

Thesis Title                      Socio-Cultural Factors Affecting Iodine Salt  
Consumption in Maehongson Province

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#### ABSTRACT

The objective of this survey research (which was based on the PRECEDE and Health Belief Models )-was to study the effects of socio-cultural factors upon iodine salt consumption behaviour in Maehongson Province. The study population consisted of those people who were responsible for preparing meals in the estimated 29,453 households in this rural area. Sample size consisted of 288 cases, chosen through multi stage sampling procedures. Data collection methodology included interviews as well as close-ended questionnaires, which were administered from March through May 1992. Data was analyzed with SPSS-X (Statistical Package for the Social Sciences), yielding percentages, means, SDS, and ranges. Stepwise Mutiple Regression was also performed in order to determine the relationship between socio-cultural factors and iodine salt consumption behaviour.

The results are summarized as follows:

1. In terms of consumption, the majority of subjects ( 51.7 % ) reported primarily consuming non-iodized salt, or secondarily (should the taste be unsatisfactory), a combination of fish sauce and iodized salt. Only 6.7 % of subjects reported primarily consuming iodized salt. In terms of beverage (tea) consumption, again a majority of subjects (24.3 %) reported adding non-iodized salt, while only 14.9 % reported adding iodized salt.

2. Socio-cultural factors affecting iodine salt consumption behaviour:

2.1 Ethnicity and attitudes toward iodine salt consumption were found to be significant factors that affected iodine salt consumption behaviour.

2.2 Information concerning prevention and treatment of goitre disease that was distributed by government workers was found to be an enabling factor that encouraged iodine salt consumption behaviour.

2.3 Perceptions of accessibility to iodine salt, lack of knowledge concerning regular sales of iodized salt within the village and perception of its high cost were found to be barriers to iodine salt consumption behaviour.

With regard to the factors of knowledge and beliefs concerning goitre disease, perception severity and threat of goitre disease, mass media information, preventive and curative advice received relatives and neighbours, all had no influence up on iodine salt consumption behaviour as determined by Multiple Regression. However, when considered individually of some factors were still incorrect.

## Recommendations :

1. Implement health education programmes concerning illness associated with iodine deficiency disease through social marketing and community participation techniques. Programme content should focus on encouraging positive attitudes toward iodine salt consumption, as well as instilling appropriate knowledge, beliefs and perceptions of severity and threat of goitre disease associated with iodine salt consumption behaviour.

2. Promote consumption of iodized salt and provide advice both to those villagers who have not yet consumed iodized salt as well as to those who have consumed but did not like the taste.

3. Lobby government to pass laws requiring salt producers to add potassium iodate (1: 20,000 ) to salt, encourage the private sector to invest in facilities required to produce iodized salt, market iodized salt in the problem areas and teach the villagers to independently produce iodized salt.

4. Request cooperation from major ministries and non-governmental organizations ( e.g., Thai-German Highland project and Red Barna ) to become more involved in the goitre disease problem by providing knowledge and advice to villagers. Integrate cooperative efforts among village health volunteers, house wives groups, and village committee members, as well as request the mass media to better disseminate information concerning goitre disease to villagers.