

LIMITATIONS OF THE STUDY

1. In the present study we have assessed the total goiter rate, urinary iodine concentration level and iodized salt intake amongst pregnant mother, school age children and adolescent girls. However, we could not calculate the dietary intake of the population studied because of the very large sample size and resource constraint.
2. The intra- and inter-observer variation in goitre examination was controlled by repeated training and random examination of goitre grades. However, despite all of the training for quality control, there is still the possibility for misclassification of a normal thyroid gland as goitre grades I and vice versa.
3. We could not assess the size of the thyroid gland using ultrasound due to a lack of resources.
4. Iodine deficiency can be detected using maternal free thyroxine during the first trimester of pregnancy. We could not assess the same due to a lack of resources for this investigation.
5. Cord blood sample taken immediately after delivery could have false positive high values of TSH due to physiological neonatal TSH surge that elevates TSH level.
6. The TSH levels of the neonates of the same pregnant mothers enrolled in part 1 could not be assessed due to feasibility issue and lack of resources.
7. We have assessed the iodine content in water and food samples from all the three districts of Uttarakhand. However, we couldn't assess the other environmental factors like soil due to resource constraint.