

# Awareness and household coverage of iodized salt in Afghanistan

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Iodine deficiency is a public health concern in Afghanistan. The National Nutrition Survey (NNS) in Afghanistan in 2006 reported that the proportion of individuals with urinary iodine concentrations <100 µg/L was 72% among 7-11 y-olds, 75% among non-pregnant women and 79% among pregnant women, aged 15- 49 y. Iodization of cooking salt has been adopted as a strategy for combating IDD, and the salt iodization regulations were approved by the Council of Ministers of the Islamic Republic of Afghanistan in March, 2011.

The Joint Program on Child, Nutrition & Food Security in Afghanistan, Ministry of Agriculture, Irrigation and Livestock, in partnership with Ministry of Public Health and Agriculture and UN organizations (FAO, UNICEF, WFP, UNIDO and WHO) is implementing an integrated Food Security and Nutrition Program in the four most vulnerable provinces of Afghanistan: Badakhshan, Nangarhar and Bamyan (all three rural) and Kabul (urban).

As a part of this endeavour, in order to generate baseline data base for advocacy, social marketing and resource mobilization for nutrition interventions, a Nutrition & Household Food Security Survey was done. The survey used a cluster sampling design in eight randomly selected districts from the four provinces. A total of 3,564 households were assessed for demographic and socio-economic characteristics, infant and young child feeding practices, food consumption patterns and nutritional status of 6-59 month old children, pregnant women and lactating women.

In terms of food consumption score, 53% of households were in 'acceptable', 30% were in 'border line' and 17% were in the 'poor'



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categories. Only about a fifth (22%) of households were reportedly food secure, while 16% were mildly, 43% moderately and 19% were severely food insecure.

## Awareness about iodized salt

The highest percentage of households reporting positive awareness of iodized salt were in Kabul (*Table 1*). In Afghanistan, people in urban areas generally have more access to this type of information than those in rural areas. Remoteness and poor access in Bamyan and Badakhshan led to their awareness being lower, with exception of households in the Waras district of Bamyan that had high awareness (81.5%).

Overall, 80% of the respondents were aware of iodized salt (*Table 2*), with the major source of information being media including television/radio (60%), followed by health functionaries (19%), neighbors (13%) and salt

**Table 1: Percentage of Afghanistan households that have heard about iodized salt, 2011.**

Province name	District name	Yes	No	Total
Badakhshan	Khash	64.5%	35.5%	100%
	Yamgan	58.4%	41.6%	100%
	<b>Total</b>	<b>61.6%</b>	<b>38.4%</b>	<b>100%</b>
Bamyan	Panjab	58.2%	41.8%	100%
	Waras	81.5%	18.5%	100%
	<b>Total</b>	<b>69.9%</b>	<b>30.1%</b>	<b>100%</b>
Kabul	District 7	97.5%	2.5%	100%
	District 8	90.9%	9.1%	100%
	<b>Total</b>	<b>94.3%</b>	<b>5.7%</b>	<b>100%</b>
Nangarhar	Khewa	93.1%	6.9%	100%
	Surkh Rud	93.5%	6.5%	100%
	<b>Total</b>	<b>93.3%</b>	<b>6.7%</b>	<b>100%</b>
<b>Overall</b>		<b>79.6%</b>	<b>20.4%</b>	<b>100%</b>

traders (14%). Knowledge about the beneficial effects of consumption of iodized salt was found to be fair: nearly 50% stated that it prevents goiter and 30% said that it is cleaner (Table 3). However, only a small proportion were aware that it makes people smarter (8%) or prevents cretinism (7%).

About 38% of the respondents stated that they checked the label on the salt packet for iodine. Overall 63% of household salt samples tested using spot testing kits were found to be adequately iodized (iodine levels of  $\geq 15$  ppm) (Table 4). Thus, urgent efforts are needed to strengthen universal consumption of iodized salt by these communities.



Two-thirds of households in Kabul are covered with iodized salt

**Table 2: Distribution (%) of respondents according to their source of awareness of iodized salt.**

Province	Heard of iodized salt	Source of knowledge about iodized salt*					
		Television	Radio	Health Worker	Salt Trader	Neighbours	School Teacher
Badakhshan	61.6	7.0	24.0	22.8	21.0	16.6	9.4
Bamyan	69.9	21.0	10.1	27.3	11.7	20.2	13.9
Nangarhar	93.3	24.5	68.1	17.9	8.7	11.7	6.7
Kabul	94.3	74.6	16.5	8.4	13.7	4.3	2.7
<b>Pooled</b>	<b>79.6</b>	<b>30.3</b>	<b>29.8</b>	<b>19.2</b>	<b>13.7</b>	<b>13.3</b>	<b>8.2</b>

\* Includes multiple responses

**Table 3: Distribution (%) of respondents according to their perceptions of benefits of iodized salt consumption**

Province	Perceived benefits of consumption of iodized salt				
	Prevents Goiter	Makes Smarter	Prevents Cretinism	Prevents Mental Retardation	It is purer
Badakhshan	30.7	5.4	6.0	1.9	27.2
Bamyan	44.0	9.8	8.3	2.8	18.5
Nangarhar	66.6	7.3	2.7	1.6	38.5
Kabul	57.6	8.4	11.6	4.4	38.6
<b>Pooled</b>	<b>49.7</b>	<b>7.7</b>	<b>7.1</b>	<b>2.6</b>	<b>30.6</b>

**Table 4: Percentage of households using adequately iodized salt ( $\geq 15$  ppm iodine by rpid test kits)**

Province	Badakhshan	Bamyan	Kabul	Nangarhar	Pooled
	27.4	68.1	67.0	89.6	<b>63.0</b>