Undernutrition and water, sanitation and hygiene

Water, sanitation and hygiene (WASH) play a fundamental role in improving nutritional outcomes. A successful global effort to tackle undernutrition must include WASH.

Background

Almost half of all under-five child deaths globally are attributed to undernutrition. Defined as an outcome of insufficient food intake or nutrient absorption, and repeated infectious diseases, undernutrition manifests as stunting (low height-for-age), wasting (low weight-for-height) and deficiencies in micronutrients. In 2014, 159 million children around the world were stunted and 50 million were wasted, while an estimated 2 billion people suffer from micronutrient deficiencies. The World Health Organization (WHO) estimates that 50% of undernutrition is associated with infections caused by unsafe water, inadequate sanitation or insufficient hygiene.

What are the links between undernutrition and WASH?

The relationship between nutrition and WASH is complex, with multiple and overlapping pathways.

Direct links: Unsafe water, poor sanitation and hygiene are directly linked to undernutrition in children through three key pathways: diarrhoea, intestinal worms (soil-transmitted helminths) and environmental enteric dysfunction (EED).

- **Diarrhoea**: Diarrhoea, a consequence of poor WASH, is a leading cause of death in children, resulting in 8% of all under-five deaths globally. Repeated episodes of diarrhoea contribute to undernutrition by hindering the absorption of nutrients. Children who are undernourished are also at high risk of suffering more frequent and severe episodes of diarrhoea, creating a vicious cycle.

- **Intestinal worms (soil-transmitted helminths)**: Without safe sanitation and hygiene, these infections are transmitted via contact with or ingestion of soil contaminated with human faeces that contain worm eggs. It is estimated that around 2 billion people globally are infected and 4.5 billion are at risk of infection. Such infections can lead to anaemia, poor growth and impaired cognitive development. Recent reviews have shown that improvements in sanitation can reduce the risk of infection by approximately 50%.

- **Environmental Enteric Dysfunction (EED)**: EED (also referred to as environmental or tropical enteropathy) is a sub-clinical condition affecting both the structure and function of the gut, which has been found to be associated with chronic enteric pathogen exposure and poor WASH conditions. This condition may be a major cause of growth faltering because of the associated nutrient malabsorption and systemic inflammation. Although more rigorous
experimental evidence is needed to understand if and how improvements in WASH can reduce EED, at least three large intervention studies are currently addressing this (see below).

**Indirect links:** The time taken to fetch water, and the cost of water purchased from vendors when it is not readily available in the home, impact on the amounts and quality of water consumed, and on hygiene practices, which in turn impact on nutrition. Additionally, time spent sick with waterborne diseases or collecting water impedes educational attainment, which has a significant impact on health, wellbeing and poverty over a lifetime, and potentially over multiple generations.

**A growing evidence base**

To date, there have been very few rigorous trials to determine the magnitude of the effect of WASH on undernutrition, because WASH has been given relatively low priority in medical research. However, in recent years, the need for better evidence in this area has been increasingly recognised.

- The first systematic review of the available evidence of the effects of WASH on childhood undernutrition was published in 2013. Conducted by the London School of Hygiene & Tropical Medicine through the Cochrane Collaboration, it found suggestive evidence of “a small benefit of WASH interventions (specifically solar disinfection of water, provision of soap, and improvement of water quality) on length growth in children under five years of age.” In a sub-group analysis, the biggest effect on height growth was found in children younger than 24 months. Most of the studies included used point-of-use water treatment, and did not examine water supply or sanitation.

- Five randomised controlled trials on WASH and undernutrition have been published since the Cochrane Review. Results of two of these showed a significant effect on childhood stunting, and three found no effect. However, these latter three studies had very low uptake and compliance.

- Analysis in *The Lancet* in 2013 shows that a quarter of cases of stunting can be attributed to the occurrence of five or more episodes of diarrhoea before two years of age.

- Econometric analysis of cross-sectional data from 65 countries reports that open defecation explains 54% of international variation in children’s height. This link is even stronger when population density is high. Although not evidence of causality, this suggests that India’s widespread open defecation and high population density place children at an increased threat of stunting, and may help explain the “Asian enigma”, whereby despite increases in economic growth, children in Asia are shorter on average than are those in Africa, who are poorer.

- Although limited, the evidence linking EED to undernutrition is growing, with a number of large intervention studies underway with some results expected next year. The Sanitation Hygiene Infant Nutrition Efficacy (SHINE) study is a four-arm randomised trial in Zimbabwe examining the independent and combined impact of WASH and nutrition interventions on child growth.
Similarly, the **WASH Benefits** trial in Bangladesh and Kenya is a cluster randomised trial investigating whether WASH and nutrition interventions alone or in combination lead to better improvements in linear growth during the first two years of life.\(^{21}\) Meanwhile, the Maputo Sanitation (**MapSan**) controlled before-and-after trial is estimating the health impacts of a decentralised urban sanitation intervention in informal neighbourhoods of Maputo, Mozambique. It will assess whether exposures and health outcomes (including, among others, anthropometric measures) vary by population density.\(^ {22}\)

**Recommendations for research, policy and practice**

Efforts to improve nutrition have focused on the immediate causes of undernutrition, including the quantity and quality of foods and micronutrients. Much less attention has been paid to the underlying causes of undernutrition, particularly the role of WASH. In the context of the new Global Goals, particularly Goals 2, 3 and 6, integration across multiple sectors, with joint targets, indicators and accountability will be critical to progress all goals. Action and collaboration between the WASH and nutrition sectors are urgently needed at global, national and programmatic levels, including:

- **Integrating WASH into national nutrition policies, strategies and plans**, with relevant targets, joint indicators and funding to measure progress and outcomes, including within the Global Goals framework.

- **Joint multi-sector action** from national governments, nutrition experts, health-care providers, WASH practitioners, academics and research institutions, donors and civil society. This requires strengthened accountability for nutrition-sensitive commitments, including WASH, made by governments and development partners.

- **Increased domestic and international funding for WASH** as a key ‘nutrition-sensitive’ intervention.

- **Improving the evidence base** through ongoing randomised control trials, which is important to fill knowledge gaps. Increased efforts should also be directed at understanding how WASH interventions can be tailored to support nutrition programmes to maximise efficiencies and health impact. Experiences of effective implementation of integrated programmes need to be evaluated, documented and included in programmatic guidance.
References


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