- Oye ka maa teti si awon to ba larun yi lara, tori iru oogun to le sise fun won, tori irora ti okookan won n la koja maa n pojura lo, bee si lasiko ti won fi won fi maa n ni irora yi pojura lo; oogun to si maa sise fenikookan yato sira won. Awon to ni arun yi lara maa n la irora alailegbe koja, to si je awon eleto ilera maa n foju kan wo won, dipo to fi ye ki won mi imo to kun lori ipenija ilera won.
- Looto nip e irora ti ko se feru so lawon to ba n saisan yi maa n la koja; idi si niyi to fi ye ki awon to ba gba won sise, tabi awon oluko won mo nipa ipo ilera won, ki won le maa fun won laaye, papa julo to ba tasiko lati lo fun ayewo loorekoore, ati ki won le fun won ni'yonda lati ma se awon ise kan ati ere idaraya. Aisan yi maa n far ire ati irora eyi to le mu kawon to ba ni lara maa pa ibi-ise tabi ile-we je leekookan. Awon agbani-sise tie maa n ni lero pe ole afajo to ko e ise se lawon to ni arun yi lara, eyi si le nipa ti ko da.

Ki ni o le se nipa re? Igbese wo lo le gbe lati satileyin fawon to ni arun yi.

Awon igbese kan wa to le mu adinku baa won isoro to ro mo aisan foniku fola n de. Lara re ni kawon to ni aisan yi lara maa la awon eeyan loye nipa aisan yi; riro awon ajo ati egbe to ja feto

awon to ni arun yi lagbara. Siseto igba ni niyanju. Opolopo igbese niwo to ni arun yi lara maa le gbe lati mu adinku baa won isoro to ro mo aisan yi.

Ri ran ara eni lowo

Iru awon ona la ka sisale yi.

- Wiwa awon abo iwadi lori aisan yi. O ye ko ni iwa nipa ona tuntun ti o le fi wa itoju.
- Ni ifowosowopo pelu dokita atawon eleto ilera to n toju re.
- Pelu ajosepo awon eleto ilera to n toju re, ni akosile iru awon oogun to maa n sise fun irora re. O si ye ki a maa mu ibi ti o ko si kiri, ki o le ba lanfani lati rii nigbakugba.
- Ri daju pe o ni awon iwe kan lowo ni gbogbo igba, bi kaadi ti won ko ipo ti henroglobin re wa, ninu eyi ti won ko iye igba ti o ti lo ile-wosan si.
- Ti o ba ni irora to po, se akosile re ati iru awan ami ti irora yi ni at ibi to ti n wa o ninu ago ara yala ki o to loogun at leyin ti o toju re.
- Waa a awon ohun to le maa mu adinku ba irora ti o ni, ko to dip e irora yi a bowo o ri.
- Awon nkan mii wa ti o le se lati din awon isoro yi ku. Li lowo si ati da awon ebi re atawon ara adugbo yoku leko naa se Pataki. Ran won lowo ki won le nimo nipa aisan yi.

Iru imoran wo lo ye ka fawon ebi awon to ni aisan yi lori bi won se le toju aisan naa?

Atileyin awon ebi je ona kan gboogi lati seranwo fawon to ni aisan yi. O se Pataki kawon ebi mo bi won se le toju awon eeyan won to ba ni arun yi lopo igba awon to ba ni arun yi kii ke ka kaaru awon. Won maa n se bi eni ti nkan o mu, sugbon awon lo mo ina to n jo won labe aso. E e ka ran won lowo lati maa je ounje asara lore ati lati lo awon oogun won. Ninu iwe kan ti Aniorowu ati Atkin jumo kan lodun 2001 won fenu kop e o ye kijoba gbe igbese lori awon eto nipa ohun tawon molebi eni to ni aisan yi n la koja, sise idanileko fawon eleto ilera ati gbi gboriwo si ipese eto ilera to poju owo.

Lila ara re loye lori oro yi se Pataki lati le satileyin fun ebi re lori aisan yi.

