## CHAPTER I

## Introduction

In Nepal most of the mothers wash their iodised crystal salt and store it in chulo and ageno (oven). Due to those salt consumption behavior, 40 % of the people's are suffering from iodine deficiency disorders in Nepal.

There are not only the salt washing and storing behavior but other factors also influencing the IDD problems in the country. Such as bio- chemical, geo - physical, socio - cultural, econo - political, and informational - technological factors.

The IDD problem was not only the hilly and mountainous areas but it also existing in seaport like HongKong and Mongolia also. Similarly the developed country like Germany, Croatia, Italy has a more than 10 % of the IDD prevalence was noticed. So that IDD is the serious public health problem in the world.

To reduce iodine deficiency disorders there are several possible alternative solutions. Such as iodised oil injections / capsules, iodination of food, water, and salt. But the iodination of salt was found the most widely used in the world. Because this is the cost effective, accessible, acceptable, and sustainable method in developed and developing country too.

So that to improve the people's salt washing and storing behavior, I have proposed teachers - child - to parents approach in this study. To implement the teacher's training program in Rautbesi village of Nuwakot district, I have discussed here in three phases. The teachers training, teachers activity in class, and students activity at their home. To implement this strategy I have proposed pre and post test of teachers, supervision in the class, monitoring to the students and spot check and monitoring at home for the evaluation. Similarly midterm evaluation will be conducted after six month of program, by the rapid survey and impact evaluation will be conducted at the end of this program by the two focus group discussions, urine sample collection, and goiter examination. After evaluating the program, findings and recommendation will submitted to the concern authorities. Such as Child Health Division, Nutrition section, Department of Health, Ministry of Health and Salt trading corporation, WHO, UNICEF, UNFPA and other donor agency.

## REFERENCES

- Green L. W. & Kreuter M. W. (1991). <u>Health promotion planning and educational and environmental approach.</u> (2nd. ed.). Mayfield. pp. 349-383.
- Kung AWC., Chan LWL., Low LCK., & Robinson JD. (1996). Existence of iodine deficiency in HongKong A coastal city in Southern China. <u>European J. of clinical Nutrition</u>, 50, pp. 569 572.
- National Planning Commission Secretariat HMG Nepal and UNICEF Nepal (1996).

  Nepal Multiple Indicator Surveillance. Health and Nutrition Cycle 1.

  Kathmandu, Nepal. pp. vii viii, 30 33.
- Stanbury J. B., & Hetzel B. S. (1985). Endemic goitre and endemic cretinism. Iodine Nutrition in Health and disease. NewDelhi: Wiley Eastern Limited.
- UNICEF. (1995). The Progress of Nations. The nations of the world's ranked according to their achievements in Child health. Nutrition, Education, Family planning, and Progress for women 1995.