OVERVIEW OF CURRENT PRACTICES

The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) tracks progress towards Millennium Development Goal 7, “to reduce the number of people without access to adequate sanitation by half.” However, the estimates are based on one type of sanitation coverage per household, and hence overlook sanitation practices of young children. Due to their developmental status and safety concerns, young children may not be able to use a toilet or latrine, even if their household has access to one.

Just as with adult sanitation, safe disposal of children’s feces should ensure separation of the stool from human contact and an uncontaminated household environment. Instances where a child uses or their feces are put or rinsed into a toilet or latrine are considered more likely than other disposal methods to break the fecal-oral transmission chain. For the purposes of this document, instances where a child uses or their feces are put or rinsed into a toilet or latrine are referred to as safe while other methods are termed unsafe.

In Bangladesh, in 2006, only 22% of households reported that the feces of their children under three were deposited into a toilet/latrine (Figure 1). Therefore, the stools of over 7.5 million children under three were not disposed safely. This includes over 3.5 million children whose feces were left in the open. Even among those 22% of households with safe child feces disposal, only half (11% overall) have an improved sanitation facility into which they could easily dispose the feces. This stricter definition of disposal type is called “improved disposal” in Figure 1.

In rural areas of Bangladesh, crawling infants come into contact with animal feces, the baby’s own feces, and those of its brothers and sisters. According to one study, half of the mothers in two villages near Dhaka had also seen their infants eating or touching feces during the previous two weeks. In the South Central Asia region, the Maldives, Iran, Nepal, Kyrgyzstan, Afghanistan, Bhutan, Kazakhstan and Tajikistan all have lower rates of unsafe child feces disposal, while India has higher rates (Figure 2).

In Bangladesh, marginalized households and those with younger children consistently report higher rates of unsafe disposal of child feces. Poorer and rural households as well as those without improved sanitation were generally less likely to report safe disposal.

In addition, households with younger children were generally more likely to report unsafe disposal methods (Figure 4). Households are most likely to report child feces being unsafely disposed of during the first 0–11 months of age. There is also a peak in open defecation (feces “left in the open”) for children aged 12–23 months, the same age when the majority of children have just started walking.
observation of behavior conducted under UNICEF’s Sanitation Education and Water Supply in Bangladesh (SHEWA-B) program in 2007 found only 9% of subjects disposing child feces into a toilet/specific pit. Regardless of this issue, self-reports are currently regarded as the most efficient method for gauging safe disposal of children’s feces.

NOTES


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