Ran won lowo lati ma faaye gba ohun to le da wahala sile

Ohun kan Pataki ti dokita yoo so fun o lati se lati dena whala ni mimu nkan oloriyi ni Pataki julo omi funra re. ki nidi? Maa ranti nigbagbogbo pe omi maa n lu po mo eje ati pe nibi tie je badi si, o maa n mu ki eje san; ti kii faaye gba eje didi. Torina, e ri daju pea won mu omi tabi nkan sisan lopolpo.

E je ka tun ran won lowo, ki won ma ko arun, tori eyi le yori wahala. Ki a si ri daju pe won n lo fun ayewo loorekoore.

Da awon eeyan to wa lagbegbe re leko nipa aisan yi pe kii se aisan taa le ko latara elomii, won maa n jogun re ni.

**NIGERIA DIASPORA SECURITY FORM (IKE NKWUCHA NKE WMU NAIJIRIA BINA MBAUWA)**

**USORO NKUZI NA MGBAZI OYA OMI-OBALA NAI BEKEE**

**NA AKPO SICKLE CELL DISEASE**

**NCHIKOTA:** Obu ihe anuri nyem maa ohera muwere iji kuziere ndi mmadu bi na imw ime obodo ihe gbasara oya omi-obala na udi iji mee ka onye obula mata iheoyea bu nakwa ka osi akpa ike site na isuya na asusu alanyi oka achasi okwu igbo.

Nchoputa emere gosiri na nde alto rue nde ise umu mmadu na mbauwa gbaa gburugburu na aya oya omi obala nke ndi bekee na naakpo sickle cell Disease, out akaalu nchoputa na egosi na umaka nari cuku ato ana amu na afo bu oya SCD. Nime onu ogua uzo iriagaa nime out naribu ndi amuru na ala ibi oju ya bu Afirika.

Ka onu ogu ndi isi ojii na ndi carbean bi na uk na abawanye ka nu ogu ndi na oya oyaa na abawanye. Ozi sin aka uloogwu yabu Hospital Episode Statistics na egosi na enwere mba-wanye na onuogu ndi oyaa na echere aka ngba dika uzoiri ise n'ime out nari gara ulo ogwu nime ago iri na uma guru ezu.

Oya omi obala-sickle cell disease bu namni ndi isi ojii yabu Afirika, Caribean ndi middle ~Eastern, Eastern mediternanean tinujase Asia na ayakali oyan. Irue na UK obu ndi nneha na nnaha si atorika mobu caribean kacha aya oyaa. Nnyocha emere na okpuru achichi obodo ebe oyanka nku gosiri na otutu jere ulo ogwu maka oyaa bu ndi enweghi otutu mgbe ebe ni asaa na amo n'out nari (74%) bu ndi jere ulo ogwu maka oyaa bu ndi enweghi otutu Ugboro. Dika odi, ihe ruru uku iri na abua na nari ise bi na London. Nime onuogua, ana amunye umuaka out nime kuku abua obula oyaa dina ahu.

Enweram ohile anya na usoro nkuzia ga enyeaka gbasaa ozca banye na ezi nulo obula maka igbota na nchekwa zuruoke nke ezinulo, obodo na okputa ochichi obododi ichie ichie Ekeleni na agava ndi NDSF na ndiozo njere aka adwukwoa wee puta ihe.

**SICKLE CELL INTERVENTION: Ailment and Health Allied Stigma**

**MBO ICHU OYA OMI OBALA, IHE GBASARA OYAA, AHUIKE NA KA ND MMADU SI AHUTA ONYE OYAA JI**

Ndi na aya oya omi obala (Sickle Cell Disease) timyere ezinuloha na enive mniekapa ahu na ihe mgbu di ichie iche nke na emeka ihu hapu ina atoha ochi. Ya mere oji di oke mkpa na oga ba anodebeha nso, kwuseraha okwu agbam ume ma nyekwa aka gbaa mbo ihu naha nwetere nleta zuruoke. Tinye aka kwado ha ma ekwukwala okwu dika ikpe ikpe nye ha.

