



A COMPARATIVE STUDY OF SALT STORAGE PRACTICE AMONG WORKING AND NON-WORKING MOTHERS IN BAREILLY CITY

Dr. Anupma Mehrotra

Associate professor/ Reader , D A K PG College, Moradabad.



ABSTRACT :

Food and nutrient intake are closely related to nutritional status and health of an individual. Knowledge about nutrition facilitates making the best food choice. Iodized Salt is considered to be one of the most essential micronutrients for the normal physical and mental development of human beings. It was found that. Both groups i.e. Housewife (HW) as well as working women (W.W) knew salts by their brand names only. HW as well as WW both groups were more concerned to consume branded salts only. All branded salts have sufficient iodine content but malpractices as wrong storage containers, exposure to sunlight and oxidation were main reasons for insufficient iodine in the diets. Awareness of iodine retaining practices should be publicized as the study revealed positive impact of nutrition education on both the groups.

KEYWORDS : Salt Storage Practice , Working and Non-Working mothers , nutrition facilitates making .

INTRODUCTION:

Food is essential for life. Nutritional attitudes and beliefs affect food choice and nutrition adequacy. Food and nutrient intake are closely related to nutritional status and health of an individual. Knowledge about nutrition facilitates making the best food choice. Misconception about nutrition can be minimized when the knowledge of it is sound. Nutrition education is vital to sound nutrition knowledge which become an early step to good attitude and good practices. Iodine is considered to be one of the most essential micronutrients for the normal physical and mental development of human beings. Iodine is a trace element that is essential for growth, development, and control of metabolic process in the body. Where iodine intake is inadequate the thyroid gland may no longer be able to synthesize sufficient amount of thyroid hormones. Low level of thyroid hormone in the blood responsible for damage to the developing brain and for whole spectrum of iodine deficiency disorder. The most effective way to control iodine deficiency disorder (IDD) is through salt iodization, WHO, UNICEF, and ICCIDD recommended that iodine should be added to salt a concentration of 20-40 ppm depending on salt intake. WHO recommend 250 µg for pregnant and lactating mother and for children of (0-59 M) the required 90 µg and 120 µg for 6-12 year. According to WHO, countries salt iodization program considered to be on good track; poised to attain the goal of elimination iodine deficiency when 90% of the household is using iodized salt and Ethiopia was planned to achieve USI the availability of adequately iodized salt at household level 95% in 2015.

MATERIAL & METHODS:-

Across sectional survey by random sampling technique. 250 working and non-working mothers were chosen for the study. Bareilly city was intentionally chosen for the convenience of the researcher as she belongs

to nearby place.

SELECTION CRITERIA:-

Total 250 mothers (79 working mother and 171 non-working mothers) were chosen for the study. The interview method of enquiry was adopted. The interview consisted of questions about salt storage Knowledge, attitude and practices of mothers.

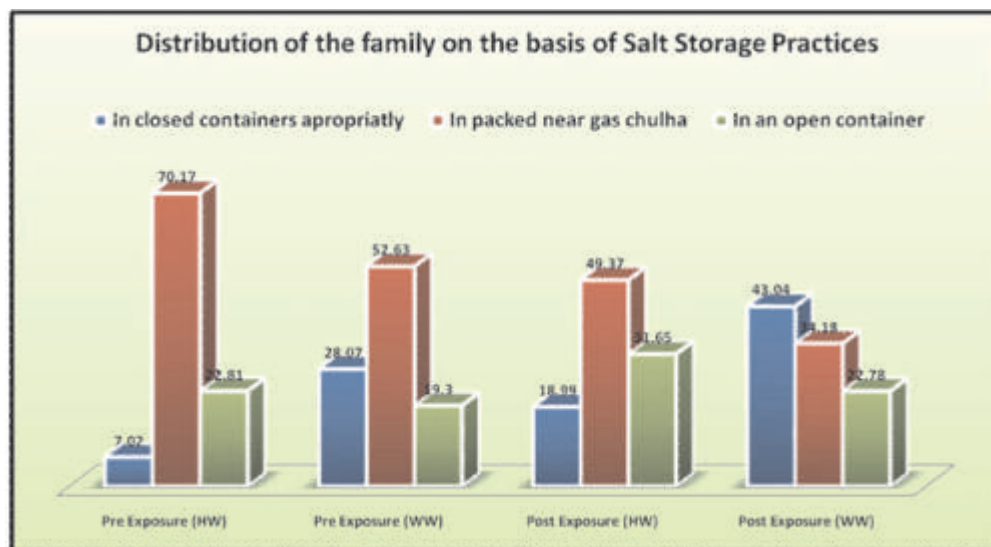
RESULTS:-

Table 1 Iodine content of salt consumed at Pre and Post Exposure Stage

Attitude level	Pre exposure				Post exposure			
	No. of H.W.	% of H.W.	No. of W.W.	% of W.W.	No. of H.W.	% of H.W.	No. of W.W.	% of W.W.
Types of Salt								
Iodized Salt	171	100	79	100	171	100	79	100
Uniodized Salt	-	-	-	-	-	-	-	-
If Iodized salt used								
All Dishes	171	100	79	100	171	100	79	100
Only Few Dishes	-	-	-	-	-	-	-	-

Table 2 Salt storage Practices in Families Pre and Post Exposure Group

Attitude level	Pre exposure				Post exposure			
	No. of H.W.	% of H.W.	No. of W.W.	% of W.W.	No. of H.W.	% of H.W.	No. of W.W.	% of W.W.
In closed containers appropriately	12	7.02	48	28.07	15	18.99	34	43.04
In packet near gas chula	120	70.17	90	52.63	39	49.37	27	34.18
In an open container	39	22.81	33	19.30	25	31.65	18	22.78



DISCUSSION & SUGGESTIONS

Result obtained at the pre exposure and post exposure level. Daily food nutrient consumption of children and practices related to iodized salt, to draw consumptions regarding the impact of nutrition education on practices were being observed. Pre exposure practices related to iodized salt, type brand and iodine content of salt in local market, It was found that mothers were not aware about the difference of iodized and uniodized salt. They were more aware about brand names HW as well as both were consuming branded salt that was iodized salt at pre and post exposure stage. (Table No. 1).

In order to prevent the loses of iodine from the iodized salt scientists have (Tyabji 1990 and India Ministry of Information and Brood Casting 1994) recommended that from the iodized salt scientists closed container away from heat, light and moisture. However, this recommendation was not being followed by almost all respondents in both HW and WW. Keeping in open packets and Jar, Masaldan near gas stove was the most salt common method of salt storage.

The iodine content above 15 ppm was noticed in salt sample of 75% of HW and WW at the post exposure level against 31.25% at the pre exposure level. This increase was statistically proved to him significant. Thus the nutrition education highly improved iodine consumption through salt. (Table No. 2 & fig. No. 1).

The number of respondents following correct storage practices increased slightly after the nutrition education. However, such families were only 3 in number and the improvement was not statistically significant. When the investigator asked the mothers by they keeping salt near the gas stove, the replied that they were not informed previously regarding the effect of keeping salt near gas stove or in open container or open bag after exposure some try to follow scientific recommendation while other were Lenient following recommendation by scientist. Thus, on iodine related practices it may be recommended on the whole that the nutrition education had a positive impact.

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