

Safe Disposal of Children's Feces

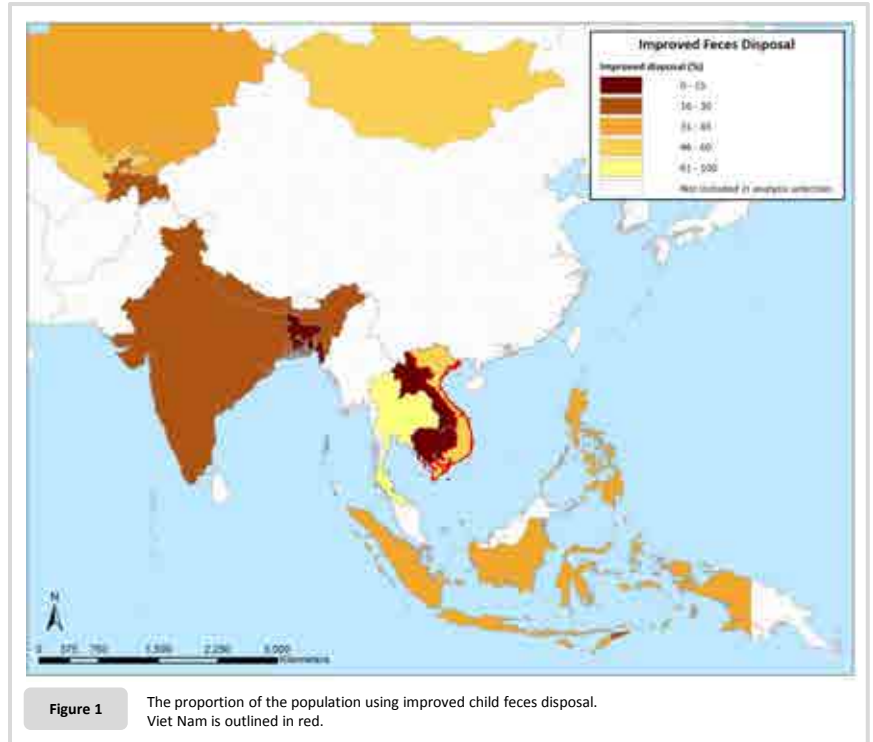
Viet Nam

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, by only monitoring coverage of infrastructure (toilets/latrines), the current sanitation target overlooks sanitation practices of children under five years. Due to their developmental status and safety concerns, young children may not be able to use a toilet/latrine, even if their household has access to one.

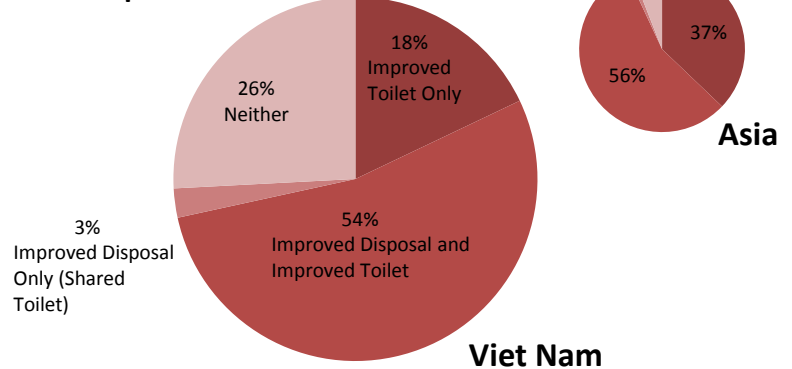
Just as with adult sanitation, safe disposal of children's feces should ensure **separation of the stool from human contact** and a uncontaminated household environment. Improved disposal is defined as either the **child using, or the feces being put or rinsed into an improved toilet/latrine** (Figure 1). For this purpose, an improved toilet/latrine is as defined by the JMP, but also includes shared but otherwise improved toilets.

Based on the most recent Viet Nam MICS data from 2010-2011, only 57% of children under five have their feces disposed safely. Therefore, the stools of almost 39 million children under five are not disposed safely - over 9 million of these children practice open defecation.

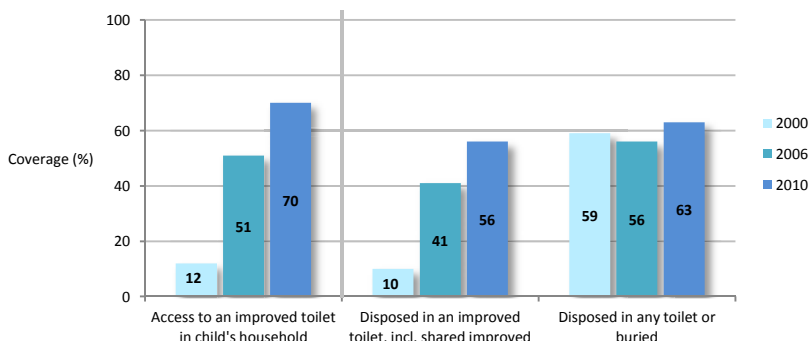
Three out of four users of an improved toilet in Viet Nam also use improved child feces disposal. Only half the population uses both. And over a quarter of the population uses neither an improved toilet nor improved child feces disposal. Compared to the Asia, Viet Nam has a similar proportion using both improved practices, but substantially more using neither (Figure 2).



