UNICEF Sanitation Factsheet for World Toilet Day 2013

The Situation

- Since 1990, almost 1.9 billion people have gained access to an improved sanitation facility (a safe clean toilet). However, we are not on track to meet the MDG sanitation target by 2015.
- Globally, 2.5 billion people (36% of the global population) do not use improved sanitation facilities (safe, clean toilets) and 1 billion people still defecate in the open (15% of the global population) - the majority of these (934 million) live in rural areas.
- The number of people practising open defecation is decreasing in all regions except sub-Saharan Africa – but not quickly enough. Open defecation is still most widely practised in Southern Asia and Sub-Saharan Africa.
- Southern Asia has made progress – from 24% of the population using improved sanitation in 1990, to 41% in 2011 – however significant gains still need to be made in this region. Two-thirds (66%) of those practicing open defecation live in India.
- Oceania has made little progress: only 36% of the population uses improved sanitation.
- Sub-Saharan Africa has made the least progress: only 30% of the population uses improved sanitation facilities. The richest 20 per cent in sub-Saharan Africa are five times more likely to use improved facilities than the poorest 20 per cent.
- In several countries (including Benin, Burkina Faso, India and Nepal), 95% or more of the poorest people practise open defecation, and progress for the poorest 40 per cent has been minimal since 1995.

The Consequences

- Most pathogens that cause diarrhoea share a similar mode of transmission – from the faeces of one person to the mouth of another. 88% of all under-five deaths from diarrhoeal diseases are due to a lack of clean water, safe sanitation and good hygiene.
- From 2000 to 2012, the total annual number of deaths from diarrhoea among children under 5 decreased by more than 50%, from almost 1.3 million in 2000 to about 0.6 million in 2012. However, globally, diarrhoea still remains the second largest cause of under-five mortality and is responsible for 9% of all under-five deaths. Almost 600,000 children under five die each year – more than 1600 a day – as a result of diarrhoea.
- Globally there are 1.5 billion infections with intestinal nematode infections (worms), affecting one quarter of the world’s population. School age children have the highest intestinal worm infection prevalence of any group. An estimated 47% of children ages 5-9 in the developing world suffer from a worm infection. It is common for a child living in a less developed country to be chronically infected with all three worms (hookworm, whipworm, roundworm). Such children have malnutrition, growth stunting, intellectual retardation, and cognitive and educational deficits.
- Both childhood diarrhoea and intestinal worms were independently associated with profound and lasting growth shortfalls. These associations remained significant when controlling for a number of possible physical and socioeconomic confounders. The study found that the average 9 diarrhoeal episodes before the age of 2

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years was associated with a 3.6 cm growth shortfall at age 7. In addition, early childhood helminthiasis (worms) was associated with a linear growth faltering and a further 4.6 cm shortfall.  
- Another review also found that a high burden of diarrhoea in the first 2 years of life is associated with a much higher risk of stunting. In a pooled analysis of data from nine studies in five countries, 25% of stunting at 24 months of age was attributed to having five or more episodes of diarrhoea in the first 2 years.  
- Verbal abuse, humiliation, sexual harassment and rape are a risk for many women and girls who do not have access to a safe clean toilet and have to wait until nightfall and seek the privacy of darkness to relieve themselves. Women who don’t have access to toilets are often referred to as Prisoners of daylight. Women and girls also need privacy and dignity when menstruating. Menstruation, pregnancy and the post-natal period become more problematic if women have nowhere to adequately take care of themselves.  
- Separate toilets at school mean more girls are likely to attend in the first place and more girls are likely to stay on after puberty to complete their education.

**The Solution**

- A 2007 survey in the British Medical Journal showed that their readers believed sanitation to be the most important medical milestone since 1840.  
- Improved sanitation reduces the incidence of diarrhoea in children under 5 by 36%.  
- Transmission of intestinal worms occurs through soil contaminated with faeces. This is entirely preventable by adequate sanitation and good hygiene practices.  
- Improvements in sanitation were associated with increases in height ranging from 0.8cm to 1.9cm (decrease in stunting by 4–37% (rural) and 20–46% (urban)).  
- A study analysing 40,000 randomly selected households from poor urban and rural areas concluded that:  
  - **Compared to having an improved latrine**
    - Among rural families, lack of an improved latrine increased under 5 mortality by 29%  
    - Among urban families, lack of an improved latrine increased under 5 mortality by 22%  
  - **Compared to having an improved latrine**
    - Among rural families, open defecation increased child mortality by 43%  
    - Among urban families, open defecation increased child mortality by 30%

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