

CHAPTER VI
ANNOTATED BIBLIOGRAPHY

Stanbury J. B. & Hetzel B. S. (1985). Endemic goiter and endemic cretinism. Iodine Nutrition in Health and disease. Wiley Eastern Limited.

In this text writer mentioned several factors, such as ecological, environmental, socio - economical, cooking practices, hereditary and genetic factors and correlation between the fluorine and magnesium content of drinking water with endemic goiter, which was found in Nepal.

Hetzel B.S. (1989). The story of iodine deficiency An international challenge in Nutrition. Oxford University Press.

The writer was mentioned in this text was about biology of iodine, natural sources of iodine, thyroid activity during pregnancy, role of the thyroid in growth and development and development of goiter. Similarly in this text he has also mentioned about global review of endemic cretinism, cretinism in Asia, spectrum of iodine deficiency disorders, estimated IDD prevalence in South East Asia, estimated number and rate of still births and neonatal deaths, alternative solutions, such as iodination of bread, iodized salt, iodination of water, iodized oil injections / capsules, and other methods, such as fish and soya sauce and monitoring and evaluation in Nepal.

Hetzel B.S. (1988). The prevention and control of IDD. Administrative committee on coordination - sub committee on Nutrition. ACC / SCN State of the art series Nutrition policy discussion paper no. 3.

The writer stated in this text was control of iodine deficiency disorders and costs, causes of iodine deficiency, and iodine metabolism.

Demaeyer E.M., Lowenstein F.W. & Thilly C. H. (1979). The control of endemic goitre. WHO, Geneva.

In this text, there are grades of goitres, methods of iodination, types of salt, spray mixing system of iodine in salt, salt packaging and iodine retention, cost of iodination, legislation, and techniques of endemic goitre surveys.

Pandav C. S., Arora N. K., Loctelli R. L., Karmakar M. G., & Hetzel B. S. (1997). Tracking progress towards sustainable elimination of IDD in Thailand. MOPH Thailand, ICCIDD & UNICEF Thailand. pp. 3 -4.

In this report, global overview of IDD elimination, estimated of population with IDD by WHO region as of January 1997, region wise consumption of iodised salt, current status of IDD elimination programmes in WHO - SEARO countries and current intervention strategy, legislation and notification.

WHO / UNICEF / ICCIDD (1993). Global prevalence of Iodine Deficiency Disorders. Micronutrient Deficiency Information System. WHO. MDIS working paper no. 1. Ann Arbor. pp. 2,5,6,8,9,41,43,70.

In this paper there are recommended daily intake of iodine, IDD indicators, classification of goitre, and WHO - SEARO region country wide goitre rate.

National Planning Commission Secretariat HMG Nepal & UNICEF Nepal (1996). Nepal Multiple Indicators Surveillance. Health and Nutrition - cycle 1. pp. vii -viii, 30 - 33.

In this document, the level of iodine as required amount of PPM in salt was mentioned, information from the focus group discussions mentioned, by this information there was most of the mother were wash their salt before using their food, and there are also mentioned about the only 12 % of the salt contained no iodine, and 38 % of the salt contain only marginal iodine, and 50 % of the salt contain sufficient amount of iodine.

Dignan & Carr (1992). Program planning for health education and promotion. (2nd. ed.). Philadelphia : Lea & Febiger. pp. 7 -11, 108 -109.

In this text writer mentioned that about CBC Framework, how it can be work on health education and promotion field. The CBC Framework is the combination of communication / persuasion matrix and behaviour change model. There are 8 components of the framework, which is described in brief in the text and I have modified it and used in my study.

Kaplan, Sallis & Patterson (1993). Health and human behaviour.

In this text writer stated about Health Belief Model which is I used in my study. The HBM model described in detail in the text by giving several health related examples,

such as AIDS, Tuberculosis, Obesity, Quitting smoking, etc. The HBM model explained about four components such as, perceived susceptibility of diseases x, perceived seriousness of diseases x, combining two people perceived threat of diseases x, and perceived benefits of action minus perceived barriers to action, results likelihood of behaviour change.

Green & Kreuter (1991). Health promotion and education and environmental approach. (2nd. ed.). Mayfield. pp. 349 -383.

The writer mentioned in the chapter 10 in this text is about school health programmes. In this chapter writer stated about how school health program will be success, and how can children will carry health messages from their school to home and how can teach their parents and how it can works for changing their parents health behaviour. Such as quitting smoking behaviour in China's example was given in this text, which is I used in my study.