Impact of lifting ban on sale of non-iodized salt

Iodine deficiency disorder (IDD) is the single largest preventable cause of mental retardation in the world today. In India, surveys conducted in 34 states and 4 union territories have revealed that out of 312 districts, 254 districts are endemic to IDD. Government of India (GOI) adopted the policy of Universal Salt Iodization (USI) in 1984 under which the entire population of the country is to receive edible salt with a minimum of 15 ppm of iodine. To ensure the further success and strengthening of USI, the GOI in 1998 implemented a central legislation banning sale of non-iodized salt for edible purposes in the entire country. In the year 2000, due to administrative and political compulsions, the GOI withdrew this central legislation. Thereafter, the traders started procuring and selling non-iodized salt for edible purposes.

A decline in the production of iodized salt has been documented after the withdrawal of the central ban on sale of non-iodized salt for edible purposes. The country’s production of iodized salt decreased from 4.7 million tonnes in 2001 to 3.6 million tonnes in 2002 and then increased to 4.2 million tonnes in 2003 (ref. 4). Simultaneously, an increase in the percentage of population consuming iodized salt with inadequate quantity of iodine has also been documented. The National Family Health Survey-2 conducted in 1998–1999 revealed that 50% of the families were consuming salt with iodine content less than 15 ppm. In 2002, a repeat assessment of iodine content of salt in country under the National Reproductive and Child Health Survey revealed that a higher percentage (63%) of the families were consuming salt with iodine content less than 15 ppm. The epidemiological data indicates that the lifting of the central ban on sale of non-iodized salt for edible purposes is undoing the success achieved under USI programme for elimination of IDD in the country.


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