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# Ending Iodine Deficiency

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*Now and Forever*

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## A Communication Guide

A publication of the ICCIDD supported by the Micronutrient Initiative

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This is a publication of the International Council for Control of Iodine Deficiency Disorders (ICCIDD). This edition is made possible by a grant from the Micronutrient Initiative (MI).

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Established in 1985, the ICCIDD is a nonprofit non-governmental organization dedicated to the rapid and sustained elimination of global iodine deficiency. Its activities are supported by donation/grants from the Australian Agency for International Development (AusAID), CIDA, MI, the Netherlands Ministry for Development Cooperation, SIDA, UNICEF, WHO, the World Bank, USAID, and others.

The MI was established in 1992 as an international secretariat within the International Development Research Centre (IDRC) in Canada by its principal sponsors: CIDA, IDRC, UNICEF, UNDP, and the World Bank. The mission of the MI is to facilitate the achievement of the goals of the World Summit for Children that relate to the alleviation or elimination of micronutrient deficiencies.

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# Foreword

There are three types of countries today with respect to IDD, and each requires a different set of messages for consumers.

Some countries, including some fairly large ones, are not iodizing salt at all or in negligible amounts. In those countries the priority is to get people to understand that they should no longer tolerate the fact that their government or their industry can't put a little bit of iodine in salt. People need to be made aware that iodine deficiency is bad, it causes brain damage, it's not the same as goiter, and that if government got their act together they'd put iodine in salt.

The second set of countries is well on the road to iodizing salt and needs just a little bit more of the same medicine. Government sectors should work together with industry to reach people not using iodized salt. They should consider how to approach people through somebody they trust, in language they understand, and with media that are familiar and believable, finding out what will motivate them to change their habits. But whatever strategy is chosen,

people need some basic information about IDD so they will demand iodized salt and keep using it.

The third, growing set of countries is already largely consuming iodized salt, so that basic information is no longer relevant. In these countries, people need to be reminded, encouraged to observe, or given reports of the fact that indicators of iodine status have improved, that children's intellectual development probably has improved as a result of this, and that they should therefore be sure they continue to take iodized salt and that the ancillary structures are in place to ensure that they get good quality iodized salt.

In the last two groups of countries you have many other messages. People should start to pay attention to the quality of salt they buy. They better try to make sure they buy a decent brand of iodized salt made by some reputable company that has a good chance of putting iodine into it. If they're buying refined salt because they think it's better quality, people should be sure they're buying refined, iodized salt. They ought to look for the logo or the

brand name or some proof that the salt's iodized. And they ought to be able to ask their political leaders and their health officials to make sure that a brand of salt claiming to be iodized is in fact iodized, and if it isn't, to make sure that health inspectors or the authorities do what's necessary to correct that.

*David Alnwick*

*Chief, Nutrition Section, UNICEF*

Government regulations and advertising can only do so much. In the end, it is up to the people themselves to put health advice into practice. Consumers therefore need access to information that will motivate and empower them to choose iodized salt and demand good quality in the salt they buy.

*Venkatesh Mannar*

*Executive Director, Micronutrient Initiative*

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# Preface

After a long, slow struggle toward ending the devastating mental and physical effects of iodine deficiency, the pace of progress has quickened and the goal of virtually eliminating IDD is in sight. Salt iodization is on target in most affected countries, and the global effort to conquer this problem is reaching its final, defining phase.

The history of this effort is a lesson in what can be accomplished when scientists, development experts, and political leaders work together to focus attention and spur action on a specific health measure. We have learned a great deal about communication and mobilization. We have also begun to apply this knowledge to the creation of partnerships with industry and other stakeholders who can help wipe out IDD entirely and forever by the year 2000.

Scientists were the first to sound the wake up call. For 40 years, from the 1930s to the 1970s, iodine deficiency was generally, and mistakenly, associated with goiter, viewed as a cosmetic problem among people in the hills and highlands. Cretinism, the most severe

consequence of iodine deficiency, was largely confined to mountainous areas and not considered a major public health issue in any nation. During this time, the soil in many parts of the world kept losing iodine because of flooding and overuse of the land, depleting the iodine content in food and spreading the effects of IDD across the plains and coastal areas. Endocrinologists, led by Dr. John Stanbury of the United States and Dr. Basil Hetzel of Australia, among others, have succeeded in establishing IDD as the most preventable cause of brain damage. They have shown that visible goiter represents only "the tip of the iceberg" in terms of the harm IDD causes. Even low levels of iodine deficiency can inhibit brain growth so that a child may lose 10-15 IQ points. Tens of millions of infants and children are affected in over 100 countries.

Recognizing the broad economic and social impact of IDD, medical scientists joined with development specialists to found the International Council for Control of Iodine Deficiency Disorders (ICCIDD) in 1985. They pointed to the need for a world wide campaign using



iodized salt as the simplest and least expensive means to rid the world of this widespread malady. This campaign was taken up by UNICEF and WHO. At the World Summit for Children in 1990 world leaders accepted the goal of eliminating IDD as a cause of brain damage and pledged to conquer IDD, setting the specific goals for its virtual elimination by the year 2000.

Progress has been made, but much more needs to be done. Clearly, the scientific and technical aspects of the campaign are critical. It is essential to monitor health progress through surveillance, screening and laboratory work and to assure the quality of the iodized salt product through manufacture, transportation, and storage. But it is equally important to assure the quality of the entire process, particularly the communication and training required to convey to everyone the importance of ingesting minute amounts of iodine on a regular basis. Any relaxation of iodine use would allow IDD to return. Achieving the year 2000 goal calls for a life-long habit of consuming iodized salt for this generation and for all generations to come.

Sustaining political support for IDD work at various levels of society remains a key factor in reaching the goal. The world is not short of crises; every country faces its urgent issues, and each community struggles to cope with its own problems. Resources for social programs are almost always scarce, and IDD work must vie for priority, often on economic grounds. The fight for attention at the policy and behavioral levels is getting more and more competitive. New communication technologies are adding channels of information, disseminating messages to already over-

loaded target audiences.

This guide draws upon the collective observations from ICCIDD consultancies in many countries, focusing on nonscientific aspects of the global IDD effort. It describes the process of forming alliances with various elements of society that have a role in fighting IDD. It also recommends the Social Mobilization approach to managing the communication aspects of programs that aim to establish and sustain the use of iodized salt.

The authors have used materials from many sources, including WHO, UNICEF, World Bank, FAO, the Nutrition Unit of UNICEF headquarters in New York, UNICEF offices in Islamabad and Quito, the Program Against Micronutrient Malnutrition (PAMM) of the Rollins School of Public Health at Emory University in Atlanta, the International Life Sciences Institute (ILSI), Population Services International (PSI), Manoff International in Washington, and the Micronutrient Initiative (MI) in Ottawa. Dr. Claudia Fishman Parvanta of PAMM and Cecilia Cabañero-Verzosa of the World Bank contributed to the sections on message design and alliance-building methods in the last chapter.

Many individuals have contributed to the preparation of this guide. To David Haxton, one of the key development specialists who have championed tirelessly the cause of IDD elimination and contributed to the establishment of ICCIDD, the authors owe a special thanks. David was kind enough to read through the manuscript and offer many useful comments. To David Alnwick, Chief of the Nutrition Section of UNICEF, the most active organization in the global IDD effort, who provided

the foreword, gratitude is hereby expressed. Appreciation of support also should go to Dr. Eduardo Pretell in Lima, Ms. Raana Syed in Islamabad, Dr. Mauro Rivadeneira in Quito for their

*Cynthia Reader-Wilstein*  
*Communication Consultant*

cooperation in furnishing reports and checking material. Any mistakes or shortcomings in the guide, however, are the sole responsibility of the authors.

*Jack C. S. Ling*  
*Chair, Communication/ Education*  
*Committee, ICCIDD Board*

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## Note from the Authors

This booklet is intended for program officers and others responsible for the management and communication of programs to eliminate Iodine Deficiency Disorders. The authors hope that those concerned with policy, management and communication will feel free to translate, edit and adapt whatever material they find appropriate for in-country use and/or for specific groups such as salt producers, health officials, and teachers.

This communication guide is also avail-

able through the Internet in a form that allows frequent updating. The website address is: <http://www.tulane.edu/~icec/iddcomm.htm>

Aside from the examples cited here, we realize there are many other valuable illustrations of social mobilization for IDD, and we invite readers to share their positive and negative experiences with others in this field through our website.

Please send your ideas, comments, and materials to:

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# A Society-Based Development Strategy

Selling the world on iodized salt is not like marketing Coca-Cola. It's not about boosting market share or getting most people to buy it. It's about saving the brain of every child — preserving normal growth by protecting against brain damage.

Nor is universal salt iodization simply a matter of passing laws, telling people to make it and take it. "Just legislate, and save yourself 10 years of hard work," may be the new refrain. Yet when it comes to people who are most urgently at risk and those hardest to reach, whether they be distant farmers or defensive bureaucrats, the truth is: "Just legislate, and waste 10 years of hard work."

## **Legislation and marketing are essential, but they are not enough**

Iodized salt is required by law in most countries, and is priced, packaged and advertised. These measures have saved hundreds of thousands of children from the risk of iodine deficiency disorder (IDD). But over a billion people in more than 100 countries are still vulnerable to mental retardation and physical defects from the lack of iodine in their diets.

Despite well-meaning legislation, practice often lags behind policy. People do not always use the iodized salt even when it's available or do not use it properly, and health benefits fall short of expectation. Demand for the healthier salt in many countries has not kept up with availability. And

without a guaranteed market, salt producers are sometimes reluctant to assume the costs of iodization. Meanwhile, influential agencies and individuals may not know how to create an environment that supports iodized salt consumption, or they may have insufficient incentive to exercise their power to do so.

Marketing is not enough to remedy this situation in regions suffering the most endemic brain damage from IDD. Messages that aim to increase the popularity of iodized salt are often slow to catch on and too weak to make a difference right away. A standard commercial campaign is not likely to reach into remote villages, or even the corners of major cities, fast enough to help the expectant mother carrying a fetus that may be born a cretin, or a young child whose brain is developing now and may be irreversibly damaged. A straight advertising approach may also ignore the communication needs of those in positions of power and authority. Advocacy is an important part of any communication strategy, and it should not be tacked on as an addendum. It should be part of an integrated plan for sustained change.

## **A broad, systematic, society-based strategy**

Surely some program shortfalls may be due to price and availability problems, which need to be constantly monitored and corrected. But following a strictly marketing

approach also leaves programs with certain inherent blind spots, where unseen enemies to development may be at work just beyond our notice. The purpose of this communication guide is to place good marketing research and methods within a more comprehensive framework that allows us to examine the unspoken doubts, objections, and the indifference of various groups within society. Presumed to support IDD programs, these groups often undermine program success because they are insufficiently involved or "mobilized."

This framework of activities is called social mobilization, a strategy intended to ensure that progress toward ending IDD will last and that those most in need will benefit. As more and more countries approach universal salt iodization, the problems of sustaining political will, motivating industry, and creating demand for good quality iodized salt among the entire population become more apparent. The social mobilization strategy can help because it is based on building partnerships, creating a dialogue, and working together with all segments of society. The whole point of approaching IDD with this orientation is to improve the efficiency and effectiveness of programs so they eventually will stand alone, without international support, continuing to protect future generations.

Though this strategy is flexible and still evolving, and unexplored possibilities emerge each time a new situation arises, social mobilization remains the most comprehensive development approach. It stresses the importance of sustained change through societal and environmental factors and recognizes the importance of involving target audience/partners in planning, developing solutions, implementing, monitoring and evaluation. If carried out properly, social mobilization is very likely to bring about sustainable development.

### **The communication process**

Communication researchers have suggested many theories to explain how people come to accept new ideas and adopt new behaviors. Early research concentrated on the diffusion of agricultural innovations out to fairly passive recipients. The last people to accept new farming methods and tech-

nologies were referred to as "laggards."

Aware that they were "blaming the victim," researchers shifted to communication models that put greater emphasis on the influence of the social, economic, cultural and political environment, including existing beliefs and previous learning. We have come to understand communication as a process of exchanging ideas, information, and feelings. Instead of target audiences, we now think more in terms of partners — participating individuals and groups in an interactive process.

Health educators have removed all trace of blame from their concept of communication by describing the interaction between health worker and client as "mutual discovery." And researchers have adapted anthropological techniques to develop health messages with the help of target audiences, providing some measure of exchange in the communication process, even in the context of large-scale national communication campaigns.

### **Partnerships are profitable**

We also have come to understand that people learn, practice and adopt new behaviors indirectly through their interaction in groups as much and perhaps even more than they do as individuals directly exposed to messages. This is one reason program planners are increasingly concerned with creating close ties, or partnerships, with societal groups that influence the people they want to reach.

Another reason for working with partners is the success of the business communication process of turning potential competitors into partners through negotiation. Finding areas of common interest, collaboration, and profitability, a number of companies can work together to grow and thrive. In a world where government and industry are mutually dependent, creating "win-win" situations has become an effective development strategy as well as an enlightened business practice.

### **Social mobilization by any other name...**

In the early 1980s, UNICEF first used the term "social mobilization" to describe

velopment approach based on building partnerships and dialogue. About the same time, WHO used the term "health promotion" for its expanded concept of health education that included advocacy and social support on the community and policy levels.

Private advertising firms, which had used "social marketing" as a product-oriented and media-driven approach to development, broadened their definition to focus on consumers and to include advocacy and the building of partnerships. Today, the best social marketing work takes a broad, systematic approach to promoting a health "product" by putting more emphasis on social and political support and on training and motivating the people who can make the program work. By any name, building broad social and political support is part of good program management.

Of course, many agencies still prefer to use their well-established terms — health education, health communication, health promotion, IEC, social marketing. And new terms are always arising, such as "strategic mobilization" and "communication for behavior change" which are terms used to indicate a combination of mobilization and marketing approaches. But no matter what label is attached to a development strategy, the critical element in the communication process itself is dialogue with people.

The idea is not to tell people what to do, but to work together in a partnership, a partnership of equals, listening to what interests they have, encouraging them to see for themselves the value of a new idea or practice and letting the program be influenced by their perception. By acknowledging and allowing for the agenda of each partner, groups and individuals come to recognize what stake they hold in the program and will lend support in their own way and out of their own self-interest. The listening, the dialogue, the partnership relationship — these are what underlie the mobilization process. By any name, the strategy is the same: to involve everyone concerned, gather strength through concerted action, and let each stakeholder do what he or she does best.

## **Social mobilization sustains social change**

Strength and consistency are crucial because putting an end to IDD is a bigger job than it seems. Getting everyone to consume iodized salt means creating a new habit, a new standard for generations to come, a standard that requires not just a large market share, but almost 100% compliance. We are fostering a new norm to be followed by all people for all time. And to end mental retardation due to lack of iodine, once and for all, we need changes in attitudes, changes in behaviors, changes in our way of doing business.

The social mobilization framework, as it has evolved, helps to maximize the impact of communication efforts to create and sustain exactly these kinds of changes in thinking, acting, and interacting. This broad, societal approach promotes political commitment, community participation, and decentralized action, and encompasses the important elements of marketing such as audience segmentation and message design. But it is much more than the sum of its activities.

Even today, few national plans include strategic planning for communication. Many influential leaders in health and science still see communication as mere publicity, an event or two, a few announcements or, even worse, patronizing explanations of what may prove to be unfeasible health measures.

