

Link between Sanitation and Stunting

What is the issue?

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Results of different studies involving the impact of sanitation on stunting has implications for India.

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What is Stunting?

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- Stunting is a complex problem which is related to the low height of the children with respective to their age.
- The factors which believed to implicate stunting are prenatal health, breastfeeding and diet. \n
- Researchers have homed in on an alternative hypothesis, that poor sanitation plays a greater role in stunting, because faecal bacteria and parasites deprive the child of nutrition. \n
- Various trails showed that intestinal inflammation, possibly caused by exposure to faecal germs, is correlated with stunting.
- Children in richer South Asian countries are shorter on average than those in poorer Sub-Saharan African countries, and no intervention so far has closed this gap.

 Much of the height variation among those regions could be explained by differences in open defecation rates \n

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What was the results of the study conducted in this regard?

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 WASH, this study was made with trials, which implemented water, sanitation and hygiene (WASH) interventions in Bangladeshi and Kenyan villages for two years.

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- The WASH interventions included replacing poor-quality toilets with improved ones, chlorinating drinking water, and promoting hand washing.
- This was an effort to prevent stunting (low height for age) seen in children under two years in developing countries.

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- When the trials ended, researchers found these children were not taller than those who did not receive these interventions, this is because the study required atleast two generation of trails.
- The findings are a setback to the hypothesis that improving sanitation can thwart childhood stunting, but the findings has given various insights on developing countries.

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What are the important insights of the study?

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• India is the only country today in which over 50% of the rural population still defecates in the open.

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- Bangladesh, while close to India in population density, brought down open defecation rates from 42% in 2003 to just 1% in 2016.
- Only around 3-9% of the participants in the trial in Bangladesh, and less than 5% in the trial in Kenya, defecated in the open.
- Even in countries like Bangladesh, poor-quality toilets can cause heavy faecal

contamination, Villages saw high rates of both contamination and stunting

 \bullet The study also showed that open defecation had a stronger impact on height when population density was higher, as is the case of India. \n

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What are the implications for India?

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• India introduced Swatch Bharat Abhiyan (SBA) to eliminate open defecation by 2019.

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- \bullet National Family Health Survey reports shows that open defecation still remains quite common in rural India and its distribution across districts looked pretty similar to 2011. \n
- This proves India's Swachh Bharat Abhiyan (SBA) it is difficult to change people's sanitation habits.

• Thus programmes like the SBA that focus on constructing toilets can't do much in the face of deep-rooted cultural beliefs about open defecation.

- \bullet If behavioural change campaigns are not initiated to tackle the problem, Indians will continue to defecate in the open even if they get toilets for free. \n
- \bullet Against this backdrop, the Bangladesh study is significant because it did succeed in changing participant behaviour. \n

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Source: The Hindu

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