

Life expectancy at birth for both sexes increased by about 2.2 years from 56.1 in 1991 to 58.3 in 1995. The gain has been higher for females (2.4 years) than for males (1.9 years), although male life expectancy still remains higher. Nevertheless the gap between males and females has narrowed from 0.8 years (1991) to 0.3 years (1995). The gap between urban and rural life expectancy is also narrowing. The main reason for the rise in life expectancy is the decline in infant and child mortality due to the successful implementation of the immunization programme as well as disease control programmes such as those for ARI and diarrhoeal disease.

➤ **Infection.** People with hemophilia are more likely to receive blood transfusions and are at greater risk of receiving contaminated blood products. It is common for people with hemophilia to become infected with the human immunodeficiency virus (HIV) or with hepatitis through contaminated blood products. So blood products should be much safer to purify and screen the supply of donated blood. However, it is still possible for people who rely on blood products to contract other diseases. If you have hemophilia, consider receiving immunization against hepatitis A and B.

➤ **Adverse reaction to clotting-factor treatment.** Some people with hemophilia develop proteins in their blood that inactivate clotting factors used to treat bleeding.