Most of those using an improved toilet/latrine also use improved child feces disposal



Over the last decade, improved feces disposal has mirrored access to an improved toilet/latrine



Improved child feces disposal (in either an improved toilet/latrine or an improved shared toilet/latrine) has substantially increased over the last decade, from 10% to over 50%. However, this mirrors a similar increase in household access to an improved toilet/latrine. Although access to improved sanitation has dramatically increased, thereby leading to an increase in improved disposal, in fact no more of the population is attempting to dispose of children's feces in a safe manner over the past 10 years. Almost 40% of children's feces still doesn't go in any type of toilet/latrine.

Improved child feces disposal (in either an improved toilet/latrine or an improved shared toilet/latrine) has substantially increased over the last decade in both rural and urban areas (Figure 4). In rural areas, use of improved disposal improved to 44% over the last decade. However, rural use in 2010 is about the same as urban use was a decade ago (47 % v. 46%). Also,

Compared to rural dwellers, urban dwellers are much more likely to put or rinse children’s feces into a toilet, regardless of whether the toilet is improved (Figure 5). However, rural households are less likely to have access to a toilet/latrine. In contrast, rural dwellers were more likely to put or rinse children’s feces into a drain or to leave them in the open. Regardless of residence, less than 5% of children under 5 are using a toilet.

There was a large increase in improved disposal from 2000 to 2010 in rural areas

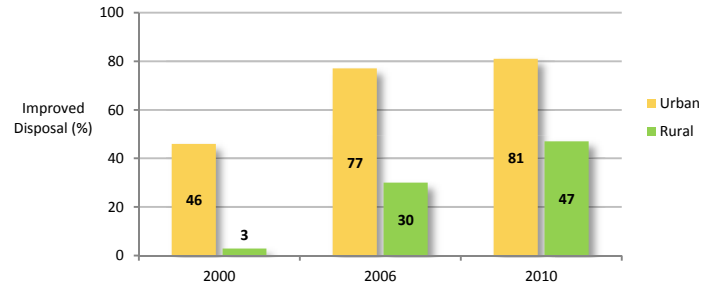


Figure 4 The proportion of the population using improved child feces disposal by urban and rural residence, Data source: Viet Nam 2000-2010

Rural dwellers are much more likely than urban dwellers to rinse children’s feces into a drain, or to leave them in the open

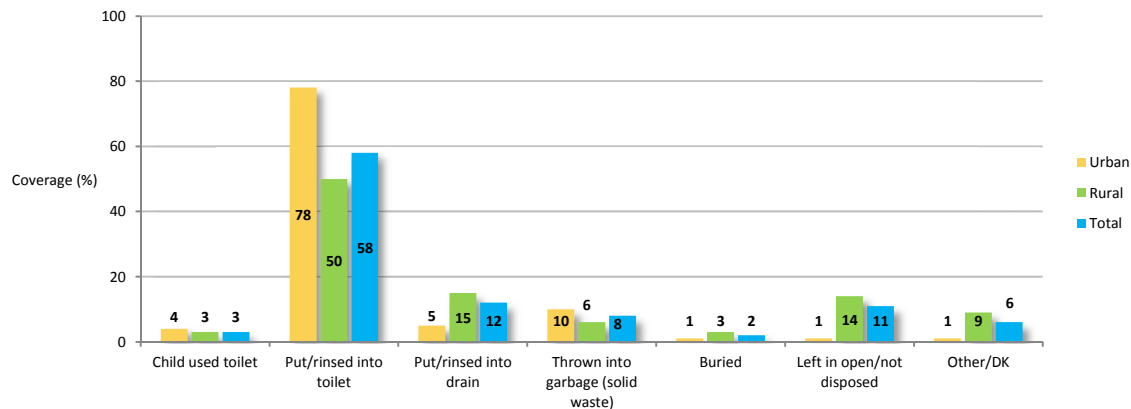


Figure 5 The proportion of the population using different child feces disposal methods by urban and rural residence Data source: MICS 4 Viet Nam, 2010

Next steps to increase safe disposal of children’s feces

- 1) Improved disposal requires access to an improved or shared improved toilet. Thus, increasing improved sanitation coverage can help reduce contamination of the household environment due to children.
- 2) However, sanitation infrastructure alone is not enough- almost 20% of those with access to infrastructure still use unsafe child feces disposal. Therefore, behavior change is also needed.
- 3) A focus should be placed on ensuring children capable of using toilets are. Children over 36 months (and many younger children) should be able to use a toilet unassisted.
- 4) For those children not developmentally able to use a toilet, more emphasis should be placed on placing the feces in the household toilet or latrine. Some of this may be due to a perception of danger or disgust, and some may be due to convenience.

Increasing improved disposal of feces can be incorporated into many existing interventions, and is context-dependent:

- CLTS/CATS: emphasize that a community is not open defecation free unless everyone, including young children, are defecating in a safe location or their feces are disposed of safely
- Encourage the use of potties for young children, and subsequent feces disposal in an improved toilet/latrine
- Encourage the use of the “safe squat” or other latrine training tool with use of an improved toilet/latrine
- If washable diapers are used, encourage that the wash water be disposed of safely (and not in the household yard)