Sustained mobilization for development counts on awakening interest and stimulating discussion and action through the cu-

### **Box 1 - The Strengths of Social Mobilization**

- *Raises policy commitment;*
- *Coordinates human and financial resources;*
- *Unites government sectors for a common purpose;*
- *Brings together bureaucrats and professionals;*
- *Strengthens commitment in regions, districts and communities; and*
- *Empowers consumers with the information they need to demand healthier salt.*

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## Partners from the Five Segments of Society

Though circumstances differ from country to country, and often from one part of a country to another, programs generally look for partners, or stakeholders, in the five segments of society illustrated in Figure 1:

### ***I. Political — Policy Makers***

The extreme left column in Fig. 1 names some types of policy makers. Advocacy with and among leaders in this group helps foster the commitment that will clear the way for action. The goal here is to build consensus, to create a knowledgeable and supportive environment for decision-making, including the allocation of adequate resources.

### ***II. Bureaucratic/Technocratic — Government workers and technical experts***

Policy makers depend on the technocrats, bureaucrats, and service professionals (shown in the second column in Fig. 1) to provide the rationale for decisions as well as to plan and implement programs. This sector includes a multitude of groups, each with its own agenda, interests, and concerns.

### ***III. Professional, Civil and Social — National non-governmental groups, including religious, commercial, industrial, professional, and civic groups, NGOs and special interest groups***

The center column in Fig. 1 covers various social institutions and associations that represent organized support, a critical ingredient for common action. Like the administrators and technicians in the bureaucratic column, NGO staff mediate the interaction between government services and communities. The communication goal for these mediating, or in-between, levels of society is to keep the mechanisms of collaboration working smoothly, to improve efficiency and effectiveness.

Like government bureaucracies, the non-governmental organizations are a very complex segment of society, especially in democratic countries, and may have many branches or sub-groups. This is why Fig. 1 can only suggest ex-

amples of the kinds of groups to be found in this arena. The names and numbers of NGOs in each country vary widely.

### ***IV. Community-based organizations — Local groups, including schools, churches, and other grassroots initiatives***

National or regional organizations in the center column of Fig. 1 should be distinguished from community-level groups in the next column to the right. Just as bureaucrats seldom exactly follow the directives of government decision-makers, local organizations usually enjoy considerable independence from the national bodies affiliated with them. Local schools, day care centers, churches, grassroots organizations, and ad hoc issue groups are extremely important in transforming development goals into societal action because it is at this level that program action and popular participation take place.

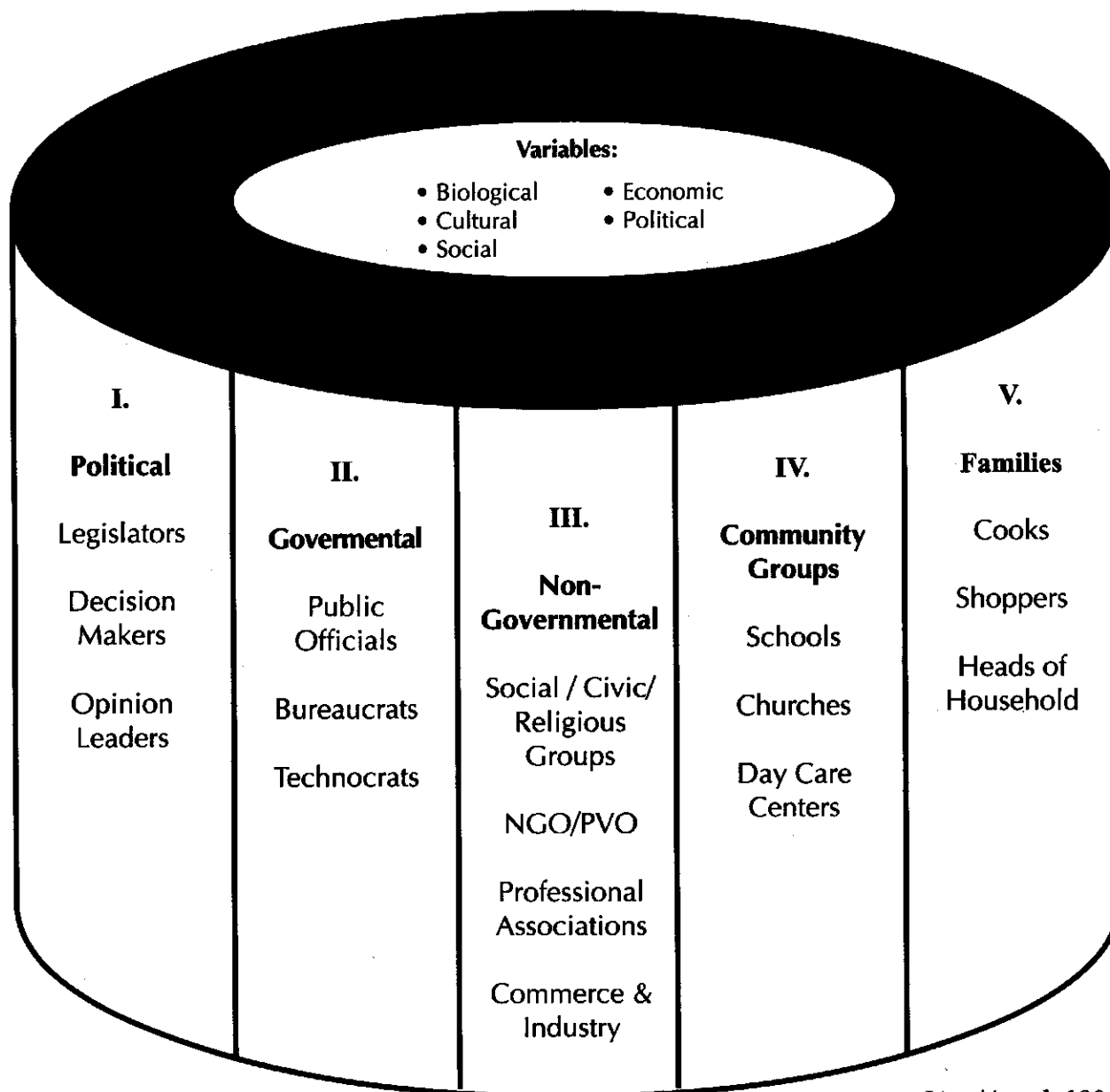
### ***V. Families & Individuals — Household members, including mothers, fathers, and grandparents, who may make decisions on the purchase and use of salt***

When communities are involved, resources are available and necessary skills are acquired, people (represented in the far right column in Fig. 1) are motivated to make informed choices. The Social Mobilization approach, with its emphasis on the influence of groups on individual behavior, has been instrumental in calling attention to other decision-makers within the household besides the mother or cook.

### ***Channels***

To reach and involve each of the target audiences or partners, planners generally consider a range of communication channels. The choice of channels begins with an assessment of the needs of the segmented audience and the available resources. Face-to-face interactions, mass media, special events, and traditional methods of communication, or a mix of media, can be effective depending on the characteristics of the target audience, the ideas to be communicated, and the setting where the communication takes place.

**Figure 1**  
**Social Mobilization Continuum**  
**An Illustration of Social Groups in Partnership**



*Ling/Apted. 1991*

**Communication Channels:**

- Interpersonal
- Media
- Traditional
- Special Events



mulative effect of efforts at many levels. It relies on positive reinforcement for change — whether in individual attitudes and behaviors, or in bureaucratic and organizational ways of thinking and working. It is a broad-scale effort involving a range of players working in complementary ways toward common development goals. It is an integrated approach that reaches across societies and involves people at all levels. The purpose, each step of the way, is to build partnerships and encourage dialogue.

### National scale

Social mobilization is usually national in scope, or is intended to expand rapidly from one phase or geographical area to national coverage. Therefore, only a major objective is likely to motivate the masses, their political leadership, and the bureaucratic and other organized forces in society. Although popular support for IDD work is often passive, inarticulate and uninformed, it is certainly there. Nobody wants a child's intellectual and physical growth to be re-

tarded, and no government official wants to see this retardation continue unchecked across widespread geographical areas.

Moving to national scale is not only possible, it is often necessary. IDD is a national effort because everybody has to use iodized salt to make sure protection against IDD is lasting. And while there is usually agreement in principle to take national action, program planners themselves often hesitate to commit to this scale of action, aware of the resources required to reach the community level. Some may fear that the social mobilization approach to ending IDD is too costly and difficult to carry out. After all, budgets are tight, and programs are under pressure to show fast, noticeable results.

And yet, social mobilization, if systematically carried out, actually can help lower the cost of programs by involving a wide range of government and private institutions that know how to communicate with their own clients and customers through media already in place. Popular institutions can make change more acceptable, and trusted peers can prepare people for what they will see and hear through the mass media. So social mobilization embraces many elements of marketing and smooths the way for individual behavior change.

Reaching and involving the consumer is a major thrust of our work, but we need to assure simultaneously that the policy conditions required to help the consumer are strongly advocated and publicly known. For instance, we may need to stress "universal salt." Universal, after all, means "all." Ideally, at least all alimentary salt, should be iodized. It follows that in most countries, iodizing salt has to be a nationwide effort, not a special measure for special, targeted people. Some suggest that we could require industrial users of salt, like glass and paper producers, to file for exemption permission to buy non-iodized salt. We could require the industry to take on the burden of exemption, instead of putting the health and nutrition people in the position of pleading for the production and marketing of iodized salt that benefits the whole population. Children and the common good should come first.

#### **Box 2 - Early Lessons: Work with Industry and Sustain the Effort (Ecuador)**

*One of the earliest social marketing efforts to promote iodized salt was a 1974-76 study in Ecuador that used radio messages combined with structural support by ECUSAL, a subsidiary of Morton Salt. This collaboration led to a remarkable increase in reported use of iodized salt from 5%-98% in two provinces. But researchers discovered that Mestizos benefited more than Indian populations, and when the researchers' contract was up, continued success was uncertain.*

*Pioneering social marketing experiences such as this one demonstrated the powerful impact of mass media campaigns and highlighted the importance of salt industry support. Studies also have shown the limitations of media campaigns: they may not reach everyone at risk, and behavior change may not be lasting.*

*Episodic efforts tend to fizzle out — whether they are radio advertising for iodized salt, door-to-door visits to promote the use and proper storage of the salt, a national IDD Day to increase general awareness, or a publication for leaders advocating IDD legislation. What's needed is a strong, sustained educational movement, not disjointed campaigns or flurries of interest.*

*Source: Manoff (1976)*

## Building Partnerships

Truly ending IDD once and for all depends on building and maintaining a network of partnerships. The involvement of many partners, who know and have immediate access to their own constituencies, helps ensure iodized salt consumption by future generations. This is because these groups and individuals have the power and influence to make institutional changes that help reach children in schools, teachers in universities, doctors in medical schools and professional associations, health workers in training, and food processors.

Equally important, the changes must reach throughout the salt chain — the producers, packers, truckers, wholesalers and retailers. Contracts and, whenever possible, job descriptions should make clear exactly what industry leaders and workers must do to help ensure good quality iodized salt in the nation's diet.

One advantage of keeping in mind the whole of society while planning communication activities for IDD is that this overview helps take inventory of resources and identify constraints at all levels of society — especially the bureaucratic and household levels that are sometimes neglected in other development strategies.

And in forming alliances, it is important that communication between partners at different levels of society be horizontal and interactive, not vertical and authoritative. There is still a tendency for experts to "talk down," to look at societal groups as "junior partners" — people who ought to do what the experts suggest. This viewpoint

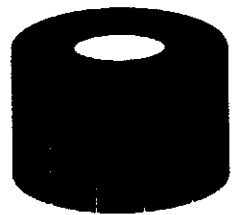
does not lead easily to cooperation. It is more productive to aim for the sort of circular flow of information between partners illustrated in the Social Mobilization Continuum on page 5.

For IDD, creating a full circle of communication helps sustain political will, stimulate demand for iodized salt, deliver the salt efficiently, and create a healthy standard that can be sustained from generation to generation.

### Encouraging dialogue

The program manager, through an integrated approach to communication that involves everyone, encourages discussion among government agencies, salt producers, and communities and identifies all needs and concerns. This discussion can help set up a structure for the production and distribution of iodized salt and create an awareness and a demand that will sustain health benefits to children, mothers, communities, and national economy. In the increasing number of countries where salt already is mostly iodized, effective discussions can enhance public understanding and sustain the effort.

When considering partners, it is important to engage those who may resist salt iodization. If we don't educate salt retailers they may spread misinformation. For example, a salt plant manager might boast that his salt will increase the IQ of children who use it. Iodized salt will protect the child from brain damage and a lowering of IQ, but iodized salt does not add IQ to normal



**Objective: All five types of social groups working in partnership**

children. Such statements can be misleading and harmful. Similarly, if we don't involve local religious leaders, they could oppose dietary change or confuse iodine with contraceptives as was the case in Pakistan and the Philippines.

And while it is better to avoid problems in the first place, when controversies or crises develop, do not run away from debate. When people's interest is seized, they may pay better attention to your presentation, as long as you are careful to address their concerns. Here are some examples:

- When India experienced a catastrophic drought in 1967/8, health professionals succeeded in linking water with diseases and death. In the years following the drought, India undertook a major potable water program.

Family planning has provoked controversy in many countries. Subsequent debates were able to bring to public attention the economic consequences of unannounced population growth and put it on the political agenda. Families began to recognize women's rights over reproductive issues and see more clearly the harmful effects of unplanned children on the individual and the family unit.

- Iodine has been suspected to be a contraceptive, with rumors and fears paralyzing IDD efforts in several countries. These crises have been turned to an advantage by involving key religious and political leaders and sports figures in correcting the unfounded rumors.

### **Listen for conflicts of interest, and resolve them**

Every country — and every segment of society within a country — contain groups and individuals who have interests and opinions affecting the use of iodized salt. It is important to give voice to these interests, listen and respond:

- People may not know they need iodine. ("Goiter's been around a long time. Why pay more for this new salt?")
- Some think there is a taste difference. ("I have always used rock salt for pickling. It's saltier.")
- Some may be opposed to or suspicious

of it. ("Maybe that salt is a contraceptive," or "Maybe it will sap my strength.")

- Salt producers and packages may not realize they can profit from the process. ("They're telling us to iodize the salt. We're going to lose money.")
- Sometimes those with the best intentions to address the IDD problem may act in a counterproductive way. (District officer: "IDD has to be wiped out. I'm going to ban all non-iodized salt." But iodized salt is in short supply, creating a black market problem.)

So there are many kinds of interests that can run counter to IDD work — personal, cultural, professional, religious, interorganizational and interpersonal. The most important thing is how you respond to a lack of concern or a conflict of interests. Don't run away from the problem, wish it away or patch it up and keep it quiet. Since there will always be differing, even opposing opinions and interests, it is better to seek out those differences and talk about them. Maintain a relationship and an exchange of information even if a group or individual is not immediately supportive. Sometimes halfhearted support can be an unseen obstacle, and outright opposition can be the start of a productive alliance.

### **Interaction among social groups**

The formation of many types of alliances takes skill, ingenuity and perseverance. In the end justifies the talent and time invested. As illustrated in Figure 2 on page 11, development goals are attained through social change, and the participation of everyone concerned helps ensure that social change takes place.

Social groups are involved or motivated through a range of interactions. Social change desired in one segment of society almost always has implications in other segments. For example, an initiative for development could come from the people who have a "felt need" or from an individual and caring leader who has learned about a specific problem affecting the development of the people and/or the economic well-being of the country.

Often, the push for a development program starts with a few technocrats or a

## Ecuador and Pakistan: Case Studies

To show how partners work together in real programs, this guide cites examples of social mobilization from Ecuador and Pakistan. These countries offer two perspectives on social mobilization, one over the past decade, the other a work in progress.