**WHAT IS SICKLE CELL: (GINI KA SICKLE CELL PUTARA)**

Oya Omi Obala nke ndi bekee na akpo sickle cell anaemia bu nnukwu oya na esite na ajy nne na nna banye nwatakiri nahu mgbe amuri ya. Onye Obula Oyaa dinaahu na emve oke mmekpa ahu, ona esiri ya ike inwe obala zwru ezu na ahu ya. Ahuya agaghi enweike ina emeputa obala red blood cell ojuma nke na ebu ikuku bekee na akpo oxygen busaa na anhu nile. Nkea ga emezi yabu red blood cell adigbi mna ka oluya hapu izuoke.ihea ga ejide ahuonyeahi yasaa makana ikuku na obala agwolo-ezunuya iji mee ka ogbasieike dika ndi ozo a hu zuruoke. Okwebeau, middle eastean, Eastean Mediteeranean

tinyere Asis na ayakali oya omi obala sickle cell. Na obodo United Kingdom otutu ndi atinka na ndi carebean na ayaoyaa nke ukwu.

Kedu ka iga esi mara na red blood cell gi dinma mobu na odigbin? Anyi ga ebu uzo kowaputa ihe na egosi na red blood cell din ma, red blood cell dinma na adi okiri kiri, nlo nke na eme ka onwee ike na gba na aputa ebe ohere din a enwegbi nsogbu obula; sickle cell na aka nkeozo na esi ike ye mma eji ako osikapa. Obala dim ma (Red Blood cell) na enwe egwongwo na edozi aliu bekee na akpo protein mobu amogbobin.mmiri rion dinaya na enyekwa aka ka red blood cell na ebusasi ikuku oxygen na ahunile.Onye obula maara na akwara na cell obula, tishu na anu ahu nile gbaa gburugburu. Oba emekwa ka anyi ba eku ume ojuma, ka nri gbarie, nje ndidi na ahu mmdu na mmiri gwokoo nye ihe achro ban du mmadu. Ma ewezuga ikuku oxygen, nsogbu adi.

Sickel Cell- Oya omi obala anagbi ekwe ha ikuku banuje na cells mobu uzo obala si oga ojuma. Dika akaowara ba mbu, ha anaghi enweike imeputa mamgbobin na esikwa ike. Nkea na eme ka obala kpukoo akpudo nochizia uzo obala si agbasa na ahu. Udi onodua na eweta itikasi ahu, mgbu na n-ya nye onye oyaa dina ahu.

**NOW, HOW IS ANAEMIA CAUSED IN ALL THIS**: KEDU IHE NA AKPAAZI ANEMIA: Sickle Cells ya bun je na akpataya omi obala amaghi ano-otutu ndu dika red blood cells dim ma. Ha na anwu osiso na egbugbi mgbe. Nsogbu bun a ha na anwu osooso ma/imeputa ozo na eteaka. Nkea na eme ka nmukwu ohere din a onwu na mugbachi red blood cells. Kea na eweta anemia. N gbota ndi mamadu na enwe nime ime obodo, ndi oluahuike, ndi nlekota, Exinulo, ndi olu uwe ojii, ndi gbatagbata bekee na akpo Ambulance, Uloogwu anghi ama ndi na aya oyaa ikpe mobu ikpaso ha agwa egighi ezi. Otutu oge ndi obodo, nloogwu na nlo olu di elu na eme kaha ana akpachapu ndi na aya oyaa. Oge ujodu ha anaghi enweta, enyam aka dika itbazinye ego ha ga eji lekota onweha mobu mee ihe ndiozo. Okwesiri ka ndi na achi obodo, ndi onuha na elunokwu gbasara ndi ahuha egughi oke mata ihe gbasara sickle cell (Oya omi obala) nkea ga eme ka ha nwee obi ebere mgbe osula ha na ndia na emekoihe.

