

Iron sharpens iron: Women empowering each other for better health

Issued by [Ogilvy South Africa](#)

6 Oct 2023

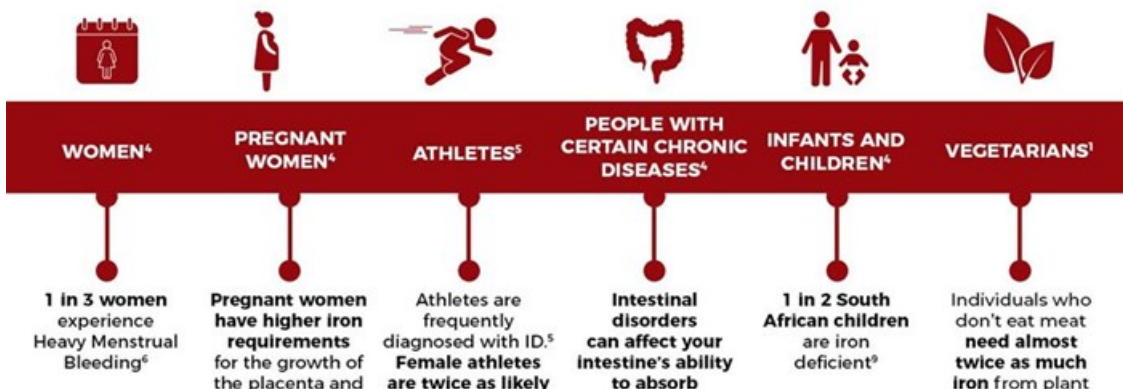
Iron deficiency (ID) is the most common nutritional deficiency worldwide, affecting approximately 2 billion people.¹ Today it's not only a clinical condition, but a serious public health issue.¹ Despite ID's easily identifiable and treatable nature, it is frequently overlooked.² Several obstacles need to be overcome to manage ID effectively.



WHAT ARE THE CAUSES OF IRON DEFICIENCY?



WHO IS AT RISK OF IRON DEFICIENCY?





SO, YOU THINK YOU MAY BE IRON DEFICIENT - WHAT'S NEXT?

Iron deficiency or iron deficiency anaemia should not be self-diagnosed or self-treated.⁴ It is important not to supplement iron deficiency when it should be treated by a healthcare professional.¹⁶⁻¹⁹ Speak to your healthcare professional if you suspect you may be iron deficient or are experiencing symptoms. Iron deficiency must be confirmed with a blood test.

