A cross-sectional study was conducted to investigate and document the prevalence of Iodine Deficiency Disorders (IDD), to explore the village perceptions and practices related to IDD, and document the current control programs of Baan Bon Khoa Kang-Rieng (BBKK), Kanchanaburi, Thailand. A total of 106 children, aged 5 to 12 years, attending the BBKK school, 70 households and key/secondary informants composed the study sample. The nutritional status of the schoolchildren was assessed, samples of urine were analyzed and thyroid glands were palpated to determine the IDD status. Food frequency questionnaires and household salt-testing established the iodine dietary practices of households. In-depth interviews with mothers and focus group discussions among Village Health Volunteers (VHV) were also conducted.

Results revealed the total goiter rate (TGR) to be 22.6% and iodine deficiency, based on urine iodine excretion (UIE) <10 mcg/dl, was 20.8%. These indicate a moderate public health problem based on World Health Organization (WHO) classification. Stunting was evident in one-fifth of the community’s school children. Fifty of the households studied were found to be using fine salt. Only 30 fine salt samples (43% of households) had an iodine content of >30 ppm, as tested by I-kit. Iodine intake was inadequate to prevent iodine deficiency throughout the community. Community awareness and understanding of IDD was limited. IDD was not perceived as a health problem compared with the tangible symptoms of other community sicknesses.

Findings suggest that iodized school water supply be continued and the provision of iodine-rich foods for school lunches be expanded to all school children. There is a need to strengthen quality assurance system to monitor the quality of iodized salt within the community.