### Ecuador

In 1984, Ecuador's Ministry of Health began to build an integrated program against iodine deficiency that has overcome technical, geographical, language, and bureaucratic barriers to protect almost all of its 5 million Andean population against iodine deficiency. Since salt is produced by a small number of large producers in Ecuador, many argue that advocacy with decision makers, discussion with industry, regulatory action and monitoring should have been enough. Working with just a few producers, Ecuador was able to subsidize iodized salt for a few years until consumer demand was enough to pass the cost onto the consumers. However, because those most at risk were also the most difficult to reach, these "supply side" activities had to be matched with "demand side" work.

With international and bilateral support from the government of Belgium, Ecuador followed a social marketing strategy backed by considerable advocacy work that helped to involve agencies and influential people at every level. This sort of extensive advocacy at the international, national, provincial and community levels was coupled with a "problem-solving" management style.

As the program proceeded, partners were found to provide needed resources, to accomplish specific tasks, and to overcome obstacles. Planning was decentralized and program promotion put in the hands of provincial training teams with ready telefax communication to the sources of power and resources in the capital. The provincial teams involved local leaders and rural school teachers and enlisted the support of other relevant individuals and organizations. This is an example of social mobilization or good social marketing, whichever term you prefer.

Advocacy and alliance-building helped gather strength for the IDD program in Ecuador by essentially asking everybody to pull in the same direction. After ten years of continuing reassessment and revision, Ecuador's program was declared to have virtually eliminated iodine deficiency in 1994.

Another Andean country, Bolivia, recently achieved universal salt iodization. Unlike Ecuador, Bolivia has many small salt producers, so cooperatives had to be formed and workers trained. Salt packers and traders took over iodization in many cases and became

important partners. Health personnel at all levels received continuous training on the importance of consuming iodized salt and became program allies, helping to send out a consistent message through interpersonal channels. Bolivia's situation was different from that of Ecuador, but the approach was similar: form alliances and involve everybody concerned.

### Pakistan

In comparison to Ecuador, Pakistan has many more salt producers, a less well developed road infrastructure, and an uncontrolled iodized salt price. Pakistan is also more heavily populated, and its IDD program started from a much lower percentage of iodized salt consumption: 2% as compared to 50% in Ecuador.

Despite these differences, Pakistan uses a "problem solving" management style similar to that used in Ecuador. Because it is taking place today, Pakistan is making use of new thinking about alliance building. Recently, after a quickly achieved increase in iodized salt consumption from 2% to 17%, the market share of iodized salt in Pakistan began to drop. Planners reassessed the IDD program and revised their communication strategy to include more training and alliance-building activities. The IDD program has strengthened and widened its steering committee, revised messages for consumers, and involved well-regarded social workers in support of iodized salt.

### Mid-Course Corrections

It should be noted that mid-course corrections such as those made in Ecuador and Pakistan are a sign of program strength, not weakness. The ability to identify problems, adapt messages to changing conditions, take advantage of new opportunities, and seek out new partners means that essential monitoring systems are in place. Message design relies on knowing the audience — understanding the knowledge, attitude, beliefs, and practices of its different segments — but without some trial and error, no one truly knows what message or combination of messages will fit best or what the best delivery system will be.

Figures 5 and 6 on pp. 26-27 contain plans used to reach different audiences in Ecuador and Pakistan.

who are prompted to action by new data or newly discovered technologies. Sometimes grassroots organizations call attention to a need experienced at the community level. And even commercial interests may spark development if a need is recognized and action taken for profit.

Whatever the primary motivation for change may be, planners need to take into account all relevant segments of society, identify partners that share ownership of the development objectives, and work through appropriate channels of communications to develop specific activities that prepare the various partners for action.

### **The elements of social mobilization**

Figure 2 illustrates who the national partners may be (Inputs), how we work together (Process), what we are trying to accomplish (Outcomes), and what we hope will be the effect on development (Impact) of our combined efforts.

Under Inputs are listed examples of national partners who carry out the programs supported by the international development agencies below. Among the national partners, there appear two types of non-governmental groups: national and community level organizations. Experiences in many countries show that religious groups, civic groups, grassroots action groups, as well as industry and commerce, behave differently at different levels. Since the success of programs involving changes in attitude and behavior depend on support at every level, all of these organizations are important. Any one of them can make or break the momentum of IDD work.

The energies and resources of the national partners focus on the activities listed in the Process column. Each step in the social mobilization strategy includes some or all of these important elements, described in more detail in Chapter 8. Figure 2 lists the main communication activities, although there are other important elements such as logistical support and financial management.

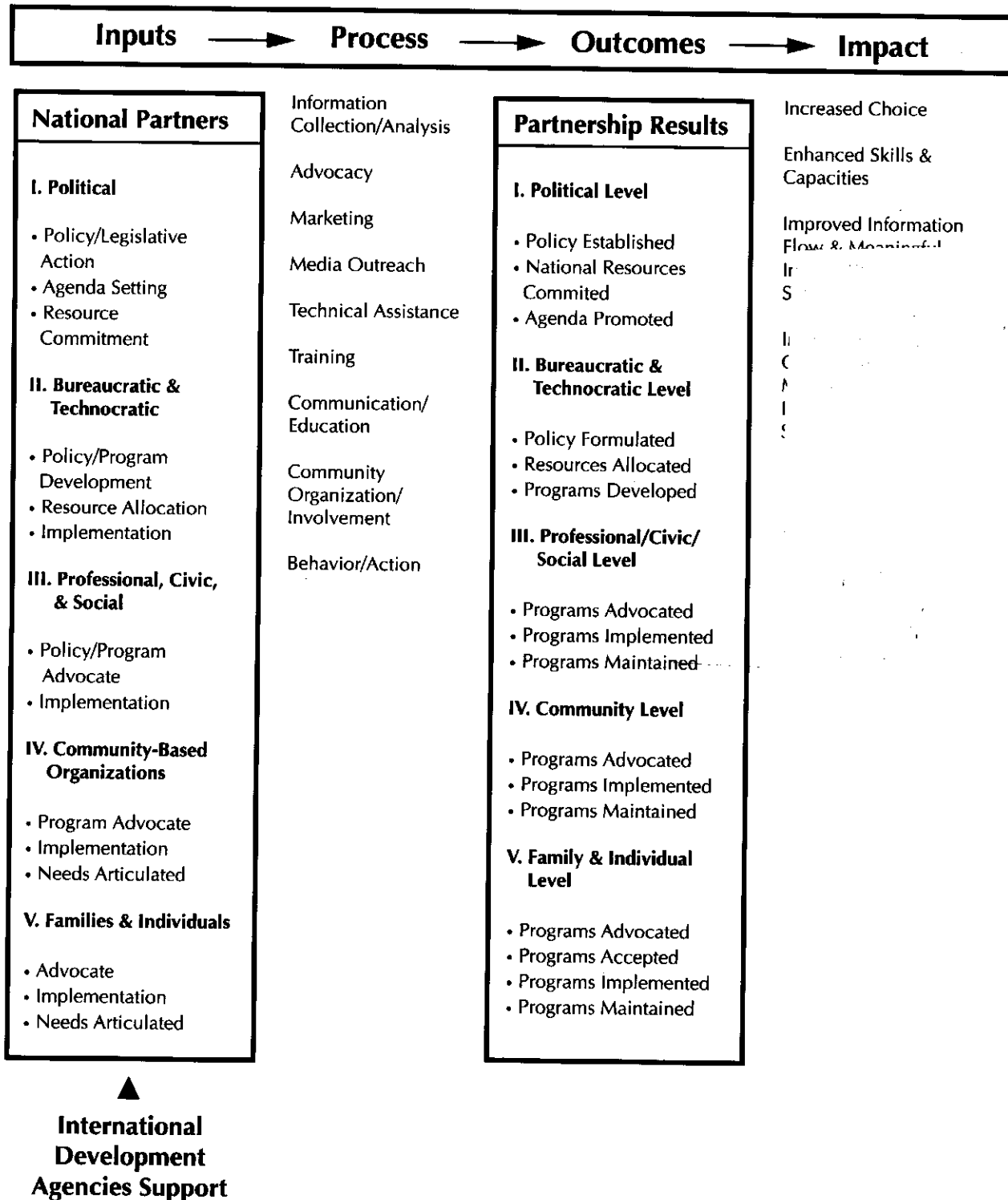
The communication activities listed under Process are well worth a serious review, no

matter how far advanced an IDD program may be. Even the more successful IDD programs around the world very often suffer from inadequate attention to these elements, raising the question of whether progress will be sustained. For example, evaluators often monitor the quality of the salt produced and changes in health status without assessing the quality of the support activities (or process) leading to the delivery, purchase, and actual use of iodized salt in the home.

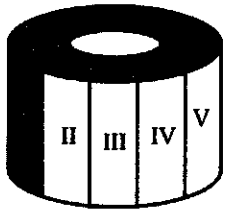
Outcomes are expected at various levels of society, outcomes achieved from managing, interacting, and making choices that bring about social development. Some aspects of social development are listed under Impact in the far right column. These changes lead ultimately to improved development status.

**Communication Tool Kit 1 on page 30 contains a more detailed list of outcomes called Social Mobilization Indicators. This list can be used to assess the strength of a program's social mobilization effort.**

**Figure 2**  
**An Illustration of the Basic Elements of Social Mobilization**



## Building Political Commitment



**Political:**  
National, District,  
and Community Leaders

IDD programs have been generally very successful in attracting the attention and support of national leaders. Long associated primarily with visible goiter which is considered basically a cosmetic problem, iodine deficiency is now widely recognized as a "disease," a serious cause of mental retardation and a real threat to development.

However, building political commitment is a continuing obligation. It is not enough that governments signed the Child Summit Declaration, or that the Prime Minister or heads of government said good things about iodine and IDD elimination. The strong political will shown at the 1990 Children Summit is certain to be diluted among policy and decision makers unless they are reminded of their commitment and kept informed of the progress, or lack of it, in the flight against IDD. Commitment should be regularly and imaginatively renewed because political leaders change, the audiences change, the opportunities change and the needs change.

### **Participatory activities**

IDD Day provides an opportunity every year to take a fresh look at where we are headed and think of new ways to get there. Introduced in 1995 when we met the mid-term goal of universal iodization of salt, this day of celebration and rededication helps keep up the momentum toward virtually eliminating IDD by the year 2000. This

special day helps inform the public, educate those at risk, and keep the focus on what still needs to be done. But the IDD Day needs a broad-based, participatory activity to generate excitement and action.

A global children's drawing competition on IDD themes, such as cooking with iodized salt, is an educational, participatory activity that can generate media, public and political interest as well as boost fund-raising efforts, especially by Kiwanis International which would like to raise \$75 million for UNICEF work in this area.

### **Sub-national advocacy**

Today, governments are increasingly decentralized, and local planning is vital to increased awareness of IDD and demand for iodized salt. We cannot assume that district and community leaders will follow through on policies established in the capitals. Even if the prime minister says iodized salt is important, unless the provincial governor or the village chief or the various district level officers see the value of IDD work in terms of their own priorities, the IDD effort will not get the attention it needs to succeed. And if communities and local leaders are not informed and involved in planning they often resist change.

Therefore, it is not enough to advocate only at the national level. Advocacy efforts at the district and local levels also need attention. Health and economic data for severely affected areas, not only national

strict and community leaders because they are the ones who play a major role in keeping programs going. Local leaders are not always moved by a national or global issue. The threat has to be brought home to them with a presentation of local benefits and consequences. Community level data is needed to shift the priorities at the sub-national levels.

Certainly we can leave to the economists how best to make comparisons and seek out their ideas. Economists might study the effects of reducing IDD in an area that has been iodizing salt for five years. Or they might use computer models to calculate economic benefits of eliminating IDD. Perhaps a combination of educational and economic arguments will be most convincing.

In any case, advocacy at the sub-national levels should communicate a sense of urgency. We should not shy away from the consequences of IDD, even though they may be unpleasant. Scientists have proved that iodine deficiency causes brain damage, an average loss of over 13 IQ points across large populations, along with other mental and physical defects. National leaders have responded to IDD once they realized the extent of brain damage it causes in their countries. Local leaders respond for the same reason, whereas they may not care as much if the problem is presented only in terms of "cosmetic" visible goiter.

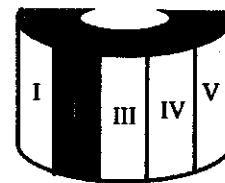
### Special attention to the bureaucrats and technocrats

Bureaucrats are too often presumed to follow orders from decision and policy makers. A government bureaucracy is not a monolith; it is made up of hundreds of units, each with its own agenda, bias, and self interests that may run counter to IDD elimination. These interests can be personal, they can be professional, and they can be simply inertia and natural resistance to change. Many development programs have failed because they ran up against the rock of bureaucratic resistance or even sabotage.

In many unexpected ways, bureaucrats can be the unseen enemy of development. Remember, groups and individuals don't have to oppose IDD control openly to undermine

ernment or unit of production is responsible for its contribution to economic development and, more importantly, for its workers' "bonus." If the unit chief sees no economic return in IDD work, which will affect his or her ability to give the staff "bonus," the chief will pay lip service to the national commitment and give it low priority.

The chief or the district official doesn't have to say, "I'm against iodized salt." All the official has to say is, "Low priority," and the program stalls. So it's better to use some arguments, often more economic than social, to move the issue to a higher priority. The arguments should seek to prove that the IDD effort has direct relevance to productivity and economic gain, because that is how the official may measure importance. Since health is generally considered consumption rather than investment, it's important to "reposition" IDD by presenting even very simple economic data relating higher IQ with higher productivity. This information will allow a constructive discussion addressing the official's true concerns and is more likely to lead to genuine support.



**Governmental:  
Bureaucrats  
and Technocrats**

#### **Box 3 - An Example of Bureaucratic Resistance (Ecuador)**

*A conflict of interest within the same ministry once threatened to slow or sabotage IDD work in Ecuador. Provincial IDD teams credited their access to computers (and the development of non-biological indicators) for their ability to quickly assess and report their progress and decide where resources were most needed. Whenever there was a new Minister of Health or a change of government, the IDD teams could quickly produce an up-to-date status report. However, other health workers looked on the computer-using IDD workers as "privileged" and became jealous and uncooperative.*

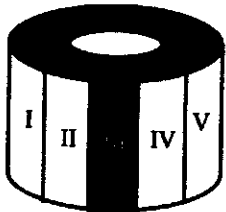
*The problem was resolved diplomatically by providing the other health program workers with computer time on equipment purchased for IDD control and encouraging them to handle their own information using computer technology.*

*Small conflicts such as this one may seem silly and inconsequential to the outside observer, but they are of serious importance to the health worker in the field who works under difficult conditions with few resources.*

*Source: Rivadeneira (1991)*



# Working with the Salt Industry



Non-Governmental:  
Commerce & Industry

Salt comes from many sources — from rock, lakes, and seas. It is traded over borders and comes from abroad in ships. Some countries have government control or regulatory power over a few large producers. Other countries have many small producers. And then there are completely open places like Indonesia with thousands of producers making it almost impossible to regulate the iodization of salt. And even where there is strong national control, without public education, you cannot stop people from taking salt from the mountains, lakes and seas if they prefer it to processed salt.

Meanwhile, the benefits of iodized salt are not immediately apparent to the people who most need it. And while adding iodized salt to food is a relatively simple act it is easy to underestimate the complexity of getting populations, especially those most vulnerable, to use iodized salt on a permanent basis. Changing dietary habits is never a simple task.

Health messages are designed to reach individuals, especially mothers and cooks, but there are other important household members. In some cultures, programs may have to consult fathers, mothers-in-law, or other influential figures in the household and address their interests. These people need to understand that using iodized salt is natural and normal, and good for children's growth and education. If decision-makers in the household know they need iodized salt for their children, they will look for and demand iodized salt. Knowing the household, therefore, makes it possible to design messages that will create demand — a marketing objective that is critical to sustaining programs.