**LEARN MORE ABOUT
IRON DEFICIENCY HERE**

References: 1. Phatlhane DV, Zemlin AE, Matsha TE, Hoffmann M, Naidoo N, Ichihara K, et al. The iron status of a healthy South African adult population. *Clinica Chimica Acta*. 2016;460:240-245. 2. Beard JL. Iron biology in immune function, muscle metabolism and neuronal functioning. *J Nutr*. 2001;131(2):568S-580S. 3. Radlowski EC, Johnson RW. Perinatal iron deficiency and neurocognitive development. *Front Hum Neurosci*. 2013;7:1-11. 4. Mayo Clinic. Iron deficiency anemia. 2016. [cited 2023 Jul 21]. Available from: URL: <https://www.mayoclinic.org/diseases-conditions/iron-deficiency-anemia/symptoms-causes/syc-20355034>. 5. Peeling P, Dawson B, Goodman C, Landers G, Trinder D. Athletic induced iron deficiency: new insights into the role of inflammation, cytokines and hormones. *Eur J Appl Physiol*. 2008;103:381-391. 6. Su S, Yang X, Su Q, Zhao Y. Prevalence and knowledge of heavy menstrual bleeding among gynecology outpatients by scanning a WeChat QR Code. *PLOS ONE*. 2020;15(4):e0229123. 7. Breyman C. Iron deficiency anemia in pregnancy. *Expert Rev Obstet Gynecol*. 2013;8(6):587-596. 8. Koehler K, Braun H, Achtzehn S, Hildebrand U, Predel HG, Mester J, et al. Iron status in elite young athletes: gender-dependent influences of diet and exercise. *Eur J Appl Physiol*. 2012;112:513-523. 9. Turawa E, Awotimon O, Dhansay M, Cois A, Labadarios D, Bradshaw D, et al. Prevalence of Anaemia, Iron Deficiency, and Iron Deficiency Anaemia in Women of Reproductive Age and Children under 5 Years of Age in South Africa (1997-2021): A Systematic Review. *Int J Environ Res Public Health*. 2021;18(23):12799. 10. NIH. Iron fact sheet for consumers. 2022. [Online] [cited 2023 Jul 21]. Available from: URL: <https://ods.od.nih.gov/factsheets/Iron-Consumer/>. 11. Stein J, Dignass A. Management of iron deficiency anemia in inflammatory bowel disease - a practical approach. *Ann Gastroenterol*. 2013;26:104-113. 12. Scully C, Schotts R. Mouth ulcers and other causes of orofacial soreness and pain. *BMJ*. 2000;321:162-165. 13. Cashman MW, Sloan SB. Nutrition and nail disease. *Clin Dermatol*. 2010;28:420-425. 14. DeLoughery T. Iron deficiency anemia. *Medical Clinics of North America*. 2017;101(2):319-332. 15. Wu YC, Wang YP, Chang JY, Cheng SJ, Chen HM, Sun A. Oral manifestations and blood profile in patients with iron deficiency anemia. *J Formos Med Assoc*. 2014;113:83-87. 16. Ning S, Zeller MP. Management of iron deficiency. *Hematology Am Soc Educ Program*. 2019;2019(1):315-322. 17. Goddard AF, James MMW, McIntyre AS, Scott BB on behalf of the British Society of Gastroenterology. Guidelines for the management of iron deficiency anaemia. *Gut*. 2011;60:1309-1316. 18. Short MW, Domagalski JE. Iron deficiency anemia: evaluation and management. *Am Fam Physician*. 2013;87(2):98-104. 19. Ali N, Vaughan J, Patel M. Anaemia: Approach to diagnosis. *S Afr Med J*. 2017;107(1):23-27.

ID in women

ID affects more women than men, with 20% of women worldwide being iron deficient.⁴ In South Africa, 50% of women suffer from ID⁴ – surpassing the global average.

Individuals with ID may experience fatigue, headaches, increased risk of anxiety and depression, and a slew of other symptoms that can lead to impaired quality of life.⁵⁻⁷ Overall, ID has overwhelming and almost holistic implications that can drastically impact quality of life.

ID is by no means a gendered issue. Whilst it may seem that focusing solely on educating women about ID may reinforce gender stereotypes and skew the scales of gender inequality in healthcare, it is crucial to acknowledge that certain health conditions may affect genders differently.

Just as men are more likely to have high blood pressure, women are more likely to be iron deficient.^{5,8} By providing targeted education and awareness initiatives, the specific needs and concerns of women can be addressed without reinforcing stereotypes.

Empowering individual women in their health journey does not take the stance of assuming that they are solely responsible for managing their health. By providing education about ID, women can become more aware of the symptoms and risk factors associated with ID.

Knowledge equips them with the information needed to be proactive in their healthcare journey. This positions women as active participants in their health, fostering a sense of agency and ownership over their own wellbeing.

Moreover, in some communities, discussing health concerns, especially those related to women's health, might be considered taboo. By actively promoting education and open dialogue about ID, these barriers can be broken down, creating a safe space for women to address these issues without fear or shame.

Educating a woman does not stop at that woman – it ignites knowledge that spans families, communities, and generations.

The power of women

Women support every aspect of society and have the power to enact change. They play pivotal roles in families and communities as caregivers, educators, and decision-makers. When women are informed and healthy, they can better care for their families and advocate for the health of their communities.

History is peppered with real-life stories of women making a difference by sharing knowledge.

During the Women's Suffrage movement, women turned knowledge-sharing into inspiration and action, creating a ripple effect that rallied women across the nation and changed the course of history – something that is still celebrated during Women's Month.

The lesson? By tapping into the collective power of South African women, they can be educated and empowered to share their knowledge of ID, creating a chain reaction to reach women across South Africa.

Positive change can be created by harnessing the power of conversations; South African women can become influencers. One such doctor leading the cause to build clear and coherent messaging around ID is Dr Claire Godwin, a general practitioner at Premier Health Centre who specialises in women's healthcare. She says: "In my practice, I come across iron deficiency anemia on a daily basis. Factors such as pregnancy, delivery, miscarriages, heavy menstruation, as well as poor iron intake, are some of the most common attributable causes," says Dr Godwin. "Often, the women I see are so used to running on fumes with young children, busy careers, or being caregivers to others that they don't even realise how they are feeling is a symptom and not just a consequence of their day-to-day stressors. Education around ID is imperative if we want to help more women function at their best."

