



UWI

IGDS

INSTITUTE FOR GENDER &
DEVELOPMENT STUDIES

LUNCHTIME SEMINARS WEDNESDAYS – 12 NOON

Dr Kenneth S Charles is a Senior Lecturer and Consultant Haematologist at the UWI. He is a medical graduate of the UWI who obtained postgraduate training in Medicine and Haematology in the United Kingdom where he was first exposed to the concept of voluntary non-remunerated blood donation. His research interest is the dichotomy between blood transfusion services in England and her former colonies and he has published several manuscripts on the subject. He is convinced that replacement blood donation places a financial, social and ethical burden on developing countries and is a fervent advocate of exclusive voluntary non-remunerated blood donation.

You are invited to the
IGDS, St. Augustine Unit Lunchtime Seminar

Women and Blood Donation

with

Dr. Kenneth S Charles

MB.BS, FRCP, FRCPath(Haem)

Senior Lecturer/Honorary Consultant Haematologist
The University of the West Indies, St. Augustine Campus

Wednesday, October 25, 2017

12 Noon

**IGDS Seminar Room,
The UWI, St. Augustine Campus**

In most developing countries, amidst a general shortage of blood donors, women are typically less likely to donate blood than men. This despite the fact that over 500,000 women die in childbirth globally each year, most from haemorrhage in developing countries where blood stocks are low. In fact 80% of the world's blood is collected in developed countries where only 25% of its population lives.

The difference in availability of blood lies in developed and developing countries is the difference between the methods of voluntary non-remunerated (VNR) and family/replacement (F/R) blood donation. The former, which involves healthy members of the community donating blood voluntarily for nothing in return has been practised in the developed countries of the North Atlantic for almost a century. Its early

establishment was followed by widespread use by the military and communities during the World Wars. There was failure in the transfer of this technology to colonies so most developing countries now practice predominantly family/replacement blood donation, whereby persons in actual or anticipated need are required to source blood donors from among their family members or friends. F/R donation systems are associated with chronic blood shortage, heightened risk of transmissible infections in donors and unequal access.

In Trinidad and Tobago, as in some other Caribbean islands, pregnant women are required to find blood donors in anticipation of blood loss at delivery. The propriety of this practice has never been questioned, investigated or challenged. A study conducted at the

Port of Spain General Hospital in 2010 showed that most of the blood collected in this manner is not needed for delivery. As far as blood donation is concerned men are 3 times more likely to donate than women more likely to be deferred. This pattern has also been observed in other developing countries.

Being the fairer and more compassionate gender and in the face of the constant threat of excessive blood loss during child birth, why are women less likely to donate blood? This report examines some women's perceptions about blood donation and describes how information and improved accessibility were used to reverse the usual gender pattern for blood donation among young persons in Trinidad and Tobago.

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