## HEALTH ALLIED STIGMA: KA NDIOLU AHUIKE UEODU SI AFUTA

**Sickle Cell na aya** Otutu muadu na ndi olu uhnike anachaghi ekweta na out ndi oya sickle cell (Oya Omi Obala) si emeka oyaa si emecha. Na ahu amaghi egbuchana mgbu dika ha si eme ka onye obula gbota. Oge njodu na ha amaghi anu ogwuha dika osi kwesi, Mobu nugeeya oke nke nwekwasaike ikpataraha otako na obiko oya ndiozo. Onaabukwa ihe mmmwute nye ndi oluahuike ogeha choputara onye na eme ka eweeeki. Out osula osidi, okwegiri ka ana enwe ezi nleta, inye ma gbakwaa mbo huna onye na aya oyaa nuru ogwuija oge kwesirinu na atugugbi mgbe. Okwesiri na ndi olu ahuike na ahu maka ndi sickle cell na aya ga eje ozuzu, mwee mmuta zuruoke. Nkea ga enyeaka ka ha Lekota ndi oyaa na eehere aka mgba anyya ofuma. Sickle Cell-oya Omi obala anaghi ekwe ka ikuku banye na cells ugbu uzo obala si oga-ojuma. Dika akowara na mbu, ha anaghi enweike imeputa amagbosin na esikwa ike. Nkea na eme ka obala kpukoo akpuko nachizia uzo obala si agbara na ahu. Udi onodua na eweta itikasi ahu mgbu na n-ya nya nye onye oyaa dina ahu.

## NOW, HOW IS ANAEMIA CAUSED IN ALL THIS: KEDU IHE NA

AKPATAZI ANEMIA: Sickle Cells ya bun je na akpataaya oni obala amaghi ano otutu ndu dika red blood cells dim ma. Ha na anwu osuso na egbughi mgbe. Nsogbu bu na ha na anwu osooso ma

imeputa ozo na eteaka.Nkea na eme ka nnukwu ohere din a onwu na mmugbachi red blood cells. Ihea na eweta anamia. N gbota ndi mmadu na enwe nime ime obodo, ndi oluahike, ndi nlekota, Ezinulo, ndi olu uwe oji, ndi gbata gbata bekee na akpo Ambulance, Moogwu anaghi ama ndi na oya oyaa ikpe mobu iikpaso ha agwa ezighi ezi. Otutu oge ndi obodo, uloogwu na ulo olu di elu na eme kaha ana akpachapu ndi na aya oyaa. Oge ujodu ha anaghi emweta, enyem aka dika Igbazinye ego ha ga eji lekota omweha mobu mee ihe ndiozo. Okwesiri ka agunye ndi oyaa na eehere aka nigba dika ndi ahujoro ya bu ndi ahu ezugbiole maa udi ngogbu ha na agabiga. Okwesiri ka ndi na achi obodo, ndi onuha na elunokwu gbasara ndi ahuha ezughi oke mata ihe gbasara sickle cell ( Oya omi obala) nkea ga eme ka ha nwee obi ebere mgbe osula ha na ndia na emekoihe.

**HEALTH ALLIED STIGMA: KA NDIOLUAHUIKE UEODU SI AFUTA**

**Sickle Cell na aya:** Otutu mmadu na udi olu ahuike anachagbu ekweta na out ndi oya sickle cell (oya omi obala) si eme ka oyaa si emeha. Na ahu anaghi egbucha ha ngbu dika ha si eme ka onje obula gbota. Oge nsodu na ha anagbi anu ogwuha dika osi wwesi, modu nugeeya oke nke nwekwaraike ikpataraha otako na osiko oya ndiozo. Onaabukwa ihe mmwute nye ndi olu ahike oge ha choputara onye na emeka eweesi. Out osula osidi, okwesiri ka ana enwe ezimeta, inye ma gbakwaa mbo huna onye na aya oyaa nuru ogwuija oge kwesirinu na atuhughi mgbe. Okwesiri na ndi olu ahike na ahu maka ndi sickle cell na aya ga eje ozuzu, nwee mmta zwuoke. Nkea ga enye aka ka ha lekota ndi oyaa na eehere akamgba anya ofuma.

