

The true wealth of nations

Lack of iodine speck cripples our future

By Dr Shahana Jan Durrani

Iodine facts

Approximately 2 million babies are born with iodine deficiency every year in Pakistan.

Iodine deficiency can lead to a loss up to 15 IQ points.

The chief storehouse of iodine in the body is the thyroid gland.

Iodine deficiency is entirely preventable.

Besides sea fish, iodine is also found in asparagus, garlic, beans, mushrooms, sesame seeds, spinach.

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Adam Smith got it wrong! In his famous book, *The Wealth of Nations*, he concludes that free market economy is the primary catalyst for generating wealth for any nation, material wealth. However, money is an illusion which can easily be squandered if not managed intelligently. Consider the famous saying "A fool and his money are soon parted". Corporate history records innumerable instances where companies have sunk to anonymity due to the follies of the offspring's of the founder. Today, the world is wiser; there is a consensus that true wealth of a nation is its children, the future generations.

Alarmingly in Pakistan we are destroying our wealth simply by ignoring the importance of a simple small chemical molecule, iodine, also referred to as a "trace element" or "micronutrient". Iodine deficiency is a leading cause of brain damage (mental impairment) in the world primarily impacting the brain of the developing fetus and young children in the first few years of life. The effect, while not

immediately discernable, can result in mental impairment to the extent of 15 basic points of IQ. Below average performance at home, school and at work consequently results in lowering the productivity of an entire generation.

Iodine deficiency can lead to mental retardation in infants and children whose mothers were iodine deficient during pregnancy. As we can see from the IDD problem pyramid only 10% children are born with impaired mental development since birth known as cretinism while 90% of them remain unnoticed or undiagnosed with poor control of body movements, hearing problems, a low IQ and a greater incidence of Attention Deficit Hyperactivity Disorder (ADHD). Once the damage is done, then its irreversible!

Unfortunately, Pakistan is rated 6th amongst countries where iodine deficiency is a serious public health problem. This is nothing to be proud of. More than 60% of the population is at risk due to unavailability of something

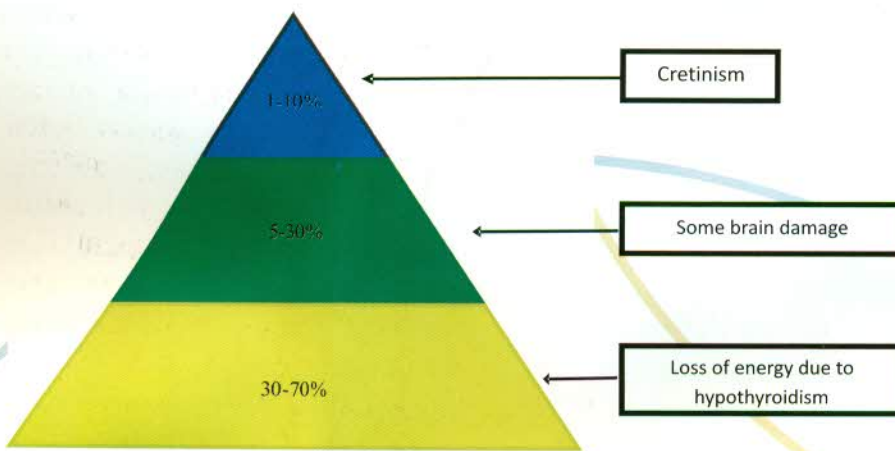
as simple as iodized salt. Research has identified that only 17% of our country's population uses iodized salt which is lower than Bangladesh and Nepal. Other countries in the region like India, Bangladesh, Iran, Srilanka and China have already enacted IDD legislation for mandatory iodization of salt. In Pakistan we continue to struggle with IDD legislation which in itself is criminal. How will we answer to our present and future generations?

Notwithstanding the above, the key factor for Pakistan being at the bottom of the list in the region is low awareness of high priority of salt iodization. Why else would the legislation stumble in the corridors of power every time? It is illogical to attach any other cause to feet dragging in relation to a universally accepted truth like iodized salt. The development sector has to continue to fight this battle against all odds. We often ignore our peril that iodine is as crucial to child's development as

milk.

We are short of time. Every day that passes is hurting our future generations. If our beloved Pakistan is to emerge as a tiger in

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the next few decades we need to focus on our primary asset, our human resource, and our children. There is an urgent need for all stakeholders including the Government, the donors, the development sector, the civil society to join forces for creating awareness and to make iodized salt a reality.

