

Promoting Safe Child Faeces Management in Solomon Islands

Community report – Findings from formative research in Guadalcanal Province

June 2021

Background

Disposing of babies' and young children's poo safely from the house and the environment causes big health risks for Solomon Islanders, especially babies and children.

A team of researchers from Solomon Islands National University (SINU) visited two villages in Guadalcanal Province between February 2021 to learn about *how* people handle and dispose of baby and child poo, *why* they do this and *what* are the different roles of men and women.

Research process

The research team spent a week in each village. Both of these villages had taken part in a program to promote toilets and end open defecation. This program was called Community-Led Total Sanitation, or CLTS. In one village about half of the households had toilets, while in the other it was approximately three quarters. The most common types of toilets were dry pits and pour flush toilets.

The research team spoke with mothers, fathers and grandmothers of young children, as well as village Chiefs and members of village committees, like women's groups and sanitation or health committees. The research team also looked at toilets and taps, and asked people to demonstrate how they get rid of their child's poo.



Key findings

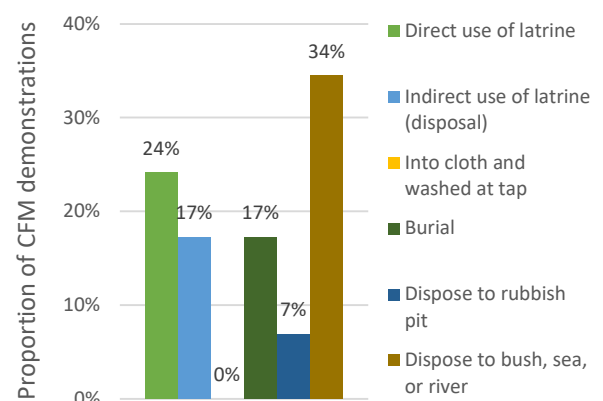
Handling the poo

There are different ways of handling and cleaning the poo away.

Convenience, or what is easiest, was important when choosing what to do with the baby or child poo. Houses close to a river, stream or the beach often used those places to get rid of poo, including washing poo from cloth. Putting the poo in the toilet was also common, but it required more effort (for example, having to carry water for flushing). Toilets were also sometimes difficult to access because of steep or slippery paths. People also got rid of poo by throwing it in the bush, burying it, or throwing it in the garbage.



Where did parents report disposing of children's faeces?





Children started using the toilet around the age of 3. However, children could fear poor-quality toilets, ones that were unstable, or dark.

No one reported leaving poo on the ground or being too disgusted by it to clean it. Poo becomes more disgusting when the children start eating solid foods, and others poo was more disgusting than their own children's.

Throwing the poo in or around the garden, river or sea was believed to contaminate food and fish. Poo on the ground was also known to attract flies which could spread dirt to food.

Participants reported different reasons for cleaning the poo away. An important reason was to do what was best for their child, for their health and wellbeing. Mothers and fathers did not want flies to touch their baby's poo and then touch food. Other reasons were because that is what everyone else in the village does, and because it would be embarrassing if a visitor came to their house and found poo lying around.

Others want to live up/being influenced to a clean setting like those in the cities". – Grandmother, Bubumala village

Participants had a high level of knowledge about poo, flies, food, and disease, and would get rid of poo in ways that avoided flies and smells (for example, throwing in the sea or river or burying).

The roles of men and women

The mother was the main carer for children and the main person who would handle the baby's or child's poo. Handling the child's poo was seen mainly as a woman's job.

