



The consumption of properly iodized salt at ≥ 15 ppm (parts per million) remains a persistent public health problem in the state of Rajasthan. Although this state is one of the three largest salt-producing areas in the country, only approximately 42% of the salt remains properly iodized. This means that three out of five children are not protected against the harmful effects of iodine deficiency including loss of IQ as well as the development of mental retardation. This photograph shows two health professionals using salt test kits in order to determine if the salt of this household is properly iodized. In conjunction with a lack of awareness around the importance of iodized salt, an additional barrier to consumption is the persistent mis-labeling of iodized salt in the market. Although many households are buying salt in the market that is labeled as properly iodized, upon testing, the salt is either not sufficiently iodized at 15 ppm or not iodized at all.

Questions:

1. What are some sustainable “first steps” that could be taken in order to address this public health situation both at the household level and at the distribution/marketing level?
2. How can consumer empowerment and demand be used to address this problem?
3. What further questions would need to be asked in order to present a plausible intervention?
4. What stakeholders would need to be involved in order for these interventions to be successful?
5. What kind of management support (if any) would be needed for your suggested intervention (i.e. monitoring and accountability)?