Managing Small Children’s Sanitation: Formative Research from Cambodia
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Background
- Fecal contamination of water and food causes diarrhea, currently responsible for the death of 565,000 children under the age of five annually, and also a leading cause of child malnutrition worldwide.1
- Child malnutrition can also be caused by environmental enteropathy, which inhibits children’s absorption of nutrients as they grow. This condition is also associated with exposure to unhygienic environments and has been hypothesized to be linked to fecal contamination in the home environment.2
- Lack of adequate sanitation has been linked to child stunting both in Cambodia and elsewhere, with findings indicating that open defecation can inhibit children’s growth.3
- Most caregivers said children could be defecating in the latrine pan. Wood was not burned, buried, or burned Burried, burned, or burned
- Children defecate in locations other than the latrine or potty, and children’s feces are more likely to be disposed of hygienically.4
- Rarely/Never uses the latrine

Results

Discussion
- The Cambodia area of DFID found that 34% of time of children under 5 were disposed of hygienically.5 These studies find that where there is a functioning improved latrine, 62.8% of the feces of children under 5 are disposed of hygienically.6
- Safe disposal of children’s feces is cited by respondents as a high priority, but their remains low awareness of the danger of children’s feces. Perceptions of dirtiness in managing children’s feces could further be researched. Even in households where children’s feces are disposed of hygienically, disposal of wastewater from children and children remains an issue: wastewater is often thrown onto or around households or drained to the yard. This issue also merits further research.7
- Further investigation is also needed into handwashing practices around managing children’s sanitation: high rates of handwashing with soap after disposal of feces and after washing children’s bottoms, were reported, but were likely influenced by self-reporting bias.8
- Our household survey found that childcare hand hygiene is already in place, that the caregiver should wash their hands before and after changing children’s diapers.9
- The perception that products presented in the focus groups were “modern” or “from the city” indicates their attractiveness to caregivers in Cambodia. There appears to be a strong connection between the concept of modernity and hygiene.10
- Some have hypothesized that when sanitation is improved, the largest health benefit of all is preventing diarrhoea.11 This is also a leading cause of child mortality.12
- Very little research has been done on children’s sanitation worldwide, and virtually none in Cambodia other than Buttenheim et al., where hygiene rates are reported to be as low as 0%.13
- Children’s feces are more likely to be disposed of hygienically, 62.8% of the time. This indicates a need for continued increases in latrine coverage in rural Cambodia.14
- The likelihood of child feces being disposed of hygienically is directly related to the age of the child. Even when children are very young, even before they are toilet trained, their feces are more likely to be disposed of hygienically.15
- When asked at which age children are very young, even before they are toilet trained, their feces are more likely to be disposed of hygienically.15
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- In latrine 24 months being most likely to have feces disposed of hygienically.16
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