Fathers did clean their baby's or child's poo if the mother was busy or not available. Some people thought men should not do this because other

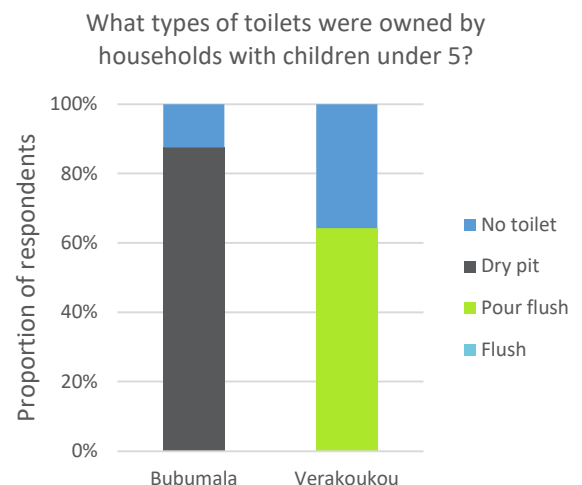
people might think he was doing a "woman's job", particularly if relatives were present. However, many respondents thought men could be praised for looking after children, including cleaning their poo, and could be considered cooperative, supportive fathers.

Water and toilet access

Water was said to generally be plentiful in Guadalcanal villages, through there were different experiences depending on if the village was higher in the hills or closer to the coast. One village had a stream running through the village while the other was approximately 500m away. The stream was used for washing of clothes. Shared tapstands or tanks are common.



Of the households that had children under 5, varying levels of access to toilets was reported. More than 75% of households in the study reported having a household toilet. The most common types were dry pit and pour flush toilets. Many toilets were reported to be not functioning, not clean, or in need of repairs.



Trusted knowledge and information

Trusted sources of information relating to childcare practices were mainly female relatives (mother, grandmother, sister). Healthcare professionals were trusted sources of information regarding vaccination.

With respect to sanitation, trusted sources were the LLEE project, the chief and health professionals. Sharing information on childcare was mostly reported in the context of a mother giving instructions to relatives before leaving their own child in someone else's care.

What did we interpret this to mean?

The formative research was conducted in villages that have previously engaged with CLTS programming. The research revealed existing CFM practices within villages, some safe, that could be further encouraged alongside CLTS. Understanding the existing CFM processes allows the identification of safe CFM processes that leverage the strengths of existing practices, rather than trying to develop completely new CFM practices.

Parents want a convenient way to remove child faeces from the domestic environment to avoid the sight and smell of faeces, flies, and the associations of contamination and to prevent the possibility of contact with faeces.

Latrines can prevent contact and avoid the sight of faeces. The extent to which they prevent smell and flies depends on the quality of the latrine. However, latrines can be less convenient than other solutions if the child has defecated elsewhere and faeces must be collected and transported. This means more work for mothers, who are already very busy. Poorer quality latrines can be unpleasant to use, particularly for children.

"[We have] no proper place to dispose of the poo and the distance from the house to the shared toilet is far" – Mother, Bubumala village

One approach would be to make the latrine option more convenient, more pleasant, or more socially desirable and/or to make the use of public water bodies less desirable / less acceptable. There is an aspiration among households for good quality sanitation (meaning pour-flush) and some resistance to investing in dry pits which are regarded as of a perceived poorer quality.

Key lessons

1. To maintain children's good health and avoid diseases, it is important to always clean baby and child poo properly. This includes always washing dirty clothes, cleaning any tools that have contact with poo (for example, shovels), and washing hands with soap.
2. Although sometimes it is not the easiest or most convenient, the safest way to dispose of poo is in a good toilet that keeps poo away from people and out of the environment. When you put poo in the toilet, no one will come in contact with it, which is why this is the safest way of reducing risks to health.
3. Both mothers and fathers clean their baby's or child's poo, and it is becoming more acceptable for men to do so. Both men and women believe that men should be more involved in cleaning the baby's or child's poo, as this ultimately will benefit the baby/child more than anyone.

We thank the community members for the very valuable assistance in learning about child faeces management in their villages.

For more information, please contact the SINU Project Manager, Dr Hugo Bugoro, on phone number 42841. To learn more about the project, please visit: <https://watercentre.org/research/research-impacts/promoting-safe-child-faeces-management-in-solomon-islands/>

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