## Box 4 - Promotion through Retailers (Pakistan)

A social marketing group in Pakistan developed a "Retailer's Kit" and distributed it through salt processors and distributors. The kit included a trade promotion brochure (including a quiz game with prizes based on consumers' most frequently asked questions about iodized salt), a calendar (with the iodized salt logo and slogan), a mobile (usually more visible, more likely to be displayed and displayed longer than posters), a sticker (for display at the counter or on the door of the retail outlet), a rapid test kit (with instructions for the retailer on how to check supplies of salt before purchase and to convince customers skeptical about the iodine content), and a poster for rural markets reminding customers of the health benefits of iodized salt.

When rumors spread connecting iodized salt with contraception and loss of energy, the marketing team decided to repackage these materials together with new materials designed to refute harmful rumors.

Source: PSI (August 1996)

## Tapping the resources of salt producers

Sustaining programs also depends on encouraging salt producers to advertise, promote, market and demonstrate efficiency on their own. Many salt producers are willing to spend their own resources on worthwhile social communication, but need perhaps some technical help to design appropriate health messages that meet with the

approval of the health community leaders. Certainly producers in Europe and North America did their own advertising, and major producers in other places can do so also.

In most countries, at least the large ones, salt companies compete with each other for market share. Each usually aims at a market in a geographic area or an economic group. We need to help these producers design messages that sell the value of iodine, not the value of salt (since they already know how to do that). Through this arrangement, companies will pay for their own social communication. They sometimes can do a better job than government agencies, although there will need to be oversight to be sure children and young women as well as other vulnerable groups, isolated by barriers of geography, language or tradition, are given special attention.

### Delivery of health messages

Besides school teachers and community health workers, there is a quick, direct route to the key people who use salt — through the retailer. Retailers are in direct contact with homemakers, cooks, or older children running errands for their families. Almost everybody gets salt from the retailer in shops or markets. And there are thousands of retailers; in some countries, many hundreds of thousands of them. The educational message for IDD is not so complicated that you need a five-hour lecture or an expert to present it. Someone with a few graphics can explain the main ideas in a couple of minutes.

But to take advantage of the retailer's direct contact with mothers and whoever else does the cooking or buys the salt, you need some information about customer preferences and behavior. A point-of-purchase study (as opposed to a point-of-sale study that focuses on "selling the seller") is designed not just to sell iodized salt, but to ensure its use. A point-of-purchase study asks such questions as:

- Who buys the salt? Where? (Open markets? Small shops?)
- What do they buy with the salt? (Oil? Rice?)
- How much time do they spend buying?

(An hour roaming around? Do they wait in line to pay?)

- How do they store salt at home?
- What do they think about processed salt and its packaging?
- Are they willing to pay a little more for better quality salt (without saying iodized)?
- And if they knew the salt had a health benefit, would they pay more?

**Communication Tool Kits 2 and 3 on pages 34-37 contain sample questions to include in a point-of-purchase questionnaire.**

In most countries iodized salt is priced just slightly higher than non-iodized salt which may indicate to consumers its better quality without pricing it out of the market. With the information from a point-of-purchase study, you can design simple messages for retailers to get basic information to people. In small shops there might be wall space. In open mountain markets there may be nowhere to hang even a small poster, so you may have to depend on the package itself to carry the educational messages. But at least you have a direct route to the cooks and the information you need to design messages for the retail situation.

### Contracting social marketing firms

Iodized salt is a commercial product, so in many countries IDD programs hire a marketing company to guide their communication efforts. This arrangement has been very successful, using effective pricing, packaging and advertising. Marketing firms are set up to work with private industries,

#### **Box 5 - Promotion in Markets and Fairs (Ecuador)**

*In Ecuador, the high costs of intensive educational activities — including village meetings, audio-visual presentations and home visits — for communities at greater IDD risk were offset by the relatively low cost of radio spots broadcast nationally.*

*Even so, the cost per person of the mass communications program was reevaluated in 1990, and it was decided that publicity in weekly retail markets and fairs in moderate to severe risk areas permitted better message flexibility with the same or greater effectiveness than radio broadcasting, at less than half the cost.*

*Source: Vanormelingen and Vanderheyden (1994)*

whereas government agencies generally are not. The problem is that social marketing groups too often take their cues from commercial marketing methods, which firstly ask for a market share, and secondly tend to avoid unpleasant images. These two tendencies sometimes cloud the vision of marketing groups in dealing with a public health issue like iodized salt.

Measuring success through market share can ignore small, but extremely vulnerable groups. And since marketers working with the mass media are usually unwilling to present unpleasant ideas or images, information can be hidden from consumers — information that may be vital to program success.

Despite these caveats, marketing has tremendous strengths. Both commercial marketing and social marketing are geared to meet the needs perceived by the different groups of users, not just the needs of program heads. Making extensive use of audience segmentation, focus groups, pretesting, and other formative evaluation methods, marketing is one of the most important tools we have to design messages and choose communication channels for particular target groups. For example, Box 7 shows how Ecuador's IDD program used formative research and marketing concepts to help convince a small, resistant segment of the target population to use the healthier, iodized salt.

### Box 6 - Positive and Negative Images (Pakistan)

*In Pakistan, where education is highly valued, the IDD program has used endorsements of religious leaders and health workers to market iodized salt as a way of enhancing children's capacity for learning. Interpersonal contacts stressed the positive results of using iodized salt rather than the negative consequences of not using it.*

*On the other hand, an evaluation of television ads found that the picture of a weak and disabled child was the most effective element influencing viewers in Pakistan to start using iodized salt. Researchers concluded that the impact of the advertisement stemmed from the viewers' fear of disorders caused by iodine deficiency, especially among children. Clearly we need to learn what motivates people in different cultures and circumstances to change their eating habits, but we do not always have to paint a pretty picture.*

*Source: PSI (August 1996)*

### Box 7- Tailoring Messages to Resistant Groups (Ecuador)

*A group of small indigenous cattle farmers in Ecuador purchased non-iodized salt for their animals and themselves. This segment of the target population refused to consume iodized salt despite direct face-to-face educational activities and radio broadcasting coverage.*

*A focal group study found that, in the farmers' view, higher milk production and earnings were benefits that would offset the higher cost of iodized salt. The benefits of animal health and human health improvements through iodized milk and cheese were not enough to make them change their habits and traditions. Researchers consulted with cattle farmers and veterinarians to formulate a marketing program.*

*Each week the farmer would feed his livestock a handful of iodized salt, purchased for the family from local stores and on regular market days at the usual market price. Since farmers had already formed a trusting relationship with NGO veterinarian promoters, communication was primarily interpersonal, supported by a foldout brochure and radio spots prepared with the help of the farmers.*

*Source: Vanormelingen and Vanderheyden (1994)*

Perceived Efforts	Perceived Benefits
Change of habits and traditions	<ul style="list-style-type: none"> <li>• Higher milk production</li> <li>• Higher earnings</li> <li>• Animal is in better shape</li> <li>• Iodized milk and cheese</li> </ul>



**Communication Tool Kit 4 on page 38** contains basic facts about IDD as well as messages and supporting information for consumers.

## Working with the Health Sector

Officials, opinion leaders, ordinary people, industry owners and workers, and bureaucrats — everybody has personal and professional interests that can cause problems if they are not discussed.

The health worker who distributes iodine pills to people with goiter might say, "I'm going to lose my job," unless you explain that instead of distributing pills, the job is now to encourage people to use iodized salt. It is exactly this kind of seemingly small misunderstanding that can block programs.

### **New information does not penetrate easily**

Even some ministry of health officials, who are presumably backing the IDD program, may not be thoroughly briefed on the brain damage caused by IDD. The health sector is complex, a maze of departments and subsections. Published decisions and recommendations often do not penetrate the bureaucracy and keep coming up for endless debate. For example, such tired issues as "controlling goiter," iodized oil during pregnancy, and the appropriate level of iodization at the factory level have all been resolved, and yet time and effort can be wasted rehashing them.

Meanwhile, clinic doctors may be thinking, "I went to medical school, and they didn't teach me that," so they may give patients wrong information or none at all. For these reasons, we need convincing data, repeated by different, reliable sources. Bu-

reaucrats working for the government, as well as technocrats working privately, all have to be sold on the importance of salt iodization. Writing a couple of memos may not be enough. Information material has to prove the seriousness of IDD and the importance of iodized salt. Workshops may have to set aside time for the information to sink in.

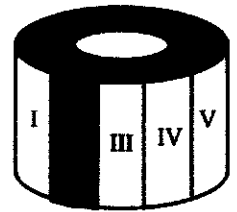
### **Curriculum review**

At the same time, we should work to change the curriculum of medical schools producing doctors who think: "IDD is not serious. It's only goiter."

Medical experts may have to tackle curriculum and textbook reform, surveying the teaching materials all the way up to the medical school and updating them so that educational institutions don't keep churning out health workers and doctors who follow an old line of thinking about goiter and IDD.

Many developing countries have already visited this problem of neglected curriculums and textbook reform in the context of primary health care. As with IDD, universities kept producing doctors who never fully understood the new concept and were therefore unwilling to support it.

In the education of health professionals, there at least has to be a concerted effort to address those people who have day-to-day contact with mothers and cooks because they are dispensing information all



**Governmental:  
Health Officials,  
Doctors, Health-Care  
Workers**

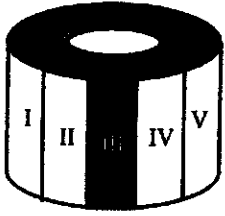
the time and that information must be correct.

### Professional associations

Just like bureaucrats and technocrats, non-governmental groups, especially professional associations, often take positions that may contradict what is being done to combat IDD. For example, in some countries, it has been very difficult to persuade pediatricians that iodized salt is a good thing. In other settings, there might be an association of primary care doctors who are not

up to date on IDD and who may refuse to support iodized salt and may feel threatened by new information or policies they have not yet embraced. This situation is comparable to that of doctors who once strenuously opposed the training of midwives as birth attendants or pediatricians who only belatedly endorsed breastfeeding.

**Communication Tool Kit 5 on page 41 contains key messages for doctors published in a medical association journal.**



Non-Governmental:  
Professional Associations

### Box 8 - Reaching the Household through Health Workers (Pakistan)

*In 1996, Pakistan revised its communication strategy to redouble its efforts to involve doctors and health professionals at all levels, to clarify that iodized salt is a preventive measure, not a cure, and to explain what iodized salt prevents. A study found that people were receiving and remembering mass media messages, but not using the salt because of high price and availability problems, coupled with rumors linking iodized salt with family planning and adverse health effects. Consumers said that if these rumors were strongly refuted by credible sources, they would be willing to start using the product.*

*Up to this point, the IDD health information campaign had centered on doctors, asking them to promote iodized salt and dispel consumer concerns about its safety. The campaign was also intended to keep doctors from circulating negative information about iodized salt based on outdated knowledge and inadequate understanding.*

*A prescription pad was designed with the iodized*

*salt logo, slogan and four key messages about use of iodized salt. The inside and back covers included detailed information on the latest research findings on IDD and the need for universal salt iodization (USI). Medical representatives of a large pharmaceutical firm delivered the pads directly to 25,000 doctors across the country and briefly discussed the issue with them. District health officers were involved in seminars and medical associations of private practitioners participated in advocacy events aiming to provide the latest information on IDD and on the country program for its elimination.*

*As a result of the 1996 assessment, the campaign put a greater emphasis on working through medical associations, networking with NGOs, and training health workers, including social workers, sanitation promoters and Lady Health Workers as well as school teachers and active NGO field staff.*

*Source: PSI (1996)*

## Working with Schools

The normal channels of health education, through the schools and through community health workers, rely on respected and believable sources of information — teachers and health workers. These routes to the mothers and cooks should certainly be put to use as much as possible because teachers and volunteer health workers are trusted and well known in their communities. If these people don't know about the importance of iodine, or give contrary information, then the IDD program is in trouble.

### Salt testing kits

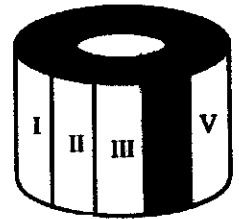
In a number of countries, notably India, China and Bangladesh, children experiment with Salt Testing Kits provided by UNICEF to test salt brought from home. The children can see whether or not the white salt turns purple. If it does, it contains iodine.

School teachers do a good job monitoring iodine content as in Bhutan and Indonesia. But the statistical results of salt testing by children are not important. There are other locations and groups that can test salt more accurately and relay their findings in a form which is useful to managers. For school children, what matters is that they learn about the value of iodine, why iodine is important to their future and why iodine deficiency is a disaster for their future. What matters is the learning process.

Reaching at-risk populations through schools is an important way to teach the

oncoming generations about the importance of using iodized salt. The school health curriculum is therefore a key instrument for sustaining the use of iodized salt.

**Communication Tool Kit 6 on pages 42-51 contains school activities and review exercises developed in Malawi. These activities may be adapted to teach children in other countries about the importance of iodine.**



Community-Based Organizations: Schools

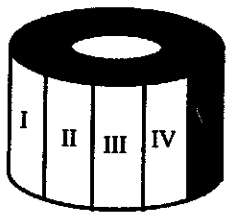
### **Box 9 - Schools are an Entry Point to Communities (Ecuador)**

*In Ecuador, the IDD program focused on schools as a key entry point to communities at mild and severe iodine deficiency risk. First, the size of a community's primary school (more than 120 pupils) was found to be statistically the most reliable indicator of iodized salt consumption — surprisingly more reliable than thyroid palpation or urine samples which were time consuming and turned up a large number of false positives.*

*After canton by canton random sampling of schools with under 120 pupils, the program combined diagnosis with educational activities by asking teachers in areas at active IDD risk to carry out a salt consumption survey. Children were grouped by family and shown the two, physically different types of salt, then simply asked to point to the salt used in their homes. Teachers used a self-learning module designed for them along with comic strips for the children explaining the importance of using iodized salt.*

*Source: Vanormelingen and Vanderheyden (1994)*

## Sustaining the Progress



Families & Individuals:  
Cooks, Shoppers, Heads  
of Household

Regardless of its success in iodizing salt, no country can afford complacency. In the 1960s and '70s, several countries, including Guatemala and Columbia, believed IDD was under control. Then, as government and public support for IDD programs waned, the problem returned as seriously, sometimes more seriously than before. The job won't be over until we have made iodized salt commonplace and the reason for consuming it common knowledge.

The future of IDD control depends on

teaching children how and why to use iodized salt. It depends on an informed and supportive health system that makes sure mothers know the importance of iodine in the diet. The future also depends on a demand for iodized salt that allows industry to assume the costs now subsidized by governments and international agencies.

### Full circle of communication

Finally, the future of IDD control depends on creating a full circle of communication. We need to keep testing the iodine levels in people, in the salt they use at home, and in canned and prepared foods they buy. Then we need to report the results of these investigations back to policy makers, to the salt industry, and to the public. These reports should also include an evaluation of the knowledge of school children, teachers, and health professionals, reviews of legislation, and a record of continuing media involvement. This monitoring should be at regular intervals — not when brain damage causes another public outcry, when it means starting over, wasting ten or twenty years of hard work.

