

# India celebrates Global IDD Prevention Day

As the world observed the Global IDD Prevention Day on October 21<sup>st</sup>, celebrations were held in the north-eastern Indian states of Arunachal Pradesh, Nagaland, and Manipur, one of the most highly goiter-endemic regions in the world.

## Arunachal Pradesh

Situated in the sub-Himalayan belt, Arunachal Pradesh is transitioning from iodine deficiency to sufficiency thanks to the successful promotion of iodized salt. Under the National Iodine Deficiency Disorders Control Program (NIDDCP), the state's road map for 2013 included a pledge to bring the prevalence of IDD to below 5% and ensure 100% consumption of iodized salt by 2017 (1). On October 21<sup>st</sup>, the state's Minister for Health and Family Welfare issued a statement to emphasize the economic benefits of salt iodization. Most edible salt in the state is iodized, but the minister stressed that, to maximize its effectiveness, iodized salt should be stored in dry conditions, in a covered container, and consumed within 12 months (2). During a seminar held at the District Hospital in Khonsa, the District Medical Officer encouraged doctors and health workers to promote awareness of the advantages of iodization.

## Nagaland

The state banned the sale of non-iodized salt as early as in 2002. By 2009, 97.1% of Nagaland households were using adequately iodized salt (3). On October 21<sup>st</sup>, in the capital Kohima, Dr. Nandira Changkija from the National Health Mission spoke to over 100 students at the Government Middle School. He emphasized the importance of eating a varied diet and paying attention to the nutritional content of foods. In a keynote address on the role of iodine in the human body, Dr. Wathsutho Nguthe from the Naga Hospital Authority explained that buying salt in small quantities, storing it away from heat or fire, and adding salt during later stages of cooking can help to preserve its iodine content for longer.



*The sub-Himalayan states of Arunachal Pradesh, Nagaland, and Manipur lie in India's endemic goiter belt.*

In the Mokokchung district, tutors from the School of Nursing were urged to share their knowledge of IDD with the nursing students, and community health co-ordinators with the community, particularly in the rural areas. In the Tuensang district, five local schools participated in essay-writing, painting, and a slogan competition to raise awareness of IDD. Seminars on the same topic were held at several local churches (4).

In Dimapur, Nagaland's largest city, 1510 regular and nursing students took part in awareness sessions in schools and churches. A function was held at the Dimapur District Hospital, with a presentation by Dr. Toshirenlia from the National IDD Control Program, in which she strongly encouraged the use of iodized salt to prevent the irreversible effects of iodine deficiency in infants. With support from religious leaders, further awareness sessions

were to be held in churches across Dimapur for several days.

## Manipur

Like its neighbors in the north, historically Manipur had a high prevalence of endemic goiter. Although the state is currently iodine sufficient, elevated goiter rates persist due to a high consumption of goitrogenic plants (5). At a function held at the Regional Institute of Medical Sciences in Manipur's capital Imphal, Health Minister Phungzathang Tonsing reiterated the need to consume adequate iodine daily to sustain the elimination of iodine deficiency. Although a 2009 survey shows that 98.3% of salt is adequately iodized (3), the minister stressed that it is not clear how families are using it, and education about the importance of iodine is lacking.

## References

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