Editorial

Dr. Arif Azad
Executive Coordinator

Iodine deficiency disorders- from well known goitre to mental impairment- are returning with a vengeance shown up in decreased uptake of only 17 percent as compared to neighbouring countries like Afghanistan, India and Bangladesh . This is pretty alarming situation for Pakistan. Instead of focussing on bringing in a legislation which makes the cheapest public health intervention mandatory to prevent our children falling prey to whole host of diseases, the bill is stuck up in files of official apathy. Despite efforts of Health Ministry official and civil society public health groups, there is a distinct lack of progress on the issue of legislation. With iodine uptake dipping against the onrush of meeting target of universal iodization in the coming year, it is urgent that efforts be doubled to push forward legislative agenda on iodized salt legislation. Here there is an important role for media, civil society and health professionals to play in raising awareness, and advocating for speeding up legislative process which sees early introduction of mandatory iodized salt use in the country. Together, by working in close concert, the goal of iodized salt legislation can be achieved sooner than previously thought. This cost afflictive public health intervention would be the best news at a time of great economic uncertainty when health goals are being downgraded in the aftermath of budgetary cuts brought on floods recovery costs.

Monster of IDD's knows no boundaries

By Dr Sarfaraz Ali

It is a misunderstanding in Pakistan that iodine deficiency disorders (IDDs) is a problem of hilly areas only. In fact IDD's have been found widespread in Northern Areas or Swat because first studies were mainly carry out in mountainous areas of Pakistan. Most of the big cities, towns and remote areas have not so far been extensively investigated for the magnitude of iodine deficiency disorders.

A few studies were conducted only in some of plain cities

the level of iodine intake in different areas.

Large populations living in systems of subsistence agriculture are especially at risk of iodine deficiencies as they live in an environment where soil is deprived of iodine. The deficiency in soil leads to iodine deficiency in all forms of plant life and cereals grown in the soil. Hence the gravity of problem could not elicit appropriate attention from the concerned authorities.

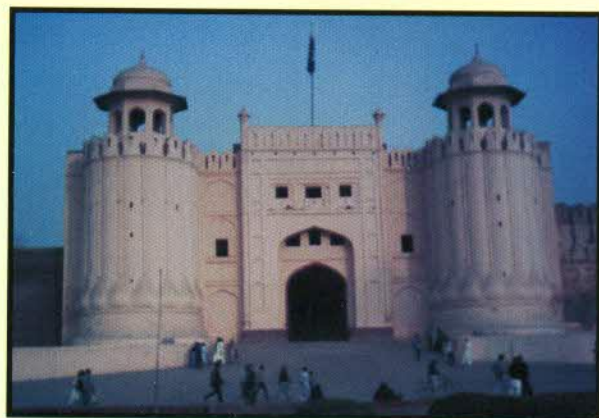
The myths and misconceptions

only 114 women (34 percent) were taking iodised salt. Similarly a study in Faisalabad was carried out where only six percent of pregnant women were taking iodised salt.

So it is essential to stimulate the demand for, and supply of iodised salt. The private sector salt processors should be convinced to invest their funds to make programmes of iodisation effective and sustainable.

Legislations should be placed with monitoring and full enforcement in all provinces. Most of salt processors, especially small scale producers, lack equipment, technical know how and means for purchasing KIO₃ and recovering the cost from the consumers due to their market size.

(The author is a former Senior Scientific Officer at the National Institute of Health, Islamabad. He also worked as a microbiologist in a cancer institute abroad).



“A study conducted in Lahore found 85 percent of neonates iodine deficient.”

including Lahore, which is second largest city of Pakistan with the population of more than five million people. A study conducted in the provincial capital of Punjab in 1994 found that 81 percent of neonates were deficient in iodine.⁽¹⁾

The use of iodised salt is the only remedy to IDD's scourge. The consumption of iodised salt in Pakistan received good response initially, but declined shortly because of many factors. Among them the most important factor was the lack of data to determine

spread about iodized salt make unproven linkage to infertility.

Decline in the use of salt was

authenticated by a survey conducted in a hospital in Lahore where out of 336 outpatient women, mostly pregnant,



(1) (Unicef brochure 1995 and IDD newsletter 1996.

