



Joint Recommendation on Iron Intake for Public Particularly for Women of Reproductive Age

Iron is an essential micronutrient for red blood cell formation and cellular functions. Iron deficiency is commonly caused by inadequate iron intake, or excess blood loss due to menstruation among women of reproductive age. Progressive iron deficiency can eventually result in iron deficiency anaemia which may present as fatigue and reduced exercise tolerance.

WHAT IS THE LOCAL SITUATION?

Population Health Survey 2020–22 provides useful insights into the population’s iron status. Overall, the local prevalence of iron deficiency among the local population aged 15-84 and women of reproductive age (aged 15-49) was about 5.7% and 17.5% respectively. According to WHO’s latest guideline in 2020, prevalence of iron deficiency ranging from 5.0-19.9% is classified as a mild magnitude of public health problem.

HOW TO MAINTAIN ADEQUATE IRON INTAKE

In general, adequate iron intake can be achieved by a healthy balanced diet with iron-rich food. Women of reproductive age have a higher risk of iron loss during menstruation and hence a higher daily requirement for iron. They should pay particular attention to their diet to ensure adequate iron intake.

Consume iron-rich food

- Eat a moderate amount of meat, fish and seafood. Animal-based iron-rich food contains haem iron which can be absorbed easily.
- Eat more dark green vegetables and beans. Plant-based iron-rich food contains non-haem iron which is less readily absorbable and its absorption is affected by other foods and drinks in the diet.
- Iron-fortified cereals are also good sources of iron.



Consume adequate fruit and vegetables

- Consume vitamin C-rich fruit and vegetables to enhance absorption of iron from plant sources.



Reduce tea or coffee with meals

- Try to avoid drinking tea or coffee within 1 to 2 hours after meals as they can reduce iron absorption. Plain water or water added with lemon is a better choice as a beverage for meals.



Additional measures for those at higher risk of iron deficiency

- People at risk of iron deficiency (including women of reproductive age with heavy

menstrual periods, pregnant women, persons on restrictive diets, persons with gastrointestinal disorders and/or having previous gastrointestinal surgery, frequent blood donors, etc.) may seek healthcare professionals’ advice on management of their health conditions and their individual needs for taking iron supplement. Please note: iron supplement with too much iron can be harmful.

These above recommendations will be reviewed and revised in the light of new research findings.

For more information, please visit the Department of Health website:

Thematic Report on Iron Status (Population Health Survey 2020–22):

<https://www.chp.gov.hk/en/features/37474.html>



Related Resources:

- EatSmart Restaurant Star +



- Family Health Service



All about periods

Eat Smart to Prevent Iron Deficiency

- Student Health Service Heavy Menstrual Bleeding and Iron Deficiency Anaemia





對公眾(尤其育齡婦女) 攝取鐵質 的聯合建議

鐵質是紅血球形成和細胞功能運作必需的微量營養素。鐵質攝取量不足或育齡婦女在月經期間失血過多，往往是人們缺乏鐵質的原因。持續缺鐵最終會導致缺鐵性貧血，可能因而引致疲倦和乏力。

本港人口的鐵質狀況

2020-22年度人口健康調查有助深入了解本港人口的鐵質水平。整體而言，本港15至84歲人士及育齡婦女(即15至49歲的婦女)缺乏鐵質的普遍率分別為5.7%及17.5%。根據世界衛生組織於2020年的最新指引，如人口中缺乏鐵質的普遍率介乎5.0至19.9%之間，則僅屬輕度的公共衛生問題。

如何維持攝取足夠鐵質

一般而言，維持健康均衡飲食，進食鐵質豐富的食物便可攝取足夠鐵質。育齡婦女因為月經而流失鐵質，故此對鐵質的每日需求量亦會較高。她們應特別注意飲食，以確保攝取充足鐵質。

選吃鐵質豐富的食物

- 進食適量的肉類、魚和海產。動物性的高鐵質食物含有容易被人體吸收的「血紅素鐵質」。
- 多進食深綠色蔬菜和豆類。植物性的高鐵質食物所含的是「非血紅素鐵質」，較難被人體吸收，而飲食中的一些食物和飲料亦會影響「非血紅素鐵質」的吸收。
- 添加了鐵質的穀物產品也是豐富的鐵質來源。



進食足夠的水果和蔬菜

- 用餐時進食含豐富維生素C的蔬果可促進吸收植物性食物中的鐵質。



進餐時減少飲用茶或咖啡

- 由於茶及咖啡會減少鐵質吸收，所以飯後1至2小時內宜盡量避免飲用茶或咖啡。白開水或加有檸檬的水較合適隨餐飲用。



針對缺鐵的高危人士的額外措施

- 缺鐵的高危人士包括月經量多的育齡婦女、孕婦、有飲食限制的人士、患

有腸胃道疾病及/或曾接受腸胃道手術的人士，以及恆常捐血的人士等。他們可按個別健康狀況管理諮詢醫護人員的建議，評估服用鐵質補充劑的需要，惟應注意含有過量鐵質的補充劑或對身體有害。

我們會因應新的研究數據，不時檢視和修訂上述建議。

請瀏覽衛生署網頁獲取更多資訊：

鐵質水平主題性報告
(2020-22年度人口健康調查)：

<https://www.chp.gov.hk/tc/features/37474.html>



相關資訊：

• 星級有營食肆



• 家庭健康服務



關於月經

預防鐵質缺乏
精明攝鐵有法

• 學生健康服務

月經過多和缺鐵性貧血



(2024年10月編製)

