

CHAPTER IV

Data Exercise

4.1. Introduction :

Iodine deficiency is the serious public health problem in Nepal. The existing IDD prevalence was 40 % in the country and 32 % in the Nuwakot district. No other specific data available in the Rautbesi village of Nuwakot district.

There are several factors influencing iodine deficiency disorders in Nepal. Such as bio-chemical, geo-physical, econo-political, socio-cultural, informational-technological factors. Among them people's salt storing and salt washing behavior is the specific problem to reaching sufficient iodine in their diet.

The NMIS (1996) reports information was 50 % salt contain sufficient recommended level of iodine, 38 % salt containing marginal iodine and 12 % salt contain no iodine in the country. So that iodine deficiency is the still serious problem in Nepal. To overcome those problems from the country I have proposed Teacher's Child -to-Parent's Approach in this study. For this purpose I have mentioned focus group discussions to take the data from the teachers and from the households specially from the mothers to know their existing salt consumption behavior. All the data collection procedure could not applied in this study due to the short time and required high expenditures. So that I had collected data from the one focus group discussion to test the instruments and to developed the skills of focus group discussion techniques.

4.2 Objectives of the data exercise :

1. To test and refine the data collection instrument.
2. To develop the practical knowledge and skills of data collection techniques.

4.3 Data collection techniques : For the data collection technique I had used focus group discussion only. Because other 24 hour urine collection and goiter examination technique has been done only after implementing the training program, which is possible only in Nepal.

4.4 Sampling : Sampling technique used for the data collection was purposive. Because the data collection in Phahurat, Bangkok was not real study. This study is only to learn the procedure and to test the instruments so that I can use those skills later in Nepal.

4.5 Duration : The data collection had been done in one day in Phahurat, Bangkok. Because all the other data collection procedure has been done afterwards implementing the training program only.

4.6 Field preparation : Field preparation was done in following ways. One was prefield activity and other one was field activity.

4.7 Prefield activities :

The following activity has been followed before the conducting focus group discussion.

1. Selection of venue : Phahurat guest house.
2. Date : 6 th. september 1997.
3. Time : 3 PM to 4 PM.
4. Participants : Nine child bearing age mothers.

5. Moderator : Pawan Koirala

6. Note taker : Badri Bahadur Khadka

7. Collection of Camera, reel, Tape recorders and cassettes.

8. Preparation of focus group discussion questions guidelines, and translated into Nepali.

After collecting and managing those things on 3rd september 1997, I had contacted to hotel owner on 6th. september at 1. 30 PM in Fahurat. Because he is the one of the most vital person for managing those participants as well as guest house also. I had taken launch at that time and after taking launch I went to the guest house with participants.

4.8 Field activities :

I carried all the necessary instruments and documents. When I reached the guest house, the owner has shown me a room and I took all the participants with me in the room to conduct the focus group discussion. After entering into the room I have managed the participants sitting arrangements in the circle. First the participants are hesitate to sat in the bed, but later they are convinsed and sat in the semi circles positions. But due to the one bed they are trying to sat with comfortable so that some of the participants are sat back with wall. The tape recorder was plugged on with inserting cassettes for the recording.

Then the formal focus group discussion was started by introducing myself, moderator, and note taker and from the participants also. Note taker has written all the participants name, age, sex, religion, occupation etc.. Then the moderator was introduced

the topic of the focus group discussion. The topic was goiter. In Nepali they called “Gala ganda” and in short called “Ganda” only. Gala means neck and Ganda means garland.

4.9 Data collection in phahurat, Bangkok, Thailand :

In this study I proposed teacher - child - to parrents approach by implementing teachers training program in Rautbesi village of Nuwakot district to reduce iodine deficiency disorders by improving people’s salt washing and storing behavior.

To implement this teacher training program I have proposed pre test, post test for the teachers, to know their existing IDD knowledge, and salt consumption behavior. For the pre test I have proposed two focus group discussion for the 20 teachers, 10 from the primary school’s and 10 from the secondary school’s in Rautbesi village.

Similarly I have proposed two focus group discussions, one from lower caste and other from higher caste from the Rautbesi village to know the impact of the teachers training program. For the impact evaluation I have also proposed other two methods, one is 24 hour urine collection from the 100 school childrens and other one is the goiter examination from the 100 school childrens.

4.10 General characteristics of participants :

There are 9 participants, all are from Burma. Most of them are in aged between the 30 - 40 yrs. Some of participants are Buddist, and some are Hindu. Most of the participants are literate with under S.L.C. qualifications. Their husbands are also under S.L.C. qualification, and they are in Burma, some of are living in Bangkok. All participants are working in Fahurat, Bangkok and have similar income. Some are working

in the hotels, some are in the restaurants and some are in other services. All are married having children more than two and up to seven children.