**WHY IS STIGMA ATTACHED TO SCD: GINI BUTERE NDI MMADU ILEDA NAI OYAA NA AYA ANYA:**

Ufodu naime otutuihe na eweta iledaanya nye ndi sickle cell na aya bu ndia; Akpukpo ahuha anagbi adicha mma ile anya Onaadi ka onye oya ndi bekee naakpo Jondidsi naaya. Ihe na akpataya bu mgbe red blood cells di ha nahu mwugoro anwu, Anya ha ga ebido naacha edoedo, arianyu modu atianuya ga na aputakwaha aanya. Dika nchoputa gosiri, sickle red blood cells anaghi emvecha ike ma na amoukwa osiso.

Ndi na aya sickle cell anaghi abonye aso mpi equnigwu. Ike na agwuha osiso, Ikukwa Ume na esikwara haike. Nkea na eme na ha anaghi eso aso mpi egwusegwu. Ona emekwaha ino chapu uhie ebe ndiozo no.

Ufodu ndi naaya sickle cell, onweha/nduha anachaghi ato ha uto. Ha na agbaruihu nke ukwu. Nkea nwereike oburu ka ha si edi ahumgbu nke na anyuha ikpakwi. Na agbangeghi nkea, otutu mmadu mwereike na eche na onweghi ihe na emeha. Ikekwa naha kpacha aka naanya n'egosi na ahu adighi ha. Ma na ikwu ezi okwu ndia naata ahuhu di egwu sitere n'aka oya omi obala sickle cell a. Oge ufodu ha na ediya ka ndi mmadu hapu imata.

Okwesiri ka ana ege ndi oyaa naaya nti nkeoma. Iji gbotasia ka oyaa si emeha. Oga enyealka imata ndi ogwu aga enyeya, mgbe ona ebido envese ahu mgbu, ugboro ole ka ona abu nizuka mobu na onwa-nchina obughi ka osi eme okeke ka osieme Adango. Ahumgbu na eso oyaa kariri akari. Nkea na emeha ina aga nlo ogwu kwamgbe kwa mgbe. Ihea na eme njodu ndi na elekota ha ichebe echiche na onwereike osuru na ha amala ogwu ha ekwesighi inu, chegue na onyeobula maara ka oyaa si eme ga agbota na ndia choro enyem aka onye obula okachasi ndi oluahu ike.

Ndi na aya sickle cell na adi ata ikikere eze oge ma oge, anuriha anachaghi ezuole maka ahumgbua na enyeha nsogbu odi mma ka ha kowaara ndi nkuzi na ndi wereha na olu onoduha ka ewee nweike na enye ha ohere ileta anya na nlo ogwu, nyeha olu ha ga alunwu tinyere usoro nkuzi nke ga enyereha aka, mobu ihe gbasara egwuregwu, oyaa dika anyi kowaa na ebute ahumgbu di egwu na ike ogwu ogwu. Emvereike ikwusi onye ahy iga akwukwo mobu olu. Idi onodua naeme ka ndiisi nlo olu na eche na okwesighi iwe udi ndia n'olu nihi na ha adighi mma. Udi akparam na ebutekwa ikpasoha agwa adighi mma. Udi akpasam agwa ndi oluahuike ujodu na eme ndi na aya oya sickle cell (oya omi obala)hapy inwe ntukwasiobi na ha.

**What You Can Do About It: What Steps are to be taken to support this ailment: IHE INWERE IKE IME GBASARA YA.**

**UZO IGA ESI KWADO OYAA:** Uzo Ole mole di iji wee kwado usoro iwedata ka esi afuta ndi oyaa na aya na udi iledaanuya. Nke mbu bu ime ka ihoa mata ihe gbasara oyaa nke oma, ikwado ndi weputara onweha iji nyere ndi sickle cell na echere aka mgba aka, igba mbo onwe tinyere nkuzi na mmuta nye akparam agwa na okwu agbanu ume iheozo onye na aga oya sickle cell ga eme bu ina aga nara ogwu kwa mgbe kwa mgbe dika ahuya si ihoo.

