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Schoolchildren bring home iodized salt lesson in Indonesia

By Ray Yip and Pandaya*

Nine-year-old Marlita Kusuma of Pembina school in West Java cannot wait to tell her mother that the salt the family now uses is “good.” The week before, she had found, to her dismay, that the sample she had brought from home was “not good.” It had not turned purple on contact with the solution from a classroom test kit.

Turning purple when a drop of the solution is added means the salt is adequately iodized — at more than 30 parts per million of iodine. If it does not change colour, there’s not enough iodine or none at all.

According to Marlita, salt that does not turn purple is not only not good, it’s “not smart.” She knows that if you don’t have enough iodine, “your brain won’t work well.” She and thousands of other students in West Java who have done the same test have also learned that using iodized salt prevents such malfunction.

These lessons — that iodized salt is “smart” salt and that a lack of iodine makes you “not smart” — are precisely the messages Marlita’s teacher aims to impart, and not only to her third-year class. The class project uses the school system to teach all Indonesians about iodine deficiency disorders (IDD) and the use of iodized salt to avoid them.

When Marlita and her classmates find out that the salt they have brought from home is not “smart,” they tell their parents immediately. Marlita’s mother had never even heard of iodine. “When she came home from school, I thought something terrible had happened,” she recalls of the day her daughter presented her with the unfortunate news about their salt.

The programme in the schools is the most recent effort in Indonesia to eliminate centuries-old iodine deficiency disorders — a goal that the country, like others attending the 1990 World Summit for Children, pledged to reach by the year 2000. The programme began in West Java and six other provinces in 1995 and expanded with the training of an additional 100,000 teachers nationwide this year.

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Historically, most of the country's interior has been severely iodine deficient, resulting in high levels of endemic goitre, a visible swelling of the neck from enlargement of the thyroid gland, and cretinism, manifesting in physical deformity and mental retardation. In fact, cretinism prevalence was found to be 15 per cent in some interior hamlets in the 1980s, among the world's highest.

The first national IDD programme, begun in 1974, provided iodized oil injections to people in endemic areas and began to iodize salt. By the early 1990s, when universal salt iodization was adopted as a mid-decade goal, a little more than half of Indonesia's salt was iodized.

Before the schools joined the effort, "the iodization programme focused on the supply side, supporting and monitoring the progress of the salt industry," says Virginia Kadarsan, UNICEF Nutrition Project Officer in Jakarta.

But there were problems with this approach. Indonesia has about 300 iodized salt producers, but the iodine content of much of their output is inadequate. And controlling distribution is no easy task in a broad archipelago where 'folk salt', made by 30,000 salt farmers in coastal areas, shows up in the market.

Early in 1995, a national survey of iodized salt consumption in 220,000 households showed that half of them were using adequately iodized salt, 28 per cent inadequately iodized salt and the rest non-iodized salt. Clearly, if the level of consumption were to be raised, a strategy had to be devised to create awareness of IDD and encourage people to insist on using the right salt.

"The teaching and testing of iodized salt in school in order to reach into the homes added a new dimension — the creation of demand," says Ms. Kadarsan. The new approach began when UNICEF brought the country's iodine deficiency problem to the attention of the Indonesian Teachers' Association.

According to studies in Indonesia and elsewhere, the intelligence quotient (IQ) of children in iodine-deficient areas is an average 10 points below that of children in other areas. This means a five- to sixfold increase in the number of children with severe mental retardation, and a five- to sixfold decrease in the number of very clever or gifted children.

Significant iodine deficiency in Indonesian children is obvious from the swollen neck of goitre, which occurs in as many as 28 per cent of schoolchildren. Last year, nearly 8 in 10 students in a West Sumatra elementary school were found to have goitre.

Galvanized into action, the 1.4 million-member Teachers' Association added iodine deficiency training to its annual teacher upgrade course in 1995. The programme was thus launched, its costs initially underwritten by UNICEF and assumed by the Government of Indonesia in 1996.

Though relatively new, the experience has been encouraging. “Teachers, students and parents are enthusiastic,” says Martha Mijardi, a member of the Teachers’ Association task force in charge of the programme. “It is snowballing.” Students and their parents are expected to tell their neighbours about “smart” salt and lend them the school test kit.

“A test kit is enough for 100 teaspoons of kitchen salt. Imagine how many people will benefit if each kit is used by just 50 households,” she says.

Indeed, the potential for outreach is great in a country where more than 95 per cent of children attend primary school. Through them, the message of iodized salt can reach almost every household in almost every community, including those hard to reach by traditional media.

Now teachers eagerly anticipate the results of the latest household salt consumption survey, due later this year, to see if their programme to create consumer demand for iodized salt, plus ongoing efforts to help the salt industry meet the demand, will allow Indonesia to enter the next century free of IDD.

As for students like Marlita, they know the stakes are high, and each time they do the iodine test, they, too, eagerly anticipate the results. When the salt changes colour, everyone cheers.

* *Ray Yip is Senior Project Officer for UNICEF Jakarta. Pandaya writes for The Jakarta Post.*