Key messages:

- Three-quarters (75 percent) of households surveyed in Cambodia in 2010 reported unsafe disposal of the feces of their youngest child under age three—i.e., they were not deposited in a latrine or toilet.
- Even among households with improved toilets or latrines, more than one-third (36 percent) reported unsafe child feces disposal behavior.
- Higher rates of unsafe child feces disposal are found for households that open defecate, those in rural areas, those that are poorer, and those with younger children.1

OVERVIEW

Safe disposal of children’s feces is as essential as the safe disposal of adults’ feces. This brief provides an overview of the available data on child feces disposal in Cambodia and concludes with ideas to strengthen safe disposal practices, based on emerging good practice.

The Joint Monitoring Programme for Water Supply and Sanitation (JMP) tracks progress toward the Millennium Development Goal 7 target to halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The JMP standardized definition for an improved sanitation facility is one that hygienically separates human excreta from human contact.2

In the latest JMP report, only 37 percent of Cambodia’s population had access to improved sanitation in 2012.3 This means that 9.4 million individuals in Cambodia lacked improved sanitation in 2012, of which 8 million practice open defecation. However, this estimate is based on the household’s primary sanitation facility, and may overlook the sanitation practices of young children. In many cases, children may not be able to use an improved toilet or latrine—because of their age and stage of physical development or the safety concerns of their caregivers—even if their household has access to one.

SUMMARY OF CHILD FECES DISPOSAL DATA

Only one-fifth (20 percent) of households in Cambodia reported that their youngest child’s feces were disposed of into an improved sanitation facility (see Figure 1). This low percentage of households using improved child feces disposal suggests that children under three have worse sanitation than the broader population, where 37 percent use improved sanitation.

Between 2005 and 2010, reported safe disposal of child feces increased in Cambodia, especially in urban areas (see Figure 2). In both years, safe disposal was much lower among rural households than urban households. This trend, where urban populations have greater access to sanitation, is also seen in the population at large.

In Cambodia, households lacking improved sanitation, those in rural areas, and those that are poorer—as well as households with younger children—have a higher prevalence of unsafe disposal of child feces. Households practicing open defecation reported the highest level of unsafe child feces disposal (see Figure 3).
Households with younger children were more likely to report unsafe disposal methods (see Figure 4). Specifically, among households with children in their first year of life, 20 percent report safe disposal, compared to 31 percent of households with children aged four (48 to 59 months). A shift in safe disposal practices is seen as children grow: children are increasingly likely to use a toilet/latrine themselves, rather than having their feces put or rinsed into one. At these young ages, the behavior of the child’s caregiver is critical to dispose of their feces safely and shape the child’s toilet training.

Half of children in the poorest two quintiles of households had their feces left in the open, which essentially is open defecation (see Figure 5). Unpacking national-level data has shown a wide variation in child feces disposal practices, with a greater prevalence of unsafe practices among households without access to improved sanitation, in rural areas, those that are poorer, and those with younger children. Although this brief only focuses on one socio-economic indicator at a time, applying multiple lenses would show even greater extremes of disparity—with the poorest rural households reporting the greatest prevalence of unsafe disposal.

**IDEAS FOR CONSIDERATION**

In Cambodia, WaterSHED is currently conducting research on appropriate products and tools for safe child feces disposal. However, there are few other interventions in the country aimed at the safe disposal of children’s feces during the first years of life. In general, sanitation for children under age three has been a neglected area of policy and program intervention in Cambodia.
FIGURE 4  Households with younger children were generally more likely to report unsafe disposal methods. Reported feces disposal practice for children of different ages, Cambodia, 2010.

FIGURE 5  Safe child feces disposal differs across the wealth asset quintiles, with safe disposal virtually nonexistent among the poorest households. Reported feces disposal practice for households’ youngest child under age three, by household wealth quintile, Cambodia, 2010.

Given the relatively few programs focusing on children's sanitation in Cambodia and globally, there is not a strong evidence base of effective strategies for increasing the safe disposal of children's feces. Significant knowledge gaps must be filled before comprehensive, practical, evidence-based policy and program guidance will be available. Nevertheless, organizations and governments interested in improving the management of children's feces could consider taking the following actions:

- Conducting additional formative research to understand the behavioral drivers and barriers to safe child feces disposal
- Strengthening efforts to change the behavior of caregivers through programs that encourage cleaning children after defecation, potty training children, and using appropriate methods to transport feces to a toilet/latrine
- Partnering with the private sector to improve feces management tools, such as potties, diapers, and scoopers (see photos)
- Improving the enabling environment for management of children's feces, by including specific child feces-related criteria in open defecation free verification protocols, national sanitation policies, strategies, or monitoring mechanisms

NOTES

We are interested in your thoughts. Have you found different evidence of what works through your own programming? If you have thoughts to share, or know of a program that is encouraging the safe disposal of children's feces, please contact WSP at worldbankwater@worldbank.org or UNICEF at WASH@unicef.org so that we can integrate your information into future program guidance.

Photo Credits: Molly Miller-Petrie (page 1 and page 4L); Emily Christensen Rand (page 4R)
DATA SOURCES

Unless otherwise specified, all analysis in this brief is based on self-reported child feces disposal behavior collected in the 2010 Cambodia DHS, which is the latest MICS/DHS available for Cambodia that records child feces disposal behaviors.

The MICS and DHS collect data in a generally harmonized manner and hence are the basis for this country profile series. However, whereas the DHS collects data on the youngest child under age five living with the mother for each household, the MICS collects data on all children under age three who lives with the respondent (mother or caretaker). To maximize comparability, we restricted all analysis to children under age three in all figures, except Figure 4.

It is likely that self-reports overestimate safe disposal. In Bangladesh, for example, although 22 percent of children reportedly either used a toilet/latrine or their feces were put or rinsed into the toilet/latrine (according to MICS 2006), a structured observation of behavior conducted under UNICEF’s Sanitation, Hygiene Education, and Water Supply in Bangladesh (SHEWA-B) program in 2007 found only 9 percent of subjects disposed of 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.


REFERENCES

2. The JMP has established a set of standardized definitions to categorize improved sanitation, which are used to track progress toward Millennium Development Goal 7. However, these definitions are not always the same as those used by national governments. See Progress on Drinking Water and Sanitation: Update 2014 (WHO/UNICEF Joint Monitoring Programme, 2014).
5. The asset indices used to classify households into wealth quintiles have not been adjusted to remove drinking water or sanitation variables.

ACKNOWLEDGEMENTS

This brief was developed jointly by WSP and the United Nations Children’s Fund (UNICEF) as part of a series of country profiles about sanitation for children under age three.

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