And these surveys should have consequences — positive or negative. Ecuador's IDD program found, for example, that a combination of education, rewards, and punishments worked best to ensure good quality control of iodized salt quality. (See Box 11)

### Box 10- Three Types of Quality Assurance

*There are three types of quality assurance which are equally vital to sustaining progress:*

1. *Quality assurance of the Product, a responsibility of companies and industry with legal oversight.*
2. *Quality assurance of the Process, including raw material imports, management, training of human resources, communication, professional overview, legislation, etc.*
3. *Quality assurance of Progress in human nutrition through surveys, urine testing and other indicators.*

*Quality control of product and progress are well known and not as complex as we often make them out to be. However, quality of process, which deals with management and communication issues, is often overlooked by governments and development agencies including some of the most active proponents of IDD work. And we overlook that middle piece at our peril.*

*Source: David Haxton, ICCIDD Board Member*

## International Support

International attention can also help sustain progress. In 1996, a team of experts evaluated Bolivia's IDD program, finding the country to be virtually free of IDD. This favorable review was then published and distributed for other countries around the world concerned with IDD. The evaluation team found that Bolivia eliminated iodine deficiency at the national level, but now has the perhaps more difficult task of avoiding complacency.

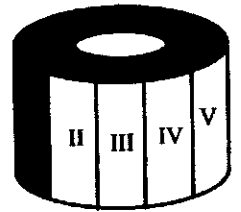
The program has to seek out pockets of rural areas where iodine consumption is still relatively low, make quality control improvements, maintain monitoring systems, and sustain political will. Program managers have to keep bringing the results of surveys to the attention of government leaders, the public, and the salt industry. The evaluation team also recommended that the history and causes of IDD, and the importance of iodized salt be incorporated into all levels of the education system.

As more countries reach the level of success attained by Ecuador and Bolivia, the ICCIDD or another international body may want to consider presenting an award for achieving and sustaining universal salt iodization and consumption. Some recognition is already afforded by UNICEF, which keeps a country-by-country status report on IDD elimination as part of its Progress of Nations. It is not enough that about 90% of the salt in countries affected by IDD is iodized. We need to highlight each nation's achievements, continue to build commitment for IDD work, and keep examining the forces that cause practice to lag behind policy.

## We are still learning

Using the social mobilization approach of identifying partners, encouraging dialogue, building political commitment, and working with all concerned is a good way to uncover "resistance points" and obstacles to development goals. As we continue to test communication theories and learn more about managing programs, no doubt the mobilization strategy will be improved and revised. But right now, so much is at stake in ending IDD that we should use every effective tool available to us. We

should apply what we know about how to foster strong, widespread support for IDD programs — support we need to reach every mother and child in danger and create a momentum for IDD protection that will carry it forward to future generations.



**Renewed Political  
Commitment**

### **Box 11 - Manufacturers: Education and Enforcement (Ecuador)**

*"For the salt producers, not only were there activities aimed at controlling the quality of the product, but information workshops were organized and technical assistance provided, as well as a stock of iodine to be used in case of iodine importation problems... The procedures used for wholesale distributors are relevant. When a salt manufacturer was discovered supplying a defective product or simply did not iodize his salt, the appropriate public officials were notified so that they could adopt the relevant legal measures (fines, shutdown, etc.).*

*On a few occasions, these measures were enough to correct the salt iodination problem. This strategy was all the more effective when their major clients (wholesale distributors) were advised that the brand that was being investigated could be impounded and taken off the market. Thus, the producer, because of the sudden drop in demand, had no other recourse but that of leaving large amounts of salt in his warehouses. Afterwards, the producer's situation could improve as long as the laboratory analyses ratified the product's high quality."*

*Source: Vanormelingen and Vanderheyden (1994).*



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## Social Mobilization Steps

For IDD program managers or teams following the social mobilization approach, communication activities generally follow five sequential steps for each segment of society: (1) clarify objectives, (2) identify partners, (3) develop a program of action, (4) support partners and alliances, and (5) monitor and evaluate results. Since evaluation inevitably leads back to program reassessment, these steps are repeated in a continuous cycle of revision and program refinement. And since programs are already in progress and many activities may be going on at many levels at the same time, it is more useful to consider social mobilization steps as a sort of checklist of essential tasks.

This all seems like a lot of organizational work, but it is much simpler than it appears. For some segments of society, all these steps need not be so complex. For example, the idea of approaching "the salt industry" or "the government" may seem daunting, but this just means forming a relationship with the heads of one or two influential companies or government leaders. Then, the process of finding partners and building alliances works to expand the network of support.

If one objective is to change government policy, an alliance of four or five organizations might convince a leader to support IDD legislation. Joining forces with the leader, the alliance moves on to influence lawmakers. If legislators become partners,

the alliance moves on to include a majority of the legislature. With each new common ground is found and conflicting interests resolved.

### **The target is behavior**

Critical to the success of alliances is the idea that partners are not targets to be shot at from afar. Behavioral change is the objective of our communication efforts and this requires a certain closeness and exchange of views. It is doubtful that we ever give up using the term, "target audience" because it is such an important concept in audience segmentation and message design. But thinking about people as target audiences that receive, rather than participate, is somewhat contrary to the social mobilization approach to development.

Individuals and organizations become ID partners because they realize they have an interest or a stake in the success of the program, not only because they have been hit by a message. This is also why those individuals who directly benefit from the ID program and those who come into contact with those beneficiaries should not be treated differently from other stakeholders. We should encourage ordinary people in households as well as people in business and in government to question, discuss, become involved, and finally to use and promote the use of iodized salt because they realize it is in their own best interest.

to do so.

Programs which emphasize individual behavior change find it useful to specify primary, secondary and tertiary target audiences such as mothers, shopkeepers and health workers/school teachers. In the context of mobilizing social groups, all groups are primary. Business people are as important as lawmakers, lawmakers as important as health workers and shopkeepers. We are all linked together like a chain, and if a link is missing, the whole program can break down. Ultimately, the object of all our efforts is behavior change to end brain damage and physical impairment caused by IDD.

**Step 1. Clarify objectives**

National IDD programs throughout the world contain two universal communication objectives:

1. Helping individuals to adopt a range of behaviors that will prevent the effects of iodine deficiency. Examples include purchasing iodized salt, storing it away from the damp and heat and cooking with it.

2. Creating a social and political environment which fosters the behaviors promoted at the individual level. This includes changing community norms, policies, or structures. Examples include school activities such as having children test salt for iodine in schools and participating in IDD art competitions, displaying ads for iodized salt in shops and markets, creating and enforcing regulations for the production and quality control of iodized salt, improving transportation and storage systems, and sponsoring youth events or organizing IDD Days.

Clarifying objectives is a first crucial step, but this can be a haphazard process unless communication objectives are set for each segment of society.

**Step 2. Identify partners**

At any stage in developing and continuing an IDD program, it is useful to draw a simple grid to identify potential partners, supporters and non-supporters, and consider what they know, what opinions they hold, and what roles they play in advancing or hindering program activities.

**Figure 3 : Social Mobilization Framework Grid**

I. Policy/Political	II. Bureaucratic/ Technocratic	III. Non-Govern- mental: Social, religious, profes- sional and civic groups; com- merce and in- dustry	IV. Communities: Local organiza- tions, churches, various grassroots groups	V. Households/ Individuals
Objective:	Objective:	Objective:	Objective:	Objective:
Partners:	Partners:	Partners:	Partners:	Partners:
Activities:	Activities:	Activities:	Activities:	Activities:

The Social Mobilization Framework Grid (Figure 3, p. 23) provides general categories for identifying intermediary groups. Schools, women's credit unions, labor pools, sports teams, religious congregations, youth programs — no group that can influence the consumption of iodized salt should be left out. Veterinarian and farmers groups and farmers markets, for example, can disseminate IDD information and iodized salt samples. Their constituencies need to know about the causes of IDD because animals have it too, causing miscarriages, lower milk yields, and other harmful effects. Moreover, if animal salt is not iodized, somewhere along the line that non-iodized salt will get to people.

Going through the exercise of filling out this grid, planners have uncovered a great diversity of IDD partners, not only obvious ones like the Ministry of Health and Ministry of Finance, but also ones often overlooked like the Internal Affairs Ministry's marriage license bureaus that can inform young married people of the importance of iodized salt. In China, for instance, the marriage license bureau is a good entry point. Women of reproductive age, especially newlyweds, are among the most vulnerable groups. If the couple is expecting a child, the "brain damage" consequences might come within months.

While individuals and organizations on the grid differ from country to country, generally there is a need to systematically review:

- Who are the international and national partners in IDD?
- Who needs to be involved at the district, provincial and community levels?
- What are the knowledge, attitude, beliefs and role of each partner?
- What needs to be done to involve everyone who has a stake in the program?

Ideally, each partner will have a high level of credibility and connection with a limited number (perhaps only one) group of people that will be the focus of its attention. There are two effective ways of finding such partners:

### **(1) The target audience approach**

The program identifies groups to receive services and messages — for example, preg-

nant women, adolescents, household heads, isolated geographic groups. Which groups already work most effectively with these target audiences? Partners are chosen on the basis of their connection with the intended beneficiaries. The lead agency and partners develop a plan of action to reach each audience.

### **(2) The problem-solving approach**

The program wants to accomplish certain tasks — perhaps distribute iodized salt samples through health workers; perhaps see that all municipalities draft ordinances for iodized salt. Which groups can help get the job done? Which groups potentially could block or hinder the work? Partners are selected on the basis of their relevance to these tasks and what they have to offer (resources, influence, power) to help get the job done. The lead agency and the partners plan strategies together.

With both of these approaches, the important point is to encourage participants to decide communication strategies together and extend the sense of ownership among stakeholders and groups responsible for carrying out the program. The lead agency might arrange communication planning sessions to bring national, regional, and district level stakeholders into the decision process.

In a communication planning workshop, researchers might summarize findings while communication specialists and stakeholders discuss ways of using communication to promote desired behaviors. Participants could identify needed research, plan an inventory of resources, and begin to incorporate strategies into a program of action.

### **Step 3. Develop a program of action**

A program of action for IDD encompasses systematic efforts to mobilize the various segments of society. It includes a marketing plan for iodized salt and a plan for mobilizing the various segments of society.

#### **Marketing plan**

In IDD programs, the only aspects of product development that may remain open to change are the packaging and price of iodized salt. Iodine level will be determined by technologists, and most countries

choose to promote only one form of salt, top quality refined salt.

Program managers should consult communication specialists early in the planning process because mistakes made in packaging and pricing cannot be fixed later by even the best communication efforts. Advertising may help the product's "image," for example, high quality, clean salt with an added ingredient to promote health at a price affordable to virtually all. However, if the price and packaging work against this image, if packaging tears easily, printing is sloppy, or if salt is priced as a luxury item, there is little that communication can do to reposition the product in the eyes of the consumer.

### Message strategy

With the major marketing questions researched and decided, the communication manager or management team can focus on developing message strategies. This begins by carefully defining the behaviors to promote among different groups, then analyzing the group's motivations to perform the behaviors as well as the obstacles in their path.

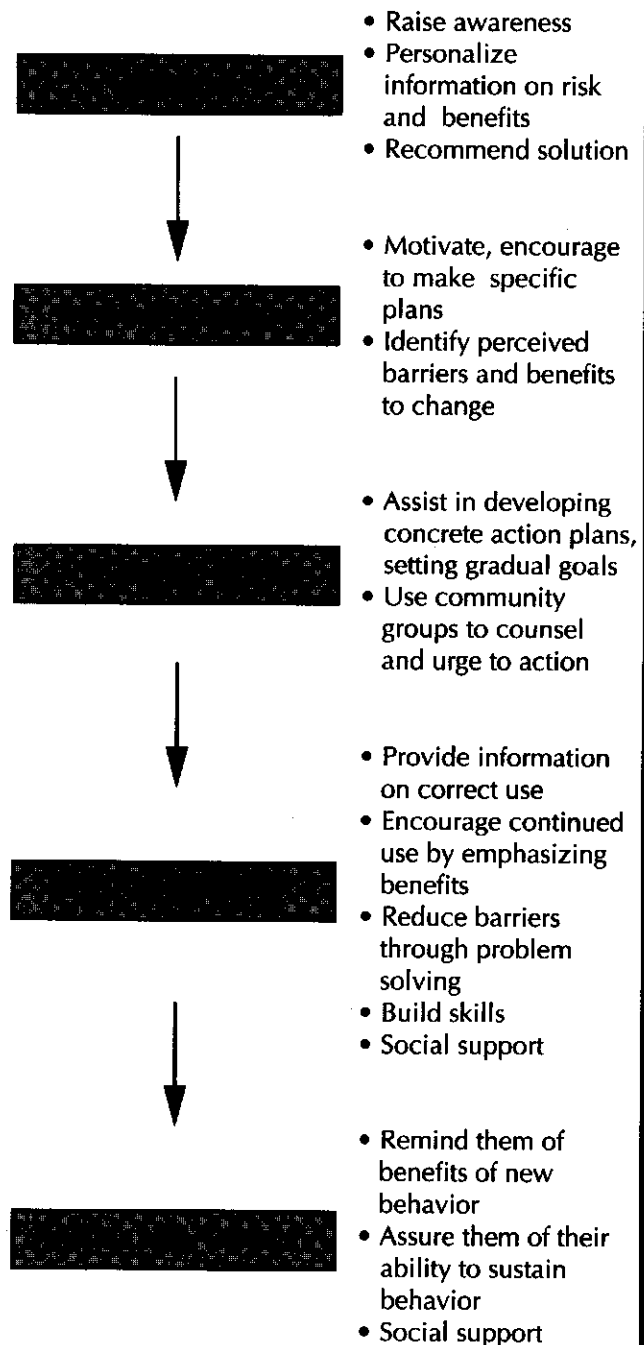
Audience segmentation, or the process of defining target audiences based on research, is perhaps the most critical step in developing a message strategy. People who can be combined because they share a set of opinions, values and attitudes, would be motivated by the same appeals and are affected by the same obstacles relative to using iodized salt are considered a "target audience."

