

# Safe Disposal of Children's Feces

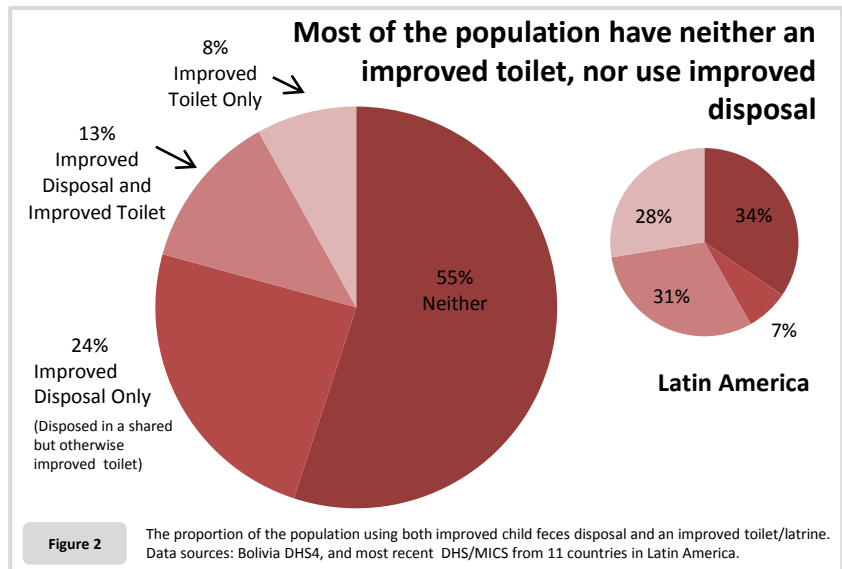
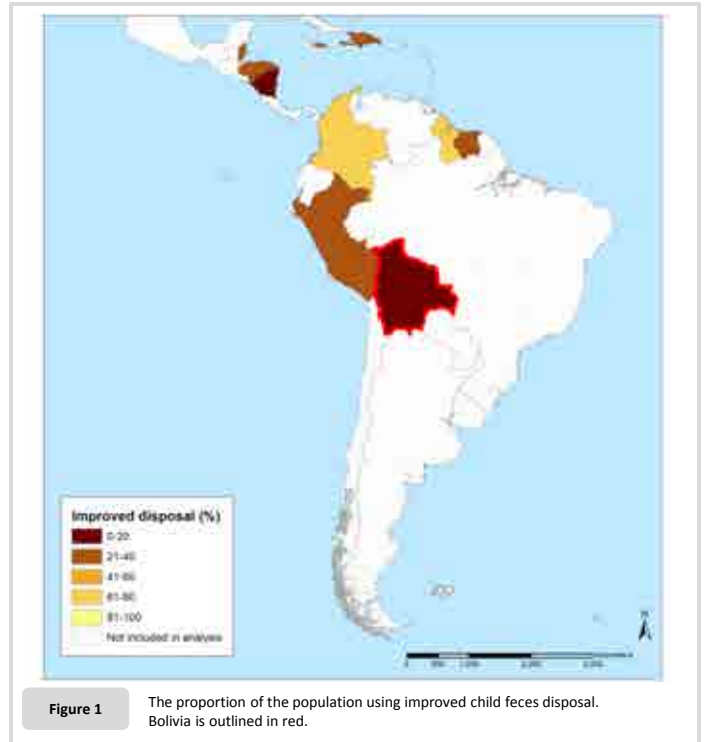
## Bolivia

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.

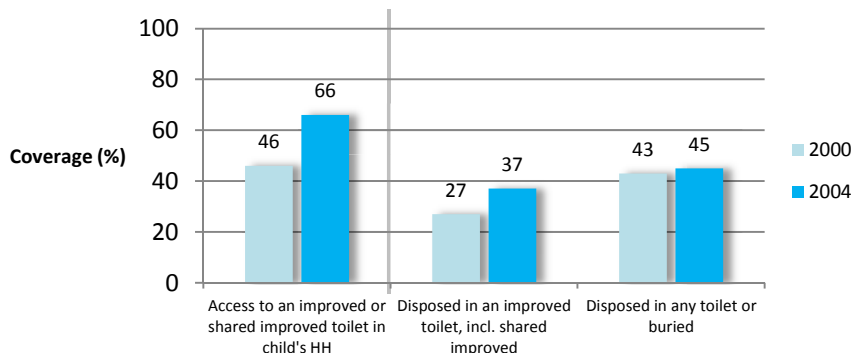
Just as with adult sanitation, safe disposal of children's feces should ensure **separation of the stool from human contact** and a uncontaminated household environment. Improved disposal is defined as either the **child using, or the feces being put or rinsed into an improved toilet/latrine** (Figure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

In the Bolivia, only 37% of children under five have their feces disposed safely. Therefore, the stools of over 780 thousand children under five are not disposed safely, and over 200 thousand of these children practice open defecation.

