

## ADVOCACY MEASURES TO ATTAIN UNIVERSAL SALT IODIZATION AMONGST SMALL SCALE SALT PRODUCERS IN THREE DISTRICTS OF GUJARAT - A COMMUNITY PERSPECTIVE FOR NUTRITION BREAKTHROUGH.

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**Introduction:** Salt is a low value, but an essential food commodity in our day to day life, without which no human can survive. It is also proven to be the best vehicle for micronutrient fortification due to its universal usage and its nature to adapt addition of micronutrients with more or less technical modifications. Some of the major micronutrients like iron, iodine and Vit.A are deficient in most of the population residing in the developing countries. Their deficiencies lead to anaemia, Iodine deficiency disorders (IDD) and many other consequences. Thus salt remains a major risk, limiting the growth, development and active learning capacity of India's children. Every second newborn in India is at risk of reduced learning capacity due to Iodine deficiency. Only 51% of households are using iodized salt (NFHS-III). Gujarat being India's largest salt producer (71%) has also its share of IDD problems.

Vadodara, one of Gujarat's leading city, has its prevalence rate at 9.6% in urban areas (2006). When an assessment was carried out in rural areas for salt consumption, it was found that the population consumed totally uniodized salt. Clinical examination by palpation method revealed that the Goiter prevalence was 76%.

**Aim** - Thus the study was conducted with an aim to implement USI programme effectively by building up the capacity of small scale salt producers at production base for iodization and to achieve a good control over the situation as a community nutrition breakthrough. Towards which public private partnership was sought. Hence a convergence was tried between salt producers, salt commission office (Govt. of Gujarat) of Bharuch, Micronutrient Initiatives for Potassium iodide (KI) subsidies, UNICEF, Gujarat for iodization support.

**Methods-**This study was emphasized on the effort- to collect all the small-scale salt producers in and around Vadodara district for making a meaningful contribution towards achieving USI (**Purposive Sampling**). General mapping was carried out for identifying the salt producers. A total number of 24 producers were enrolled. 21 producers remained with us till the end of the study. Salt samples were analyzed using Spot Test Kits (at field level) and Titrimetric Method (at laboratory level) for their iodine contents.

**Results-** Our advocacy measures along with technical support have shown a remarkable impact on the level of Iodization. When the study was initiated only 85% the producers were iodizing (not meeting the criteria) and only 9.5% were achieving

recommended levels. 100% iodization was achieved by the end of the study at 9 months and results revealed that iodization percentage had increased up to 38.1% (40 ppm) and 33.3% (30 ppm). There has been a positive influence on the knowledge level of the producers regarding iodization and its technical aspects, legislation etc. An impact of our advocacy also has been reflected through the post data analysis of Urinary Iodine Excretion (UIE) levels in which the iodine deficient subjects from rural villages of Vadodara has reversed back to normal status. The UIE levels increased upto 110 µg/l as compared to 44 µg/l at baseline. This remarkable achievement is due to improved iodine content of the locally available salt, which was adequately iodized and produced by the local salt producers of Vadodara district.

**Conclusion-**Thus our study concludes that sustained efforts such as technical support, morale boosting, subsidized supply of Potassium Iodate ( $KIO_3$ ), regular monitoring etc would enable the small scale salt producers slowly to produce quality iodized salt with a good turnover and profitable business. Thus these iodized salts ensure us an Iodine deficient free population.

**Key Words:** IDD, UIE,  $KIO_3$ , ppm