The next step is to develop different messages to address the most important concerns for each target audience, choosing a combination of communication channels (health workers, school teachers, radio, television, religious settings, political gatherings) to reach distinct groups in such a way that they move along the "Stages of Change" ladder from unaware to concerned to motivated to trying and finally sustaining the new behavior. (See Figure 4)

One of the most effective ways to move people through these stages of change is by "modeling" or letting people observe others experiencing the behavior and its consequences. People can learn, rehearse and

gain mastery of behavior by watching role models (usually within a dramatic context) work through their doubts about the behavior change. Their emotions and minds engaged, people evaluate for themselves

**Figure 4 : Stages of Change**  
**Target Audience Message Design Strategies**



Source: Glanz and Rimer (July 1995) and Verzosa (1996)

**Figure 5: Audience Segmentation for IDD in Ecuador**

<b>Facilitator</b>	<ul style="list-style-type: none"> <li>• Public officials</li> <li>• Congressmen</li> <li>• Development Agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Providing legal, human, technical and financial resources for the program</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly news bulletin</li> <li>• Interviews</li> <li>• Immediate provision of information requested by the facilitating group in the desired format</li> </ul>
<b>Internal</b>	<ul style="list-style-type: none"> <li>• Program staff, both central and peripheral</li> </ul>	<ul style="list-style-type: none"> <li>• Creating, producing, and distributing the program's services</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly news bulletin</li> <li>• Annual training, evaluation, and planning meeting</li> <li>• Periodic support visits or upon request</li> <li>• Possibility of apprenticeships or scholarships abroad</li> </ul>
<b>External</b> <b>1. Primary</b>	<ul style="list-style-type: none"> <li>• People at risk of IDD</li> <li>• Salt producers and importers</li> <li>• Salt distributors and carriers</li> </ul>	<ul style="list-style-type: none"> <li>• To consume iodized salt and disseminate its benefits</li> <li>• To produce, import, and promote iodized salt</li> <li>• To distribute, transport, and promote iodized salt</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution of information on poorly iodized salt brands (risk of impoundment)</li> <li>• Work lunches to raise awareness on IDD and distribute promotional materials (posters, key holders) for their customers (storekeepers)</li> </ul>
<b>2. Secondary</b>	<ul style="list-style-type: none"> <li>• Health staff, teachers, community leaders, NGO promoters, mass media, municipal personnel, others</li> </ul>	<ul style="list-style-type: none"> <li>• To support IDD risk assessment activities and to create, test, and deliver products/ services to the population at risk</li> <li>• Information, communication, and education activities according to risk level</li> <li>• Strategic stock of iodine</li> <li>• Payment of engineers for advisory services</li> <li>• Annual evaluation meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution of cassettes with radio spots</li> <li>• Training workshops focusing on IDD issues, assessment techniques, and educational techniques</li> </ul>

Source: Vanormelingen and Vanderheyden (1994)

**Figure 6: Audience Segmentation for IDD in Pakistan**

Audience	Behavior Change	Services
<ul style="list-style-type: none"> <li>• Salt Consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize iodized salt logo</li> <li>• Request and purchase iodized salt</li> <li>• Choose iodized salt every time as a prevention of IDD</li> <li>• Seek out doctors, paramedics, and even shopkeepers for advice and counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Television breaks or sponsorship of Urdu drama</li> <li>• Series of television spots</li> <li>• Urdu newspapers and or radio and posters</li> <li>• Stickers and mobiles</li> <li>• Plastic salt containers</li> <li>• Package inserts</li> </ul>
<ul style="list-style-type: none"> <li>• Policy Makers</li> <li>• Opinion Leaders, Media</li> </ul>	<ul style="list-style-type: none"> <li>• Enact National or Provincial Legislation to ban production, distribution, and consumption of common salt</li> <li>• Localized ban on production and consumption of common salt</li> <li>• Contribute financial and technical inputs for communication campaign</li> <li>• Opinion Leaders and Journalists discussing IDD and iodized salt in the news</li> </ul>	<ul style="list-style-type: none"> <li>• Periodic updates of events, new information about scale of the problem, etc. (direct mail with face-to-face follow-up)</li> <li>• Launch iodized salt in communities, organized by processors with guidance from the salt squad</li> <li>• Quarterly news bulletin</li> </ul>
<ul style="list-style-type: none"> <li>• Salt Producers and Processors</li> </ul>	<ul style="list-style-type: none"> <li>• Seek out GOP or UNICEF personnel to learn about iodized salt processing</li> <li>• Invest in equipment to begin to process iodized salt</li> <li>• Process exclusively iodized salt</li> <li>• Maintain minimum quality standards for iodine fortification</li> </ul>	<ul style="list-style-type: none"> <li>• Brochure for processors</li> <li>• Wall chart to describe mixing procedures and ratios, quality control, storage conditions</li> <li>• Iodized salt outdoor plaques (to identify processors who iodized); certificates from UNICEF</li> <li>• Seminars in towns with numerous processors</li> </ul>
<ul style="list-style-type: none"> <li>• Doctors and Paramedics</li> </ul>	<ul style="list-style-type: none"> <li>• Promote and prescribe iodized salt to all</li> <li>• Educate patients and social contacts about IDD and iodized salt</li> <li>• Provide correct case management</li> </ul>	<ul style="list-style-type: none"> <li>• Detailing brochure</li> <li>• Direct mail</li> <li>• Poster in doctor's office</li> <li>• Medical Journal</li> <li>• Doctor promo item</li> <li>• Seminars</li> </ul>
<ul style="list-style-type: none"> <li>• Wholesalers and Retailers</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize and promote/recommend iodized salt (logo)</li> <li>• Request, stock, and prominently display iodized salt</li> <li>• Educate customers about iodized salt and IDD (basic points)</li> </ul>	<ul style="list-style-type: none"> <li>• Brochure</li> <li>• Shopping bag</li> <li>• Tin plaque as retailer identification</li> <li>• Trade letter and launch event</li> </ul>
<ul style="list-style-type: none"> <li>• Primary School Children</li> <li>• School Teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Children to educate their parents about the need to purchase iodized salt</li> <li>• Shopper in the family purchases iodized salt every time</li> <li>• Teachers to educate children about IDD and need to purchase iodized salt</li> </ul>	<ul style="list-style-type: none"> <li>• Placement of iodized salt name, logo, and slogan on school dust jackets, pencils, etc.</li> <li>• Coloring books or pencil games</li> <li>• Quarterly news bulletin for teachers; seminars</li> </ul>

Source: PSI (1994)

the value of using iodized salt or some other modeled behavior.

It is important to note that target audiences are not based simply on socioeconomic characteristics, such as "women of child bearing age." They are based on a deeper understanding of what would motivate a group of people to try iodized salt or what would cause them to fear or avoid using it, what would motivate leaders to endorse salt regulation or turn against it. Qualitative research, usually interviews, at the outset of the program give planners rich, but not statistically valid, information about target audiences — their knowledge, attitudes, beliefs, and practices (KABP) concerning IDD and the use of iodized salt, as well as insight into their lifestyles, and media habits.

### Focus group research

Selection of the number and composition of the focus groups is based on preliminary hypotheses concerning which target groups are critical to launching the campaign at a national or provincial level. These hypotheses are informed guesses based on the planners' experience, and assumptions will need to be verified or rethought on the basis of field research. Technical experts and stakeholders use their best judgment in considering the proposed actions for these groups as well as the groups' possible motivations and potential objections.

**Communication Tool Kit 7 on page 52 suggests a way to compose focus groups. These groups are described in terms of the actions that eventually will be asked of them, but not all groups need be interviewed at the planning stage.**

Focus group research is key to the success of message design and somewhat tricky to do right. Many groups are successful at actually conducting research, only to find they have no results worth using or that it is difficult to shape the results into a communication strategy. To prevent this from happening, outside technical assistance is particularly indicated for this task. It may be necessary to search the private sector for market research companies or media-production or media-relations firms. Universities may have schools of journalism,

communication or public health with the necessary skills. Non-governmental organizations (NGOs) may have experience in mass media campaigns.

The in-house staff of the lead agency will still have to be able to provide specific topic guidelines, analyze research findings, develop strategies and plan and manage supporting activities as they form a communication plan that answers the questions:

1. What is the purpose of the communication campaign?
2. To whom will the campaign be addressed?
3. What message(s) will be delivered?
4. What tone and manner will be used?
5. What media will deliver the message(s)?

### Step 4. Support partners and alliances

Perhaps by this point, technical experts and stakeholders who participated in the communication planning workshop will have formed a Steering Committee or management team to coordinate messages and activities in the different segments of society.

Earlier chapters discuss the process of supporting partners in government, industry, health and education. It is also important not to neglect mass media organization, important partners for reaching out to the public, creating demand and sustaining political will.

The management team will need to review liaison with the media on a regular basis and whenever events demand or opportunities arise. If a marketing research group has been contracted to develop message strategies during the planning phase, it may be time to review the scope of their work. Marketing professionals may be accustomed to budgets that allow them to pay for media time or space. Researchers in academia may not pay enough attention to media outreach. Sometimes public relations or media relations people can do a good job in this area by presenting ideas in such an interesting way that the press is quite willing to use program information materials without payment.

### **Step 5. Monitoring and evaluation**

During implementation, even though message strategies are already decided and communication channels selected, communication planners should do a preliminary review. Managers, technical experts and communication specialists can look for effective use of research findings, accuracy of technical content and long-term feasibility. Reviewers may be able to suggest improvements and identify problems before they arise.

#### **Material, training and operational refinements**

Meanwhile, material development, orientation, and training move ahead with particular emphasis on pretesting for comprehension, relevance, acceptability and potential for changing attitudes and eliciting action. Finally, materials are produced and distributed. (See Figures 5 and 6 on pages 26-27 for examples of materials and services developed in Ecuador and Pakistan.)

Monitoring of message delivery and audience responses now become the central concern of the management team along with tracking the iodine content in salt by manufacturer and putting pressure on government to enforce regulations. The Steering Committee or management team monitors progress towards all program objectives, modifies communication strategies, and looks for ways to take advantage of changing conditions or new information. It may be necessary to strengthen the program alliance by including influential religious leaders, social workers, unions, or another individual or group that was unanticipated or overlooked.

Managers, project planners, technical experts and stakeholders on the national and provincial levels make site visits and hold discussions with field staff to analyze and resolve operational problems by finding out:

1. Are communication activities taking place?
2. Are communication materials and messages reaching target audiences?
3. Are communication activities associated with changes in knowledge, attitudes,

beliefs and practices among target audiences?

Monitoring also means reviewing communication activities in relation to methods, budgets and timelines specified in the plan of action. This helps ensure that shortcuts, such as skipped pretesting or missed consultations with health providers, do not jeopardize the program. Funds may be inadequate or used improperly. Perhaps some activities can be accomplished at lesser cost or costs shifted through the involvement of salt producers, packers, or other interested parties.

#### **The re-planning process**

Communication review sessions, held at least every six months, should revisit the communication strategies using surveys and studies of iodized salt sales, quality, and use to redefine program goals for the next phase of activities.

- How much and in what ways have communication activities helped to achieve program objectives?
- Have partnerships led to coordinated activities and quicker responses to changing conditions?
- Are communication components encouraging sustainable progress?
- How well does the program match up against social mobilization indicators (See Tool Kit 1)

These are key questions in the re-planning process. With assessment, the cycle of social mobilization is restarted so that the IDD effort is continuously renewed and strengthened in every social sphere.



# Tool Kit 1

## Social Mobilization Indicators

*Purpose: To assess the presence of social mobilization elements and the stage of mobilization at five societal levels.*

### I. Policy/Political Level

#### **Formulated Policy/Legislative Action**

- Comprehensive development policy; documented health status goals of children and mothers among stated priorities
- Health policy; intersectoral and community involvement strategy objectives

#### **Public Agenda Setting**

- Appropriate media, modern and traditional for specific audiences
- Support of opinion leaders via various channels
- Media events: press conferences, proactive forums and events
- Speeches, intersectoral and international meetings, public relations, publications, etc.

#### **Resource Commitment**

- Approved budgetary items for health goals in national plan

### II. Bureaucratic and Technocratic Level

#### **National Plan of Action**

- Guidelines that recognize the need for inter and intrasectoral collaboration
- Plan for creation of intersectoral committees
- Adherence to sequence and schedule

#### **Designated Responsible Officers**

- Communication, advocacy, management, negotiation, community organization and development skills
- Management style which facilitates inter and intrasectoral decision making, committee formation and team building
- Strong interest in development of public health

#### **Proper Orientation and Training**

- New direction supported by bureaucrats and technocrats of various positions within the sector
- Orientation, training, in-service training of cadres of various levels

the sector

- Evidence of intersectoral cooperation

#### ***Manpower Resources and Skills***

- Implementing committee with multi-disciplinary members
- Advisory committee with representation of political, religious, civic, professional, and community organizations, private industry and media professionals
- Appropriate training and evaluation

#### ***Technical Resources***

- External technical advice and materials
- Mechanisms for contracting with organizations

#### ***Information System***

- Collection, analysis, and interpretation of data at all organization levels
- Integrated management information system
- Data used by program managers for decision-making

#### ***Monitoring and Evaluation***

- Structural, input, and impact monitoring and evaluation components
- Feedback mechanism leading to revision and action

#### ***Media and Message***

- Appropriate choice of mass media channels
- Use of traditional communication methods
- Segmentation and analysis of target audiences
- Messages design for selected target audiences
- Evidence of formative research

- Messages communicated through products e.g. advertisements, posters, t-shirts, etc.
- Appropriate frequency of diffusion and rotation of messages including seasonal variations
- Appropriate use of opinion leaders, entertainers, credible spokespersons for message diffusion
- Solicitation of donations and use of free air time
- Adherence to schedule and sequence

#### ***Production of Information Materials***

- Tailored materials for specific target audiences
- Rigorous pretesting and revision of products
- Adequate quantity and quality of products
- Targeted distribution
- Use of the principles of product, price, place and promotion in campaign design
- Adequate financing for cost-effective promotion output

#### ***Interpersonal Communication***

- Development and implementation of appropriate interpersonal communication methods
- Training of health personal in communication

#### ***Audience Response***

- Audience research conducted and results used in program planning

#### ***Sustainability***

- Appropriate maintenance strategies are included in program plan

### III. Professional, Civic, and Social Level

#### ***Organized and Demonstrated Intersectoral Support: Commerce, Industry, Agriculture, Education, Media, Sports, Culture***

- Multidisciplinary planning committees and presiding bodies established
- Human and financial resources committed
- Technical collaboration and availability demonstrated
- Coordinated intersectoral action and activities with agriculture, industry, rural development, etc. sectors

#### ***Alliances***

- Documented partnership between health and media sectors
- Professional support from NGO's, religious/civic groups, women's organizations, and businesses demonstrated
- Representatives of these groups selected to serve as members of planning, implementing, lobbying, and supervisory committees

#### ***Collaborators***

- Persons responsible from each sector identified

### IV. Community Level

#### ***Assessment of Status***

- Health problems, behavior, and education needs assessed and integrated into the planning
- Existing social structure, resources, and organization researched

#### ***Support of Traditional and Government Leaders***

- Traditional and governmental decision makers and religious leaders serve as members in advisory committees
- Involvement of leaders in speeches,

meetings, supervisory responsibilities

- School and teacher support through specific and appropriate educational activities

#### ***Community Decision Input and Participation***

- Identification of community groups and organizations
- Involvement of their representatives in planning, implementation and evaluation
- Community-specific goals and strategies defined and integrated
- Community meetings held with representatives present from formal and informal groups
- Evidence of two-way communication: individual responses and articulated needs integrated into program
- Creation of a variety of activities enabling target group participation
- Evidence of an increased number of participants in the activities

#### ***Training***

- Local animators/mobilizers and community volunteers trained and graded

#### ***Physical and Financial Participation***

- Material, manual, technical or monetary participation determined and adhered to by community

#### ***Evaluation***

- Quantitative and qualitative evaluation carried out by community
- Results used in planning and course review process

## **V. Family and Individual Level**

### ***Capacity Required***

- Necessary skills acquired by families and individuals

### ***Social and Technical Support***

- Social support from peers and family for behavioral change and reinforcement
- Technical support from health services
- Availability of material and professional services

### ***Behavioral Action***

- Participation in community events
- Behavior change becomes practice

*Source: Linstead and Ling, Tulane University*

## Tool Kit 2

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# Prototype Point-of Purchase Study for IDD

*Purpose: To suggest ideas for conducting a needs assessment for message design. This is a pilot qualitative study on available salts, preferences, costs, and use.*

### **Instructions:**

The following questions are meant as a guide for a pilot study concerning salt use and the potential for point-of-purchase education about iodized salt. They are not meant to produce numbers for publication or precise measurement of attitudes and knowledge. Instead, they are designed for a quick and very rapid initial data collection tool.

Because it is not a rigorous survey, the questions do not need to be asked precisely as they are stated below, but the intent of the question should be served. Also, a precise design and sampling scheme is not proposed. Instead, four or five communities (villages) or towns should be identified in a number of representative areas, e.g. IDD endemic mountainous areas, IDD endemic plain areas, non endemic areas, coastal areas, urban areas, etc. About thirty mothers in each community should be interviewed at home.

To select mothers, you might pick a random start in each community. After that interview ask your informant to name any friends or neighbors who would be willing to be interviewed. (This technique is called snowball sampling). Try to include as broad a range of mothers and communities as you

can in your sample. Should it prove necessary, precise estimates can be made in a subsequent survey. This data collection method will capture the most obvious features of salt purchasing and a range of use and opinion. The data collected should be sufficient to plan about the next steps.