In looking at the current campaigns that are emerging out of the health and wellness space in South Africa, there are noticeable gaps in which wellness advertising is falling short. There is no denying that this type of advertising is complex with regulations limiting what can and cannot be said, however this does not mean that every form of creativity should be discarded.

At the core of every condition is a human experience. As such, even with a topic like ID, there is an emotional side to the problem: a side that is both de-medicalised and humanised.

To open the conversation about ID amongst South African women, it is important to hear these women; to hear their stories and to encourage knowledge sharing so that they can each become drivers of change. With a treatable condition like ID, the emotion of this realistic storytelling becomes the bigger picture.

Educational approaches are evolving as the significance of tapping into real life narratives becomes more understood. By crafting campaigns that resonate with women, every individual woman can be empowered. "To address access and misinformation challenges in South Africa, health and wellness advertising must prioritise education and inclusivity," says Gillian Bridger, managing director for Ogilvy Health. "By understanding our diverse population's unique needs, encouraging open dialogue, and challenging taboos, we can create impactful work that empower and drive positive change for a healthier nation. This transformation can ignite a chain reaction of empowerment for all."

Take a moment to think about what the women around you have taught you. As a library of knowledge begins to unfold, the immense role that women have in shaping communities becomes illuminated. Women are at the centre of knowledge, and it is through their collective efforts that South Africa can become healthier and stronger.

To learn more about iron deficiency and to recognise possible symptoms, click here: www.ferrimed.co.za.

References:

1. Zeng L, Pei L, Li C, Yan H. Iron deficiency anaemia. [online] 2018 [cited 2023 Aug 7]. Available from: URL: <https://www.intechopen.com/chapters/55455>.
2. Miller JL. Iron Deficiency Anemia: a Common and Curable Disease. *Cold Spring Harbor Perspectives in Medicine*. 2013;3(7).
3. OHSU. Pump Up Your Iron | Center for Women's Health | OHSU [Internet]. Center for Women's Health. 2023 [cited 2023 Aug 7]. Available from: <https://www.ohsu.edu/womens-health/pump-your-iron>.
4. Phatlhane DV, Zemlin AE, Matsha TE, Hoffmann M, Naidoo N, Ichihara K, et al. The iron status of a healthy South African adult population. *Clinica Chimica Acta*. 2016;460:240-245.
5. Mayo Clinic. Iron deficiency anemia. 2016. [Online] [cited 2023 Aug 7]. Available from: URL: <https://www.mayoclinic.org/diseases-conditions/iron-deficiency-anemia/symptoms-causes/syc-20355034?p=1>.
6. Lee HS, Chao HH, Huang WT, Chen SCC, Yang HY. Psychiatric disorders risk in patients with iron deficiency anemia and association with iron supplementation medications: a nationwide database analysis. *BMC Psychiatry*. 2020;20(1).
7. Kumar A, Sharma E, Marley A, Samaan MA, Brookes MJ. Iron deficiency anaemia: pathophysiology, assessment, practical management. *BMJ Open Gastroenterology*. 2022;9(1):e000759.
8. Everett B, Zajacova A. Gender Differences in Hypertension and Hypertension Awareness Among Young Adults. *Biodemography and Social Biology*. 2015;61(1):1-17.

° Ogilvy shines as the winning Consumer and Influence PR Agency at the SABRE Africa Awards 17 May 2024

° Ogilvy launches pioneering health influencer offering in South Africa 13 May 2024

° Ogilvy strengthens its digital services offering and rebrands as Ogilvy One 24 Apr 2024

° Ogilvy leads creative rankings at International Clio Awards 2024 16 Apr 2024

° Ogilvy South Africa invests in further growth of its digital creative hub, C2 Studio 26 Mar 2024

Ogilvy South Africa



Ogilvy South Africa offers integrated creative advertising agency and marketing services from offices in Johannesburg, Cape Town and Durban.

[Profile](#) | [News](#) | [Contact](#) | [Twitter](#) | [Facebook](#) | [RSS Feed](#)

For more, visit: <https://www.bizcommunity.com>