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Safe management of child faeces in India

Calls to Action

Key messages

- Children's stool is not disposed of safely into a toilet in most of India, which may increase children's risk for diarrhoea and related infections, and undermine the benefits of an Open Defecation Free (ODF) India
- Mothers with children under six months of age are the least likely to dispose of faeces safely, instead discarding their children's faeces in the open (in garbage piles, water bodies and other locations outside the home)
- The proportion of mothers/ caregivers safely disposing children's stool increases as a child ages, and older children are more likely to use the latrine directly for defecation
- Promising strategies to improve safe faeces disposal include:
 - Targeting pregnant women, mothers, caregivers of children, at times and in locations convenient for them, for instance through anganwadis
 - Explaining health risks of unsafe disposal
 - Providing practical information and demonstrations for how to safely dispose faeces, for those with toilet access and for those without
 - Demonstrating how older children can be assisted and taught to use the latrine
- These strategies can be integrated into ongoing initiatives under the Swachh Bharat Mission's ODF Plus agenda, as well as child health and nutrition focused interventions under the POSHAN Abhiyan and the National Health Mission platform



SAFE MANAGEMENT OF CHILD FAECES

A child's stool is considered to be disposed of safely when the child uses the toilet or when the faeces is put or rinsed into the toilet/latrine. Unsafe disposal of child faeces occurs when the faeces is put or rinsed into a drain or ditch, buried, thrown in the garbage, or left in the open¹.

CHILDREN'S STOOL IN INDIA IS POORLY MANAGED

- 64% of mothers in India managed children's stools in an unsafe manner with 44% leaving stools in the open²
- 75% of mothers in **rural** India disposed children's stools in an unsafe manner²
- Unsafe disposal is practiced most often by those from the lowest wealth quintiles, are least educated, and who lack access to a toilet or latrine²
- Disposal practices vary by state. Safe disposal is least commonly practiced in Odisha (13%) and Bihar (17%), and most commonly practiced in Kerala (92%) and Sikkim (98%)²

UNSAFE DISPOSAL OF CHILD FAECES ADVERSELY AFFECTS CHILDREN'S HEALTH

Young children's stool is perceived to be less harmful than adults' faeces^{3,4} and is often discarded in the open or buried. Such practices, however, run counter to the evidence that children's faeces have more harmful pathogens given the higher incidence of enteric infections among young children than among adults^{5,6}.

Young children are prone to ingesting faecal pathogens, with behaviours such as mouthing, geophagia, and physical exploration of their environment increasing children's contact with faecal pathogens in their living environment^{7,8,9,10}. In India, children whose stools were discarded inappropriately had 11% greater odds of diarrhoea as compared to children whose faeces were handled safely¹¹. Further, an increase in the unsafe disposal of children's stool at the community level significantly increased the risk of diarrhoea in children, more than the improper disposal of the index child's excreta alone¹². A greater focus on safe disposal of child faeces can therefore confer important health benefits for children.

INTERVENTION IN INDIA DEMONSTRATES IMPROVEMENT IN SAFE MANAGEMENT OF CHILD FAECES

While evidence on child faeces disposal is limited in India, some research sheds light on promising intervention strategies¹².

- Research conducted in rural Odisha evaluated a low-cost intervention that included a 'mother's group' activity led by community mobilisers with support from an anganwadi and/or ASHA worker. The group session provided caregivers of children under age five with knowledge about child health risks associated with unsafe disposal, guidance and demonstrations of proper disposal, and low-cost hardware, like scoops and potties. The mother's group session led to an increase in reported safe disposal practices of over 20%



Session with mothers and caregivers on safe management of child faeces in an anganwadi in Raichur, Karnataka, as a part of the 3ie funded impact assessment on 'Promoting latrine use in rural Karnataka using the Risks, Attitudes, Norms, Abilities and Self-regulation (RANAS) approach' (by EAWAG and WaterAid)

- A major drawback to the intervention was not all mothers were able to attend due to household responsibilities and other factors. Researchers recommend that the group sessions be supplemented with household visits to reinforce messages and to reach and engage mothers who are not able to attend group sessions
- While scoops were widely used, mothers indicated that potties were uncomfortable for some children to use, not useful for a wide age range of children, sometimes fought over by children because they were viewed as toys, hard to clean, and could pose risks if cleaned improperly

SIMPLE STRATEGIES FOR THE SAFE MANAGEMENT OF CHILD FAECES IN INDIA

The following strategies are recommended to increase safe management of child faeces, drawing from global literature, India focused intervention research, and field interactions^{12,13} :

- Target all child caregivers, including pregnant women, mothers, grandmothers and anganwadi teachers and helpers
- Make caregivers aware of child health risks (e.g., diarrhoea) related to unsafe disposal and handwashing after contact with faecal matter



- Provide practical guidance on how to properly dispose faeces from children at various ages, from safely washing nappies, to collecting and discarding stool into toilets, and assisting children to use toilets directly
- Conduct demonstrations to show mothers and caregivers how to assist and train older children to use the toilet
- Emphasise the importance of washing hands with soap after cleaning a child's bottom, disposing a child's stool, or assisting a child to use the toilet
- Conduct simple, engaging group sessions with one-on-one visits with caregivers that include visual aids, adequate message reinforcement, and demonstrations and support to practice behaviours
- Reach caregivers at convenient times (e.g., afternoon sessions) and locations (e.g., anganwadis, health centers, health checkups, directly in the household)

INTEGRATION OF STRATEGIES INTO NATIONAL POLICY AND PROGRAMS

Opportunities exist to integrate safe management of child faeces into sanitation, nutrition and health policies. The Swachh Bharat Mission and POSHAN Abhiyan refer to safe management of child faeces, and can intensify efforts as a part of their mandates moving forward.

Government program

Programme rationale

Integration into specific initiatives

POSHAN Abhiyan

Reduce malnutrition

Training/capacity building of anganwadi workers/teachers and helpers

Meetings with pregnant and lactating mothers

Immunisation drives, deworming days, growth monitoring

National Health Mission

Improve child health

Interventions under the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A) program, including ante natal care check ups, Infant and Young Child Feeding interventions, Rashtriya Bal Swasthya Karyakram, Intensified Diarrhoea Control Fortnight, National Deworming Days, Village Health and Nutrition Days, immunisation drives

Swachh Bharat Mission

Reduce presence of faecal matter in the environment

ODF (Open Defecation Free) Plus agenda, Information, Education, Communication related to latrine usage, and training of Swachh Bharat Mission foot soldiers

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This brief was prepared by **Bethany Caruso**, Emory University (bcaruso@emory.edu) and **Arundati Muralidharan**, WaterAid India (ArundatiMuralidharan@wateraid.org)

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