**Once the data are collected, each interviewer should summarize the findings.**

### **For example:**

- In question 1, the interviewer will list the kinds of salt mentioned by all the mothers. That is sufficient.
- In questions 2 and 3, the interviewer should sum the major salts and prices, list down the places, distances, frequencies, etc. Further analysis should be performed at the pilot study project office.
- Question 4 and 5 should be analyzed at the study project office. Cross-tabulation should be performed with responses to these questions.
- Question 6 should be a simple summary. The second part of the question should be analyzed at the project office.
- For questions 7 and 8, the interviewer should be asked to summarize the findings.

responses of the mothers he or she has talked to. This summary would be in the form of a one page review of the responses. Numbers here count less than the general impression that the interviewer can capture from the mothers.

- Question 9, the interviewer should summarize the response and average the cost figures. Additional analysis can be

performed at the project office.

- Questions 10-13 should be analyzed at the project office. Cross-tabs may be performed with responses to questions 2,3,6 and other responses.
- Question 14. The interviewer should mention the most interesting suggestions made by mothers in the interviews.

### Heading

Interview date: ( / / ) Interview time: \_\_\_\_\_  
 Interview place: \_\_\_\_\_ Respondents age: \_\_\_\_\_  
 Respondents position in household: \_\_\_\_\_

### Questions:

#### 1. Name all the different kinds of salt available in this town:

Name of salt: \_\_\_\_\_ Cost/each (gram) \_\_\_\_\_  
 Use (special use) \_\_\_\_\_

Name of salt: \_\_\_\_\_ Cost/each (gram) \_\_\_\_\_  
 Use (special use) \_\_\_\_\_

Name of salt: \_\_\_\_\_ Cost/each (gram) \_\_\_\_\_  
 Use (special use) \_\_\_\_\_

#### 2. What kinds of salt did you buy last month?

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Who bought the salt: \_\_\_\_\_  
 Where was it purchased: \_\_\_\_\_  
 What other items were purchased with it: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Who bought the salt: \_\_\_\_\_  
 Where was it purchased: \_\_\_\_\_  
 What other items were purchased with it: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Who bought the salt: \_\_\_\_\_  
 Where was it purchased: \_\_\_\_\_  
 What other items were purchased with it: \_\_\_\_\_

#### 3. For your preferred salt:

Where do you buy it? \_\_\_\_\_

How far away is this source? \_\_\_\_\_

How long does it take to get there? \_\_\_\_\_

How much does it cost to get there? \_\_\_\_\_

How do you get there? \_\_\_\_\_  
How often do you buy this salt in a month? \_\_\_\_\_

4. Do you know what visible goiter is?    yes    no

5. Do you know anyone with goiter?    yes    no  
If yes, who? \_\_\_\_\_

6. Have you heard about iodized salt    yes    no  
(if no, go to #7)  
If yes: What do you know about it? \_\_\_\_\_

Do you think it is important to use iodized salt? Why? \_\_\_\_\_

7. If distributors of salt were trained, would you or other purchasers be willing to listen to an explanation about why salt is iodized?  
yes    no

8. Would posters or other pamphlets be useful to read while you're waiting to pay or leave the store?    yes    no

9. Would you pay more for iodized salt?    yes    no

10. If you are willing, we would like to ask you some personal questions

• Do you read?    yes    no

• Read well?    yes    no

(if no, is there someone at home who does read?)

yes    no

• How many years of school have you had? \_\_\_\_\_

• How would you characterize your household:

very poor,  poor,  average,  well-off,  rich?

11. Do you have any other ideas about how to enhance the purchase of iodized salt?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source: ICEC, Tulane University

## Tool Kit 3

# Additional Questions for Rapid Response Survey for IDD

*Purpose: The following are draft questions suggested as additions to a survey instrument already in use in the Philippines.*

### **I. For Family Consumers**

*Awareness of where to buy iodized salt*

1. Is iodized salt available in stores where they usually shop?
2. If iodized salt is available, do they always buy it? If they do not always buy it, what differentiates the times they do from the times they do not?
3. If iodized salt is not available in their preferred stores, are they willing to ask the store owner to stock iodized salt? If not, what would prevent them from making this demand? What would they need in order to feel comfortable making this demand of the shop owner?
4. What size package do they find most convenient for buying salt: 1, 1/2, 1/4 kilo?
5. For iodized salt in each package size, what is the price difference (i.e. 1-2 pesos)?
6. What would be the price difference between similar quantities of iodized and plain salt?
7. What else could they purchase for this price difference (i.e. 1-2 pesos)?
8. Compare the value they feel these products bring them against the value they

perceive from using iodized salt for their family (more, less, same).

### **II. For Retail Vendors**

*Awareness of iodized salt campaigns*

1. Who supplies them with salt/iodized salt?
2. What problems (if any) have they encountered acquiring iodized salt from suppliers?
3. Do they usually stock iodized salt? Do they have iodized salt in stock today? If not, (either question), what prevents them from stocking iodized salt?
4. When they purchase salt, what quantities lots do they buy?
5. Would they be willing to repack iodized salt into smaller packs for resale?
6. What profit would they need to return on a 1 kilo bag of salt? 1/2 kilo? 1/4 kilo? How does this compare to their current profit margin?
7. What support (information/promotional material, advertising) would make them feel most comfortable selling only iodized salt?

*Source: Claudia Fishman Parvanta, PAMM*



## Tool Kit 4

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# IDD Key Messages - Generic

*Purpose: To provide communicators with basic facts about IDD and the need for iodized salt, key messages, and supporting information. This information should be supplemented by in-country studies and tailored to the conditions in each country or region.*

Iodine is a mineral which is essential for the development and growth of the human body. Iodine deficiency disorders (IDD) affect people before they are born and change children's and adult's lives. Iodine deficiency is the most common preventable cause of mental disability in the world.

Goiters are the most obvious sign of IDD. Other serious but less noticeable iodine deficiency disorders are problem pregnancies that result in miscarriages, stillbirths, and low birth weight infants who have lower rates of survival.

Also, children born to iodine deficient mothers are at risk of IDD. These children may have permanent mental and physical retardation before birth, or learning disabilities when they get older. The most serious form of mental retardation from IDD is cretinism. Over 20 million people around the world suffer varying degrees of mental deficiency caused by a lack of iodine and around 6 million persons are cretins.

Remote communities are often the most affected by IDD. Communities with many people with goiters or cretinism have a lowered intellectual development in comparison to communities that do not suffer from iodine deficiency. However, since entire

communities can be affected by IDD, the distribution of iodine, such as in iodized salt, can be a quick and effective preventive measure.

In some areas, iodine enters the food chain as people eat from iodine-rich soils. However, as this soil becomes depleted, people must find other sources of iodine. The most common iodization program is putting iodine in salt. Iodized salt is inexpensive and most people use salt in their food. In some areas where IDD is severe, health programs use iodine shots of iodized oil. This is not a good solution for remote communities where iodine is not sold, but is NOT a good long-term solution, as is the use of iodized salt.

IDD still is a global health problem because of the fact that it can so easily be prevented. Many countries around the world are using iodized salt to solve IDD problems. Health professionals, industry, government, and people like you are working together in order to permanently eliminate IDD around the world.

### Key messages

1. Iodine deficiency disorders, IDD,

cretinism and mental retardation, are easily prevented.

2. Buy and use iodized salt to protect yourself from iodine deficiencies.
3. Pregnant women who do not get enough iodine are more likely to have miscarriages or give birth to mentally or physically impaired babies.
4. School children in areas with IDD have lower intelligence and more learning disabilities.
5. The hidden iodine deficiency affects the social and economic progress of whole regions.

### Supporting Information

#### **1. Iodine deficiency disorders, like goiter, cretinism and mental retardation, are easily prevented.**

- Use iodized salt in cooking to prevent the tragic effects of iodine deficiency in all family members.
  - A goiter is when the thyroid gland in the neck swells. It is painless but is uncomfortable and big. It is usually a sign of severe iodine deficiency.
  - Iodine can shrink a small goiter but once a goiter grows, it may require surgery to be removed. It is much easier and cheaper to prevent goiters by using iodized salt.
  - Cretinism is the most serious form of mental retardation and causes the child's brain and body to be seriously and permanently stunted. The child will not be able to walk, talk, or think normally.
  - The use of iodized salt cannot cure cretinism or mental retardation, only prevent it.
  - Even if you don't have IDD, you should still use iodized salt.
2. **Buy and use iodized salt to protect yourself from iodine deficiencies.**
    - Iodized salt is used to prevent iodine related problems. It is not medicine nor a cure for mental retardation or cretinism.
    - Iodized salt is safe for everyone, even

pregnant women, very young children and ill persons.

- Iodine does not change the taste of salt. It has no odor, color, or taste.
  - A person does not need to eat more iodized salt than usual. Consuming large amounts of iodized salt will not make people smarter or grow taller.
  - To make sure that your salt is iodized, read the salt package's label.
3. **Pregnant women who do not get enough iodine are more likely to have miscarriages or give birth to mentally or physically impaired babies.**
    - Iodine deficient mothers give birth to iodine deficient babies.
    - The only source of iodine for the baby is from the mother.
    - Pregnant women who lack enough iodine in their diet are more likely to have miscarriages or stillbirths.
    - Lack of iodine can cause life-long brain damage to babies even if they look normal. As they grow, the brain damage will show up as poor school performance and the inability to work well.
    - IDD babies may be physically less coordinated than healthy babies.
    - In severe cases, the baby might be born with cretinism.
    - Babies who are born to iodine deficient mothers do not weigh as much as healthy babies and are more likely to die.
  4. **School children in areas with IDD are more likely to have lower intelligence and more learning disabilities.**
    - School children with IDD are not as smart or as quick to learn as healthy children.
    - They are less likely to attend school and get a good education.
  5. **Women and girls who do not have enough iodine in their diet can suffer from serious health problems.**
    - Iodine deficient women and girls have lower energy rates and can develop goiters around their necks.

**6. The hidden iodine deficiency affects the social and economic progress of whole regions.**

- Adults who lack iodine in their diets can be tired and weak which decreases their ability to work and provide for

family.

- If many people in a region suffer from the lack of iodine, the entire productivity of the region is lowered, leading to a decline in economic and social development.

**If you are a women, you may have an iodine disorder if ...**

- you have had a lot of miscarriages or stillbirths
- your babies are born deformed, mentally deficient, or cretins
- your babies have problems standing or walking normally
- you have a goiter

**Your child might have an iodine disorder if ...**

- your child has a goiter
- your child has problems concentrating or learning
- the mother has a goiter

*Source: Claudia Fishman Parvanta, PAMM*

# Tool Kit 5

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## Key Messages for Doctors (Pakistan)

### The Role of General Practitioners/ Family Physicians in Promoting Iodized Salt

The Iodized Salt Support Facility seeks cooperation from All Doctors in the following area:

1. Use iodized salt at home.
2. Advise friends and relatives to use iodized salt.
3. Recommend iodized salt to patients to use for life and educate them in order to dispel any suspicions in their minds.
4. Discourage false propaganda against iodized salt.

### Remember

- Iodized salt is ordinary common salt with iodine added to it. By adding a small quantity of iodine to salt, an essential nutrient so vital to the health and well being of humans and animals, it can be easily available daily to everybody. Daily consumption of iodized salt can protect entire generations of both humans and animals from mental and physical disabilities caused by iodine deficiency.

### Fallacy or Fact

- |                 |  |
|-----------------|--|
| <b>Fallacy:</b> | Iodine deficiency disorders are only prevalent in the northern areas of Pakistan.  |
| <b>Fact:</b>    | Iodine deficiency is a countrywide problem.  |
| <b>Fallacy:</b> | Healthy people do not need iodized salt.   |
| <b>Fact:</b>    | Everyone in Pakistan should use iodized salt everyday and for a lifetime.  |
| <b>Fallacy:</b> | Regular use of iodized salt leads to excess of iodine in the body.   |
| <b>Fact:</b>    | Iodized salt provides the right quantity of iodine as per body's daily requirement, not more nor less, therefore regular use of iodized salt cannot lead to excess iodine in the body. |
| <b>Fallacy:</b> | Taste of iodized salt is different.  |
| <b>Fact:</b>    | Iodized salt is same in taste and use as ordinary salt.  |
| <b>Fallacy:</b> | People who use iodized salt cannot have babies.  |
| <b>Fact:</b>    | Regular use of iodized salt reduces the risk of stillbirth and miscarriages, and is one of the factors leading to birth of healthy children.   |
| <b>Fallacy:</b> | Livestock does not need iodized salt   |
| <b>Fact:</b>    | Use of iodized salt improves the health and reproductive capacity of livestock   |

Source: *The Medical Spectrum*

## Tool Kit 6

# School Activities for Children

*Purpose: To give examples of appropriate school activities on the importance of iodine and the use of iodized salt.*

The following school activities were developed by Amy L. Corneli, MPH, CHES, Program Against Micronutrient Malnutrition (PAMM) and Emory University MPH student. The activities were adapted and field-tested in Malawi with the assistance of UNICEF Malawi, the Ministry of Education, and the Malawi Institute of Education.

A complete set of nine iodine activities for schools, a review exercise, as well as activities on vitamin A and iron are all available through:

The Program Against Micronutrient Malnutrition  
Department of International Health  
Rollins School of Public Health of Emory University  
1518 Clifton Road  
Atlanta, GA 30322

# "Which Family Uses Iodized Salt?"

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## Iodine Activity #1

### Objective

By participating in this activity, children will learn the importance of iodized salt.

### Main Message

*"I need iodine so my mind and body can grow as it should."*

### Knowledge Component

Today we are beginning a new unit. The next couple of weeks we will be talking about iodine. Begin a brief discussion with the children by asking them the following questions:

- Has anyone heard of iodine?
- What have you heard?

Iodine is something you need to eat in order for your minds and bodies to grow how they are suppose to grow. Iodine is no longer found in most foods. Therefore, we need to get iodine from other sources. The best source to get iodine is through iodized salt. Today you will learn to understand the importance of iodized salt.

### Instructions

1. To begin today's lesson, discuss the knowledge component with the children. After you have completed the discussion, ask the children if they have any questions before continuing. Take a few moments to write the main message on the chalk board. Ask a child to read it out loud and have all the children write it down in their notebooks. Tell the class that this is the most important piece of information to remember from today's lesson.
2. Tell the children you will be reading them a story today about two families. Before you read the story to the children, ask the children to name these two families. (Refer to the teacher's guide for hints on reading stories effectively.)

### Story (English Translation)

The families of Mr. Mzeru and Mr. Zilibekanthu live in a location called Masamba in Nyama Town. All their children go to school at Dzira school. Mr. Mzeru's children are clever in class and their parents encourage them in their school work. Mr. Zilibekanthu's children are not so clever and their parents do not like to get involved in their school work.

Their children are taught about the benefits of using iodized salt at school, so they tell their parents at home. They say that iodine helps in their mental development and prevents goitre. They also say that this iodine is found in salt that is labeled "Iodized Salt," and is found either at the market or in grocery shops. They explain that when buying salt, they must make sure that the package is labeled "Iodized Salt."

Mr. and Mrs. Zilibekanthu do not heed this message and tell their children to keep school work at school. Mr. and Mrs. Mzeru are encouraged to use iodized salt, which they already do.

Kalena, Mr. Zilibekanthu's son, starts developing a goitre. The father takes her to the hospital to consult with the doctor. At the hospital, the doctor tells him that he should have used iodized salt to prevent this. They started using this to prevent goiters from occurring in their other children. This episode convinced them of the importance of iodine and they have used it ever since.

