Key messages:

• In 2012, four in five households (81 percent) surveyed in Niger reported unsafe disposal of the feces of their youngest child under age three.

• Even among households with improved toilets or latrines, 23 percent reported unsafe child feces disposal behavior.

• Unsafe child feces disposal is more prevalent among households that defecate in the open, those in rural areas, and those that are poorer.  

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 Niger 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.

In the latest JMP report, only 9 percent of Niger’s population had access to improved sanitation in 2012. This means that 16 million individuals in Niger lacked improved sanitation in 2012, of which 13 million practice open defecation. However, these estimates are 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

While 19 percent of households in Niger reported safe disposal of their youngest child's feces, only 7 percent of households reported that their youngest child's feces were disposed of into an improved sanitation facility (see Figure 1). This low percentage of households reporting improved child feces disposal suggests that children under age three have slightly worse sanitation than the country's broader population, where 9 percent use improved sanitation. Virtually all households (98 percent) practicing open defecation reported unsafe child feces disposal (Figure 2). Niger ranked fifth worst (number 34) for the proportion of children whose feces are safely disposed, out of 38 African countries with available Multiple Indicator Cluster Survey (MICS) or Demographic and Health Survey (DHS) data.

Among households with children in their first year of life, 19 percent reported safe disposal, compared to 23 percent of those with children aged four (48 to 59 months). A small shift is seen as children grow (Figure 3): children are increasingly likely to have their feces left in the open or not disposed of. Once children reach four years of age, children are slightly more likely to use a toilet/latrine themselves, or have 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. The main shift by age in Niger, however, is for an increase in the percentage of youngest children whose feces are left in the open—which essentially is open defecation.

In the poorest quintile in Niger, only 2 percent of households reported safe feces disposal for their youngest children under age three, compared to three quarters (74 percent) of the richest households (Figure 4). Widening the perspective to all individuals living in households with children under age three, 0 percent of members in the poorest quintile used a toilet/latrine of any kind, compared to 88 percent in the richest quintile.

Between 2006 and 2012, reported safe disposal of child feces increased in Niger, from covering 14 percent of the youngest children per household nationally in 2006, to 20 percent of them in 2012. However, the prevalence of safe disposal in rural areas remained eight times lower than in urban areas (see Figure 5).

What Is “Safe Disposal” of a Child's Feces?

The safest way to dispose of a child’s feces is to help the child use a toilet or latrine or, for very young children, to put or rinse their feces into a toilet or latrine. For the purposes of this brief, these disposal methods are referred to as “safe,” whereas other methods are considered “unsafe.” By definition, “safe disposal” is only possible where there is access to a toilet or latrine. When a child’s feces is put or rinsed into an “improved” toilet or latrine, this is termed “improved child feces disposal.”
**FIGURE 1** In 2012, only one-fifth (19 percent) of households in Niger reported that the feces of their youngest child under age three were safely disposed. Percentage of households reporting each feces disposal practice for their youngest child under age three, Niger, 2012.

**FIGURE 2** Even among households with improved sanitation, 23 percent reported unsafe child feces disposal behaviors. Reported feces disposal practice for households’ youngest child under age 3, by household sanitation facility type, Niger, 2012.

**FIGURE 3** Child feces disposal behaviors differ across child age groups. Reported feces disposal practice for children of different ages, Niger, 2012.

Behind this national-level data, there is wide variation in child feces disposal practices, with a greater prevalence of unsafe practices among households without access to improved sanitation, in rural areas, and those that are poorer. For example, unsafe disposal in rural areas and among the poorest 40 percent of households is worse than among children overall. Although this brief only focuses on one socioeconomic 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 Niger, UNICEF has promoted safe disposal of children’s feces since 2012, particularly in cholera-affected areas. However, there are few other interventions in Niger aimed at the safe disposal of children’s feces during the first years of life. The national evaluation criteria and forms used for verification of open defecation free (ODF) villages in Niger do not explicitly consider sanitation for children. The major known barrier to safe child feces disposal in Niger is household access to a toilet/latrine, which is a prerequisite of safe child feces disposal. Only 9 percent of the population uses improved sanitation, so it is imperative that household and child sanitation be addressed simultaneously. In general, sanitation for children under age three has been a neglected area of policy and program intervention in Niger.
• Exploring opportunities to integrate child sanitation into existing strategies, or monitoring mechanisms.

• Partnering with the private sector to improve feces management tools, such as potties, diapers, tools for retrofitting latrines for child use, and scoopers

• Improving the enabling environment for management of children’s feces, by including specific child feces related criteria in ODF verification protocols and in national sanitation policies, strategies, or monitoring mechanisms.

DATA SOURCES

Unless otherwise specified, all analysis in this brief is based on households’ self-reported behavior for disposing of child feces, as collected in the 2012 Niger DHS, which is the latest MICS/DHS available for Niger that records child feces disposal behavior.

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 live with the respondent (mother or caretaker). To maximize comparability, we restricted all analysis to children under age three in all figures, except Figure 3.
It is likely that self-reports overestimate safe disposal.14 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.15 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.
4 Maiga, Taibou Adamou. 2014. Email correspondence.
6 These asset indices used to classify households into wealth quintiles have not been adjusted to remove drinking water or sanitation variables.

NOTES

We’re 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 child 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.

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