

For more on the data from the Migration Policy Institute see <https://www.migrationpolicy.org/programs/data-hub/deferred-action-childhood-arrivals-daca-profiles>

However, around 11 million undocumented people reside in the USA, and only 10% of these individuals are eligible for Deferred Action for Childhood Arrivals according to the Migration Policy Institute. The call to abolish the Immigration and Customs Enforcement agency, which is responsible for violations of human rights involving undocumented immigrants that have been reported for years, has also gained widespread public support. Although important, these measures remain insufficient to address the substantial public health concerns that have long affected the undocumented community.

For example, projections suggest that about 45% of undocumented individuals are uninsured with less access to health care, lower socioeconomic status, and worse outcomes for many medical conditions than US citizens.^{2,3} The COVID-19 pandemic has exacerbated many of these concerns, given the unique role of undocumented individuals as essential workers in the service industry and other sectors of the workforce combined with the absence of a financial safety net, which the government has provided to US citizens.

The undocumented community is diverse, and although about 55% of individuals are estimated to have been born in Mexico, others come from Guatemala, Honduras, El Salvador, Jamaica, India, Pakistan, Philippines, China, Korea, and Vietnam. Most undocumented immigrants live in the same household as US-born citizens and legal residents. Undocumented immigrants are conspicuous in US society but are largely deprived of rights, despite net contributions of billions of US dollars to social programmes such as Social Security and Medicare.⁴

Unless a path towards legalisation exists, violations of human rights and other types of discriminatory practices will most likely continue given the vulnerability of this community.

Furthermore, incorporating undocumented immigrants into the legal fabric of US society by the process of legalisation would ensure that they are protected by the same rights as others to reap the overdue benefits of their labours. When Biden is sworn into office in January, 2021, his cabinet will have the opportunity to change the US immigration system to create a healthier country for all.

I declare no competing interests.

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- 1 Miroff N, Sacchetti M, Hauslohner A, Hernández AR. Biden's policies on immigration. Dec 2, 2020. <https://www.washingtonpost.com/graphics/2020/politics/biden-immigration> (accessed Dec 2, 2020).
- 2 Kaiser Family Foundation. Health coverage of immigrants. March 18, 2020. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants> (accessed Nov 21, 2020).
- 3 Derose KP, Escarce JJ, Lurie N. Immigrants and health care: sources of vulnerability. *Health Aff* 2007; **26**: 1258–68.
- 4 Zallman L, Woolhandler S, Himmelstein D, Bor D, McCormick D. Immigrants contributed an estimated \$115.2 billion more to the Medicare trust fund than they took out in 2002–09. *Health Aff* 2013; **32**: 1153–60.

Menstruation should not be overlooked in control of anaemia

The 2020 WHO report on global reduction efforts for anaemia in women of reproductive age¹ (15–49 years) shows clearly that without new approaches the global target of a 50% reduction in the percentage of women with anaemia by 2025 will not be met. In most countries, the prevalence of anaemia in women of reproductive age has increased and, even in countries where there has been some reduction, no country is on target for a 50% reduction by 2025. To date, global health efforts to reduce anaemia

focus largely on nutrition. Menstrual bleeding is a major contributor to anaemia in women of reproductive age,^{2,3} but interventions to reduce menstrual blood loss are neglected and were overlooked by WHO.¹ Dietary intervention for anaemia involves daily iron and folate supplementation and compliance is limited by gastrointestinal side-effects. Women with anaemia and debilitating heavy menstrual bleeding might be more motivated to comply with effective treatments for heavy bleeding than with dietary interventions for anaemia.⁴ The contribution of menstruation and heavy menstrual bleeding to iron deficiency and anaemia deserves wide recognition by people who menstruate, their families, employers, and society. Menstruation can no longer be a taboo topic.⁵

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- 1 WHO. Global anaemia reduction efforts among women of reproductive age: impact, achievement of targets and the way forward for optimizing efforts. Geneva: World Health Organization, 2020.
- 2 Fraser I, Mansour D, Breyman C, Hoffman C, Mezzacasa A, Petraglia F. Prevalence of heavy menstrual bleeding and experiences of affected women in a European patient survey. *Int J Gynaecol Obstet* 2015; **128**: 196–200.
- 3 Ofojekwu M-JN, Nnanna OU, Okolie CE, Odewumi LA, Isiguzoro IOU, Lugos MD. Hemoglobin and serum iron concentrations in menstruating nulliparous women in Jos, Nigeria. *Lab Med* 2013; **44**: 121–24.
- 4 Munro M, Critchley H, Fraser I, FIGO Menstrual Disorders Committee. The two FIGO systems for normal and abnormal uterine bleeding symptoms and classification of causes of abnormal uterine bleeding in the reproductive years: 2018 revisions. *Int J Gynaecol Obstet* 2018; **143**: 393–408.
- 5 Critchley H, Babayev E, Bulun S, et al. Menstruation: science and society. *Am J Obstet Gynecol* 2020; **223**: 624–64.