### **Follow-Up Activities**

Begin a discussion with the children by asking them the following questions:

- What is the difference between the two families?
- What did one of the families do differently that helped their child grow properly? Does that make you understand the importance of iodized salt?
- Have you ever seen iodized salt? Where did you see it?
- Do you know if your family uses iodized salt?

Finish the lesson by asking a child to re-state the main message.

### **Suggestions for At Home Activities**

Ask the children to tell their parents that they are starting a new unit at school when they will be talking about iodine and iodized salt. Have the children ask their parents if they have heard about iodized salt.

### **Suggestions for Teachers**

Remember to refer to the instructions guide for suggestions on making the story interactive and interesting to the children!

Here are some specific questions you can ask for this story. You can ask these questions RIGHT AFTER the subject matter is mentioned in the story.

1. What are Mr. Mzeru's children like? [Ask right after they are mentioned.]
2. What are Mr. Zilibekanthu's children like? [Ask right after they are mentioned.]
3. Is it important to be clever in school? If you are clever in school, what do you do? What do you do if you are not clever in school? [Ask right after Mr. Zilibekanthu's children are mentioned.]
4. Why is it important to have your parents encourage you in school? [Ask right after Mr. Mzeru's children are mentioned.]

after Mr. Zilibekanthu's children are mentioned.]

5. Why is it important to tell your parents about what you learn in school? [Ask right after Mr. Zilibekanthu's children are mentioned.]

6. What is mental development? [Ask right after mental development is mentioned.]

7. What is a goitre? [Ask right after goitre is mentioned.]

8. Is iodine found naturally in salt? [Ask right after iodized salt is mentioned.]

9. Have any of you been shopping with your family in the market or store before? Where do you find iodized salt in the market? What is it packaged like?



# "Which Brand is Iodized?"

## Iodine Activity #2

### Main Message

*"Tambala is a brand name of iodized salt."*

*[Tambala can be replaced with other brand names of iodized salt.]*

### Objective

By participating in this activity, children will learn the brands of locally available iodized salt.

### Materials

- Small plates or sheets of paper
- Pencil, crayon, marker
- Paper
- A salt testing kit. The kit includes: Iodine testing solution and re-check solution (Salt testing kits can be supplied by UNICEF)

### Knowledge Component

Iodine is needed in our diet for us to develop to our full intellectual potential. Since iodine is not found in many foods, some companies have added it to salt to ensure that we eat iodine. Why do you think they added iodine to salt? [Because salt is eaten by everyone.] However, not all salt that is available in the market contains iodine. Some salt contains iodine and some does not. Additionally, some companies do a better job of iodizing salt.

Today, we are going to find out which company (brand) iodizes their salt the right way so you will know which salt to buy when you go shopping with your family.

### Instructions

1. Review the previous lesson by asking, "What was the main message from the previous lesson?" ["I need iodine so my mind and body can grow as it should."]
2. To begin today's lesson, discuss the knowledge component with the children. After you have completed the discussion, ask the children if they have any questions before continuing. Take a few moments to write the main message on the chalkboard.

board. Ask a child to read it out loud and have all the children write it down in their notebooks. Tell the class that this is the most important piece of information to remember from today's lesson.

3. Show the children brand name bags of salt that are adequately iodized. You may need to test these bags before the class period to make sure they are properly iodized. Write the brand names of the salt on the board. Pass the bags around the class so each child gets to see the bags and then display the bags at the front of the classroom. Additionally, bring in bags of salt that are uniodized and salt that is from a large pail or bucket from the market. You will also test this salt as well so children see what happens when the salt does not contain iodine. (Note: Salt from a large bucket from a market may or may not contain iodine.)
4. Explain to the children that today they will be doing a class experiment. They are going to find out which bags of salt actually contain iodine and which ones do not. Explain to the children that you will be placing two solutions on the salt and if the salt turns purple, it contains enough iodine. If the salt does not turn purple, the salt does not contain any iodine.
5. Place a small amount of salt from each bag on either a small plate or separate sheets of paper. Write the name of the salt (brand name) on a sheet of paper and whether it is iodized or not, and then place it next to the salt sample. Depending on the size of your class, you may want to divide the children into many different groups. You want each child to be able to see the testing of the salt. If you have more than one group, you will have to set up the salt display for each group. Then you could go to each group individually and do the testing. Ask the group to watch you closely - which solution you choose and how much of the solution you put on the salt - because they will also be doing this tomorrow!
6. You have been given two tubes with solution in them to test the salt. First, you must first use the tube with the green top. Place a few drops of this solution on the salt. If the salt does not turn purple, you must then use the re-check solution - the solution that comes in the container with the red top and says "re-check" solution. Place a few drops of the "re-check" solution on the salt. Wait a few seconds, and if the salt turns purple, then it is properly iodized. If the salt does not turn purple, it is not iodized. It only takes a few seconds for the salt to turn purple. The purple color should be a medium to dark purple.
7. Put all the bags of salt on a table or at the front of the room and ask the children to pick the brands of salt that are adequately iodized. Write the names of these brands on the board. Then ask the children to draw a picture of the bags of iodized salt with crayons or markers.

### **Follow-up**

- Ask the children if they know which bags their family uses.
- Ask the children which brand of iodized salt did they draw.

Finish the lesson by asking a child to re-state the main message.

### **Suggestion for Follow-Up Activities**

- Tell the children to bring home their drawing of the bags of iodized salt

and show them to their family. They should mention to their mother that this is the bag of salt (brand name) the family should be buying.

- Tell the children that they will be doing the same type of experiment with their own salt tomorrow. Ask them to ask their parents if they can bring a small sample of their salt so it can be tested.

### **Suggestions for the Teacher**

- You can combine activities 2 and 3 if you like. Make sure to tell the children to bring a sample of salt from home the day before the activity.
- If you are unable to find uniodized salt, use sugar just as a guide in demonstrating to the children how the color doesn't change for uniodized "salt".

*Source: Adapted from N. Umemoto, An Educational Curriculum on Iodized Salt in Guatemala.*

# "Is My Salt Iodized"

## Iodine Activity #3

### Objective

By participating in this activity, children will learn whether their salt they use at home contains iodine.

### Main Message

*"I want my family to use iodized salt because it contains iodine."*

### Materials

- Small plates or sheets of paper
- Pencil, crayon, marker
- Iodine testing solution and re-check solution. (Salt testing kits can be supplied by UNICEF)

### Knowledge Component

During the past two days we have talked about iodine and iodized salt. If you can remember, we talked about how our bodies need iodine - which is found in iodized salt. We need iodine in order for our minds and bodies to grow properly. Begin a discussion with the children by asking the following questions:

- What do I mean about our minds growing properly?

[Answer: If a child who does not get enough iodine while growing up, their brain will not develop as it should. It will be harder for the child to do well in school and to concentrate on doing even simple tasks. In other children, if they do not have enough iodine, their bodies may not grow as much and they can be smaller and shorter than other children their age.]

- When do you need to start using iodized salt?

[Answer: Young children need to start eating iodized salt - therefore they will be eating the iodine they need to help them grow properly. Even babies before they are born need iodine - they can get it through their mother's diet. That is why it is very important for women who are pregnant to consume iodized salt too!]

- When do you need to stop using iodized salt?

[Answer: You need little bits of iodine during the whole span of your life. Therefore, young children, fathers, mothers, elder daughters, elder sons, aunts and uncles all need iodine.]

- Make one last, but very important point to the class. Say the following to the students, in a question format:

Ok, if iodized salt makes my mind and body grow properly, then if I eat extra iodized salt, I will grow taller and bigger than everyone else and I will be the smartest kid in the class right?

The answer is no. Eating extra iodized salt will not make you smarter or grow taller than anyone else. This is a really important point to remember. We all already eat enough salt on a daily basis. All we need to do to get enough iodine in our bodies is to use iodized salt and use it only as much as we already are using regular salt!

### Instructions

1. Review the previous lesson by asking, "What was the main message from the previous lesson?" ["Tambala is a brand name of salt."]
2. To begin today's lesson, discuss the knowledge component with the children. After you have completed the discussion, ask the children if they have any questions before continuing. Take a few moments to write the main message on the chalkboard. Ask a child to read it out loud and have all the children write it down in their notebooks. Tell the class that this is the most important piece of information to remember from today's lesson.
3. Tell the children that today they will be testing their salt from home.
4. Ask the children to break into pairs of three or four. This way, if a child forgets to bring salt to school, he/she can watch another student test his/her salt.
5. Ask each child to place their small amount of salt on a sheet of paper on the ground or desk in front of them.
6. Depending on the number of salt testing kits you have, groups can work at the same time or one at a time. Instruct the students on how to test their salt, reminding them how you tested the salt yesterday. If you have enough salt testing kits, stand at the front of the room and have some salt to test yourself and instruct the students as a whole, providing step-by-step instructions on how to apply the solution. If you don't have enough kits, then visit each group, one-by-one, to help them test their salt. Let the children drop the solution on their own. Follow the instructions listed in the previous activity on the proper administration of the solution.

### Follow-Up Activities

Begin a discussion with the children by asking them the following questions:

- Raise your hand if your salt turned purple. Congratulations! Your family buys iodized salt. Do you know the brand name of the salt? What? Please tell your mother and father to continue buying iodized salt.

- What can you do if your salt did not turn purple?

Finish the lesson by asking a child to re-state the main message.

### **Suggestions for At Home Activities**

Ask the children to explain this experiment and the results with their parents.

## Tool Kit 7

# Hypothetical Audience Segments for IDD

*Purpose: To recommend an approach to qualitative research leading to audience segmentation and message design for target audiences. It is suggested that initial research be conducted only with those groups highlighted below. It will also be easier to interview shopkeepers and community influentials individually rather than in groups. In each area only five or six persons should be interviewed.*

### **I. Political Level**

#### ***National Opinion Leaders***

Desired Action/Attitude

- Support program and continue to provide resources

#### ***Provincial Governors***

Desired Action/Attitude

- Support program and continue to provide resources
- Become actively involved in monitoring

#### ***Country Opinion Leaders***

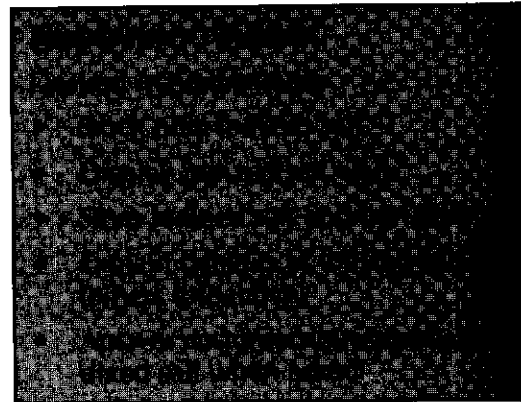
Desired Action/Attitude

- Support Program and continue to provide resources
- Become actively involved in monitoring

### **II. Bureaucratic and Technocratic Level**

To be developed

### **III. Non-Governmental: Industry**



#### ***Shopkeepers - Outdoors***

Same as Above

### **Packaged Product Distributors, Warehouses**

Desired Action/Attitude

- Show shopkeepers how to properly display iodized salt
- Show shopkeepers how to properly store iodized salt
- Distribute promotional materials and explain their correct use

### **Salt Production Plants**

Desired Action/Attitude

- Arrange for production of promotional materials
- Train salt distributors in tasks outlined above

## **IV. Community-Based Organizations**

### **Teachers**

Desired Action/Attitude

- Participate in IDD activities as developed for schools
- Set example for students
- Talk to parents about iodized salt

### **School Children**

Desired Action/Attitude

- Check salt in household and bring to school for testing
- Ask parents to buy only iodized salt
- Learn to recognize iodine logo (and learn "jingle" from radio spots - to be developed)

Potential motivation

- Fun to use test kit
- Be part of "salt patrol"

### **Consumer Action Committees**

Desired Action/Attitude

- Monitor salt producers and shop keepers in area
- Write letters demanding iodized salt where not available
- Help with special promotion events

## **V. Families and Individuals**

**(Consumers)**

### **Mothers and Fathers of Young Children**

Desired Action/Attitude

- Switch from plain salt to iodized salt: Recognize iodized salt logo, purchase once, purchase regularly
- Use iodized salt in place of plain salt in normal cooking
- Store in a cool, dry place away from direct light
- Not use iodized salt excessively, nor give too much to children
- Form consumer action committees to make sure shops stock iodized salt

Potential Motivation

- Believe that new salt (iodized salt) is better than old salt for children's brains
- Prefer packaging of new salt
- Believe new salt is modern

Potential Obstacles

- Afraid of bad taste
- Observe that people who don't use iodized salt are healthy - think not necessary
- Think iodized salt is too expensive
- Use too much salt



**Young Women Not Yet Married and Pregnant Women**

Desired Action/Attitude

- Make sure household uses iodized salt
- Not use iodized salt excessively during pregnancy - consume normally
- If have goiter, seek medical attention before conceiving, if possible

Potential Motivation

- Believe that cretinism and other brain problems can be avoided by using iodized salt

Potential Obstacles

- Fear that iodized salt is a contraceptive

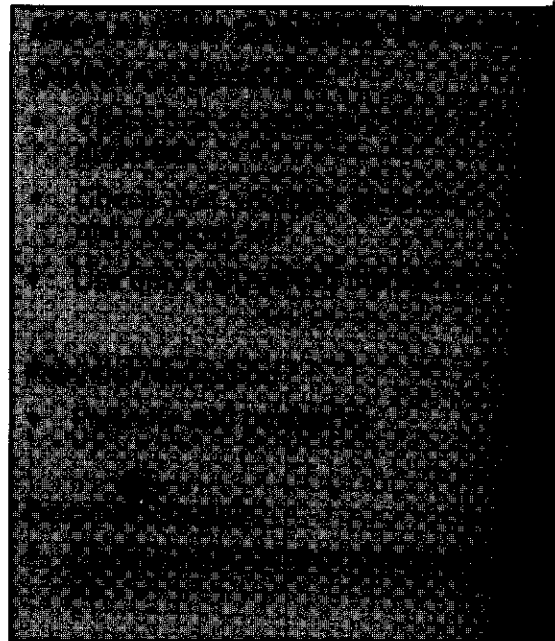
**Parents of Young Adults**

Desired Action/Attitude

- Insure that daughter or daughter-in-law uses iodized salt in place of plain salt
- Use iodized salt in own household
- Not force daughter or daughter-in-law to use too much salt
- If goiter present in household, be particularly conscientious that daughter or daughter-in-law uses iodized salt, and perhaps seeks medical attention

Potential motivation

- Help prevent children from having mentally retarded offspring



Sources:

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*Problem Solving Clinic in Qualitative research.*

*The OMNI Project, USAID, Washington DC*

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Verzosa, C. (1996) *Communication for Behavior Change: An Overview*. Washington, DC: The World Bank.

#### **Recommended Internet Sites:**

ICCIDD Communication Focal Point - <http://www.tulane.edu/~icec/iddcomm.htm>

Kiwanis - <http://www.kiwanis.org/index.html>

Micronutrient Initiative (MI) - <http://www.idrc.ca/mi/index.html>

Micronutrient Initiative Network (MN-NET) - <http://www.idrc.ca/mi/mnet/html>

OMNI - <http://www.jsi.com/intl/omni/home>

PAMM - <http://www.jsi.com/intl/omni/pamm.htm>

UNICEF - <http://www.unicef.ch/>

UNICEF. The Progress of Nations - <http://www.unicef.org/pon97/contents/html>

WHO - <http://www.who.ch/>

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Professor Jack C.S. Ling of the Department of International Health and Development, Tulane University School of Public Health and Tropical Medicine, has directed the school's International Communication Enhancement Center since 1989. A former director of information, education and communication for UNICEF(1972-1982) and WHO (1982-1986), he initiated development communication in UNICEF and introduced health advocacy in WHO.

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