Using Bolivia DHS4 data from 2004, 55% respondents practice neither improved disposal, nor do they have an improved toilet. 24% of respondents had just improved disposal, and 13% used both. Compared to Bolivia, Latin America was almost three times as likely to use both improved disposal and an improved toilet. (Figure 2).



### Disposal in an improved shared toilet has increased with access



Improved child feces disposal (in either an improved or a shared improved toilet) has almost substantially increased from 2000-2004, from 27% to 37%. This mirrors a similar increase in household access to an improved toilet (Figure 3). But, the same proportion of population with access to an improved toilet is using it for improved child feces disposal.

Improved child feces disposal (in either an improved toilet/latrine or an improved shared toilet/latrine) has increased over the last decade in only rural areas (Figure 4). In urban areas improved disposal has barely changed.

Compared to rural dwellers, urban dwellers are much more likely to have a child consistently use a toilet, or to put or rinse children’s feces into a toilet. Furthermore, there is a high percentage of people both in rural and urban areas that dispose of feces with solid waste (Figure 5). In contrast, rural dwellers were more likely to leave children’s feces out in the open.

### There was only a slight increase in improved disposal in rural areas from 2000-2004

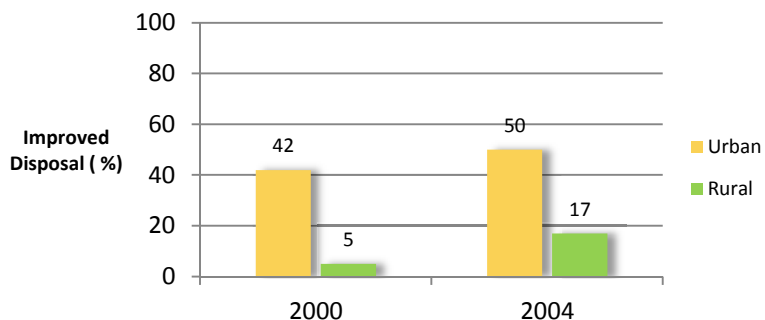


Figure 4 The proportion of the population using improved child feces disposal by urban and rural residence, Data source: Bolivia MICS2, 2000 and DHS4, 2004

### Rural dwellers are much more likely than urban dwellers to leave children’s feces in the open

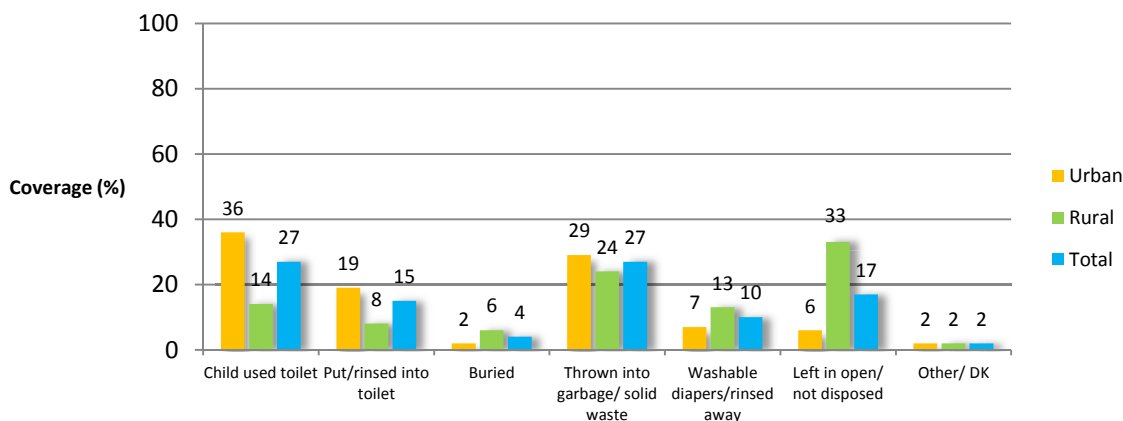


Figure 5 The proportion of the population using different child feces disposal methods by urban and rural residence, Data source: Bolivia DHS4, 2004

### 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 10% 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)