A community nutrition educational approach to improve dietary quality and iron status in women

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Introduction

Women's life cycle is more complex than men, in addition to the life cycle of the same with men, but also has pregnant, breastfeeding, menopause and other special physiological periods. In order to these special periods such as childbearing period, women have their own unique nutritional requirements. According to the Nutrition and Health Survey in Taiwan (NAFSIT), nutritional problems were different between women and men, for instant the total iron deficiency rates for women of reproductive age were significantly higher in men.

Purpose and Methods

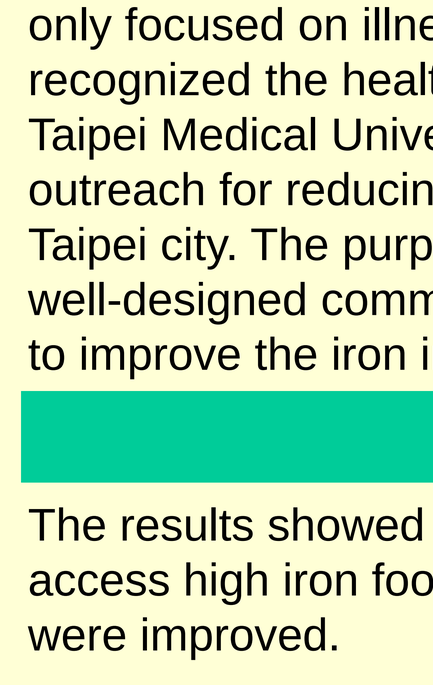
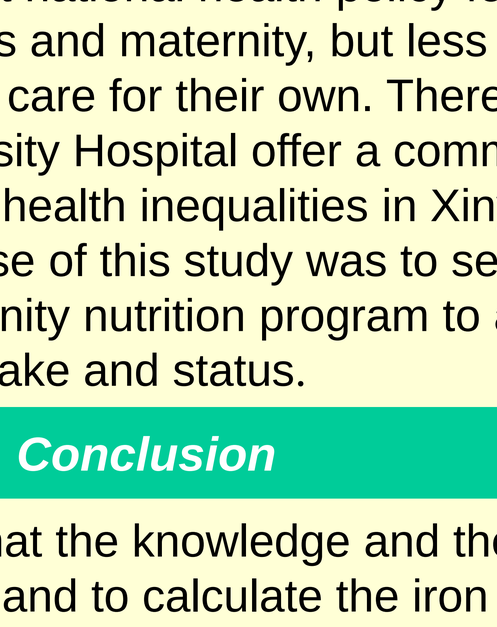
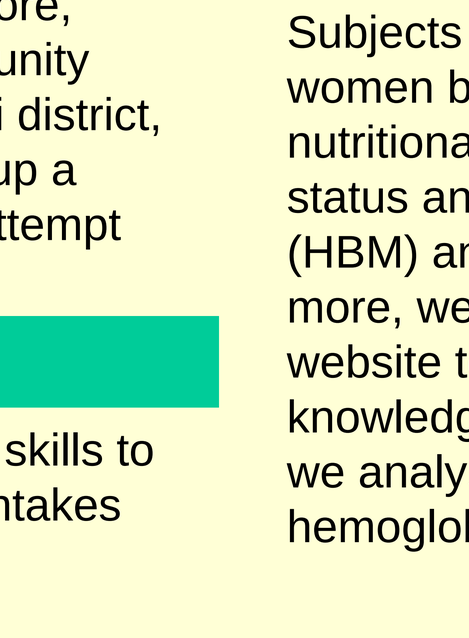
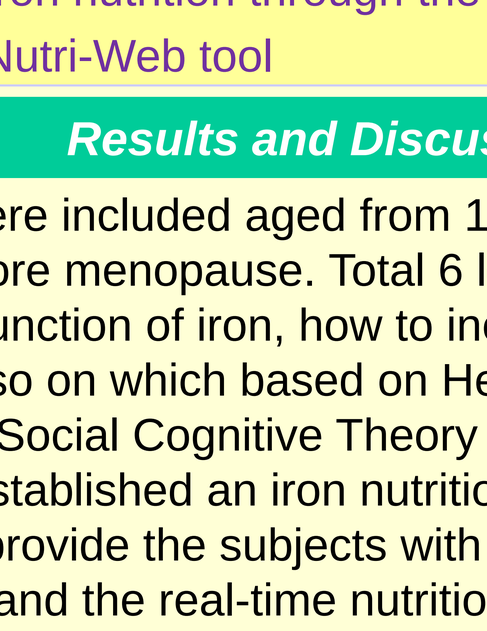
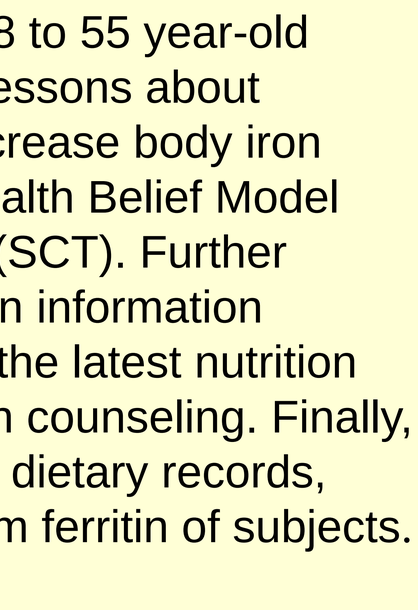
Nevertheless, the past national health policy for women only focused on illness and maternity, but less recognized the health care for their own. Therefore, Taipei Medical University Hospital offer a community outreach for reducing health inequalities in Xinyi district, Taipei city. The purpose of this study was to setup a well-designed community nutrition program to attempt to improve the iron intake and status.

Conclusion

The results showed that the knowledge and the skills to access high iron food and to calculate the iron intakes were improved.

Table 1. The topics of nutritional education

Lesson	Topic
1	What is iron deficiency (anemia)? How to calculate your daily iron intake?
2	What are iron-rich food? The 6 food groups
3	How to eat more iron?
4	The absorption & utilization of iron Tips for choosing iron-rich food
5	Iron supplement Food label
6	Iron nutrition through the life cycle Nutri-Web tool

Results and Discussion

Subjects were included aged from 18 to 55 year-old women before menopause. Total 6 lessons about nutritional function of iron, how to increase body iron status and so on which based on Health Belief Model (HBM) and Social Cognitive Theory (SCT). Further more, we established an iron nutrition information website to provide the subjects with the latest nutrition knowledge and the real-time nutrition counseling. Finally, we analyzed the iron intake from the dietary records, hemoglobin concentration, and serum ferritin of subjects.