4.11. Limitation of the data exercise :

- This is not a real study, which is not possible by this data exercise.
- Due to the short time
- There is no crystal salt and therefore people are not washing salt.
- This data exercise was for testing instruments, and gaining experiences about data exercise techniques only.
- Literate people dominate illiterate people.
- Participants are mostly worker, so that they are in hurry in mood.

Therefore to avoid those constraints and problems I keep those things in mind what happened at that time of focus group discussion. So that I can managed properly for the next time.

4.12 Findings :

From the focus group discussions following findings had been found and which is mentioned below. Focus group discussions participants were used powdered salt because of looking clean and mixed of medicine. Those powdered salt was used due to the easily available in the markets. They have no other specific reasons for using powdered salt. The participants are not familiar with “NaamPlao” so that they were not using.

The participants know only two types of salt and used mainly white clean powdered salt but they did not used black semi grain salt because of looking dirty and may cause

disseases. Participants are not used black semigrain salt due to look's dirty, and it may caused diseases. But they had belief that white powdered salt was clean and also mixed medicines which may prevent some diseases. One of the participants heard about black salt is a poisonous salt. Some of the participants are know white salt is little bit higher cost than the black salt, but due to those reasons they were using white powdered salt not to other black semigrain salt.

They have seen some goiter people in the community, especially in Shyan caste in Thai people. They have also seen goiter in aged people and also in small children.

They had a belief that due to the intake of medicines, injections, and also due to the mother sick at the time of pregnant, then people suffered from the goiter and cretins.

They know one medicine, which is yellow in color, liquid in form, when it applied in neck 3 times a day for 3 days then the goiter is disappered or reduced gradually. Some of are treated by the operation. But how can it be eliminated they did not know.

Only one participant known about iodine, which is used in the wound and found in the hospitals. But rest of others are not known about iodine.

They did not know exactly what the relationship with goiter or cretin and salt, but they heard that when they take salt their neck was not swelling or did not developed goiter or cretin.

They have no any goiter people in their family. But one participant has long history about her child's eye disabilities. She was telling her story, when she was pregnant she got

jaundice, malaria, and Typhoid, then she take more medicines and injections in that time so that her child was suffered from the eye problem.

They keep their salt near and over the chulo and ageno (oven), because salt was not lost by the water or moisture. Some participants told that they were keep their salt in Handi (clay pot) in Burma. But in Thailand they were kept their salt in plastic case with lid. But for livestock they were kept their salt in Jute bags.

They believe their childrens message what they learned from the school's, such as they changed their behavior about cleanliness of their house and nail cut, due to their childrens suggestions.

4.13 Discussions :

They have a misbeliefs about black salt, which is harmful to the body, and may cause diseases. But in reality this blackness was due to the iodine's natural violet color sprayed over the salt at the production level. But powdered iodised salt was not look's like black, because it was mixed properly in the powdered, so that it was not appered iodine's color.

Another misbelief was salt keeping in hot places to avoid moisturising salt, and to protect from the water. But it is not a healthy practices, because due to heat almost iodine will be escaped out from the salt. But they have no knowledge and awareness about iodine and its consequences, so that they were keeping salt in hot places.

4.14 Conclusion :

They are using those salt which is easily found in the markets.

They are keep their salt near and over the chulo, ageno (oven).

They had belief about black salt is harmful for the body and may cause diseases.

They are using iodised powdered salt ,which is look's clean and there is mixed medicines, which can prevent from the diseases.

They have no any idea about prevention of goiter or cretin.

When their child was sick they go to Baidhya first, and then to the doctors or hospitals.

4.15. Lesson learned from the Focus Group Discussion :

Due to the lack of knowledge and awareness about iodine, people's are storing salt in hot places.

If they knew about importance of iodine, then they can not discarded the black salt. Because they heard about white powdered salt has mixed with medicine, so that it prevented from some diseases. Similarly if they knew this black portion of salt is due to iodine's natural color, not due to the dirty, then they might be used black salt also.

They can changed their behavior what they learned from their children, such as they learned from the children about cleanliness and nail cutting and they applied in their behavior.

Due to new face female participants are not familiar with me, so that I need to changed the moderator, which must be female and may be local if possible to avoid their hesitation at the time of focus group discussions.

Room has been booked by pre advance for conformation.

Cassette recorder will be kept back of the participants.

Photograph will be taken to including whole the participants in one snap, from different angles.

Sitting arrangements should be similar furniture, such as only mat or only chairs, no other furnitures will leave in that room. So that all the participants can sit in the circle.