**SELFHELP IGBA MBO ONWE/INYERE ONWEGI AKA:** Iji nyere onwegi aka, iga na gba mbo imata ihe ogbara ohuu na nchoputa nye oya sickle cell.

Iga na anu ogwu gi etu kwerisi ma marakwa gbasara ahugi nkeoma.

Iga anu na dokita na ahu maka obaragi no gin so tinyere ndiozo na emyeaka ka ahu gbasiegi ike.

Deputa ma marakwa mgbe yi wnwe ahu mgbu na ogwu ndi ina anu na adigi mma na ahu. Onwere ike ideputaya ma burukwaya na akpagbari ama ama.

Gbaa mbo huna akwukwo edere ihe gbasara obaragidigi na akpa. Oga egosikwa ugboro ole Igbara ulo ogwu nakwa ogwu ndi enyeregi. Odikwa mma iji akwukwo ga egosigi oge ahu mgbu nwereike idakwasigi.

Obwu na ibido mwebne ahu mgbu, deputa ihe na egosi ya na ka osi eme gi nakwa ebe na egbugi mgbu tutu igaa nlo ogwu.

Choo uzo ga eme ka ahumgbugi bellata tupu omeegi nke gbata gbata. Ihe ndiozo igawmw iji gbenahu ileda anyabu/sonye, ma kuzieze ezinulogi na ndigbo ije gbasara sickle cell dika igi gbotayana oyaa esigbi gin aka kama obu ebum puta uwa.

What Advice Can we give to family in Managing the Illness? NDUMODI NYE EZINULO NWERE ONYE NA AYA OYA OMI-OBALA(Sickle Cell Aigeaze)

Odi mma ka ezinulo obula na adonyere ndiha nkwu ma Oya Sickle Cell na ayaha. Obuihe agbanu ume ma udi onoduadi maka oga enye aka nke ukwu. Ndi na aya oya sickle cell anaghi acho ka ana emetere ha ebere- ya bu egosikwana na ina emechitereha ebere. Nyeha nri zuruoke. Nri akurungwa naedozi ahu juru nimeya. Gbakwaambo hu na ha na anu agwu out kwegoa. Ezinulo obula ga eweputara ha oge mekota na ikpasa nkata iji mata ihe ha choro ma obu mwatakisi mobu na otoolaetoo. Ihe ndia dinnukwu mkpa ka obi nkorofu hapu ime ha. Na mmechi dika anionwu na Akin, 2001) si deputaya, gomentkwegiri igba mbo hazie ngoro na uzo ekwesiri iji wee na enye ezi nlekota ma onwee onye oyaa

din a ahu. Otuakaahu, okwesiri ka goment kwado ezinulo ndiha na aya sickle cell, nyekwa aka nye ndi olu ahuike ozuzu zuru- ezu, ka nlekota ha na enye buru nke bu igba burukw a kpoo. Omenala na nso ekwesighi iji iya megide onye obula na aya oya omi obala sickle cell Nkezi onwe na/muta otutu ihe gbasara sickle cell dim ma maka ikwado onye oyaa na aya na ozinu lo. Nyere ha aka. Ekwela ka oburugi ga eme ka oyaa senite. Mee ka ha na anu mmiri ojuma nakwa ihe nchozo juputere na mmiri. Maka gini? Mmiri na eme ka obala baa uba, gbasaa agbasaa dikwa mje.Onaghi ekwe ka obala kpukoo ekwela ka ha buru oya ndiozo nkea nwereike iyatoko ihe nile. Mekwaa kahana eje ele anhu ha kwa nigbe kwa mgbe milo ogwu. Mee ka ndi mmadu mata na oyaa bu eburu puta uwa na onaghi ezie ezie.