Lao Social Indicator Survey (LSIS)
Water, Sanitation and Hygiene

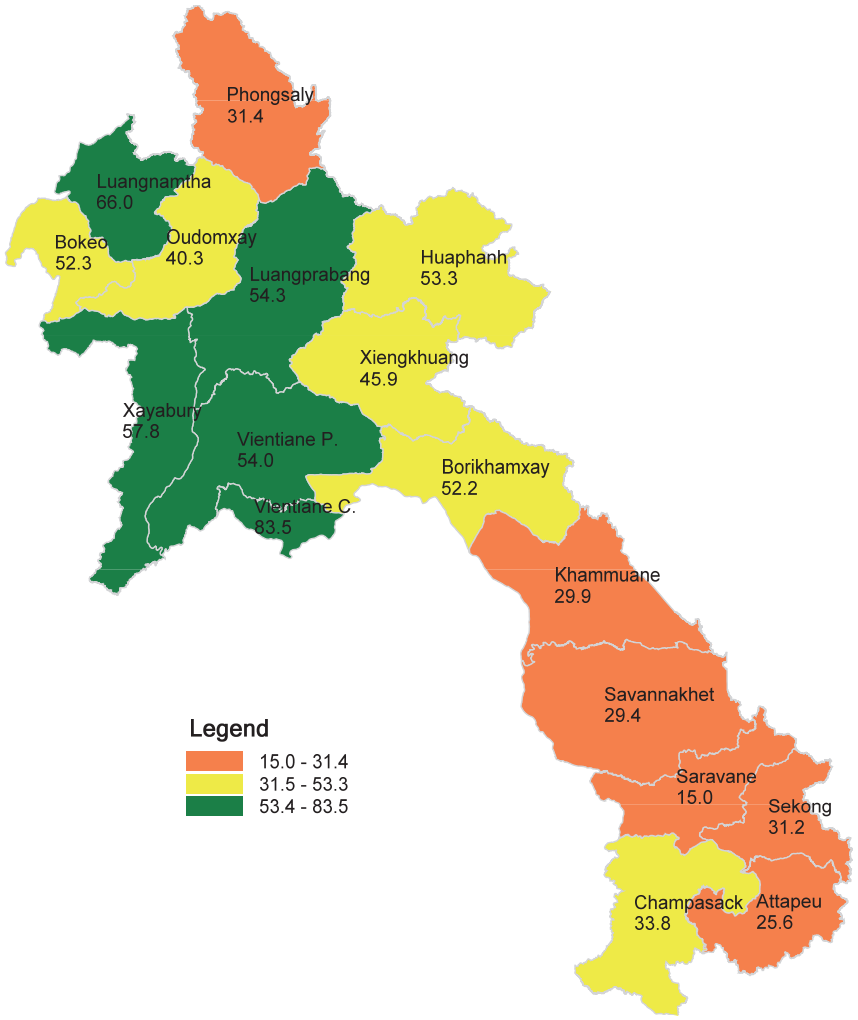
There are stark inequalities in access to improved sources of drinking water and basic sanitation facilities in Lao PDR

Safe drinking water is a basic necessity for good health. Unsafe water can be a significant carrier of diseases such as trachoma, cholera, typhoid and schistosomiasis. Drinking water can also be contaminated with chemical, physical and radiological elements that harm human health.

The inadequate disposal of human excreta is associated with a range of diseases including diarrhoea and polio. Improved sanitation can significantly reduce the prevalence of diarrheal disease, and lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. An improved type of sanitation facility is defined as one that hygienically separates human excreta from human contact.

Only 15 per cent of people in Saravane province have access to both improved drinking water and sanitation facilities, compared with 84 per cent in Vientiane capital. This demonstrates a big disparity between the better-off capital city and the remote provinces.

Percentage using improved drinking water sources and improved sanitaion



In 71 per cent of households, an adult female usually collects the drinking water when the source is not on the premises, while children age under 15 collects water in 12 per cent of the households without a source on the premises.

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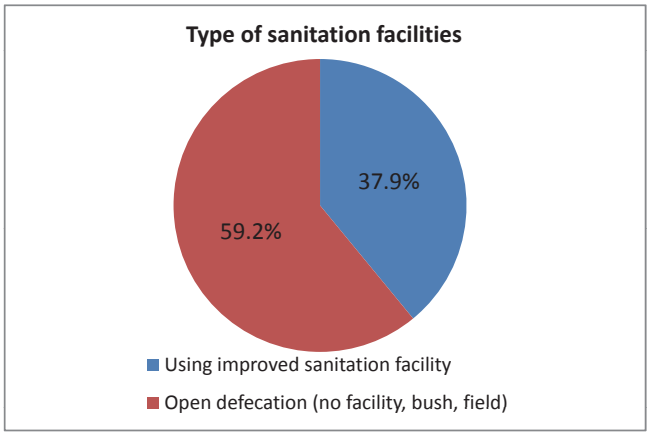
Some 59 per cent of the Lao population is living in households that use an improved type of sanitation facility, while 38 per cent of the population has no sanitation facilities at all and practice 'open defecation'.



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There is a clear link between appropriate hygiene behaviour and the health and nutritional status of children age under 5

Poor hygiene-related behaviour, such as open defecation and the failure to properly remove faeces, combined with factors including rural inaccessibility, poverty and low education level are contributing to poor public health in Lao PDR. There is statistical evidence of these links.

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Access to a latrine does not necessarily mean that a family will use it to dispose of children's faeces. Only about 36 per cent of families with children age up to 2 years who have access to a latrine or toilet on their premises actually use it to dispose their children's faeces. The most common way to address stool disposal is to leave it in the open (practiced by 43 per cent of households). Only 19 per cent of stools from children age under 2 years are disposed of safely. The safe disposal of children's stools varies dramatically by education and wealth quintile, from only 5 per cent among the poorest and least educated, to about 50 per cent among the best educated and wealthiest.

Open defecation is practiced by 38 per cent of Lao households, but there is significant geographic variation (only 1 per cent of households in Vientiane capital, rising to 63 per cent in the Southern regions and 78 per cent in Saravane province). Open defecation often combines with low levels of safe faeces disposal, which results in higher rates of transmission of helminthes and potentially fatal diarrheal disease.

Education level of household head	Children whose last stools were disposed of safely (%)
None	4.5
Primary	15.7
Lower secondary	31.4
Upper secondary	43.1
Post secondary non tertiary	47.4
Higher	46.9
Lao PDR	18.6

Increased access to improved water sources and sanitation facilities is linked to decreased childhood diarrhea, underweight and stunting

Diarrhea, underweight and stunting rates among children age up to 59 months with access to piped water are 6 per cent, 16 per cent and 29 per cent, respectively, compared to 11 per cent, 29 per cent and 47 per cent among those with no access to piped water.

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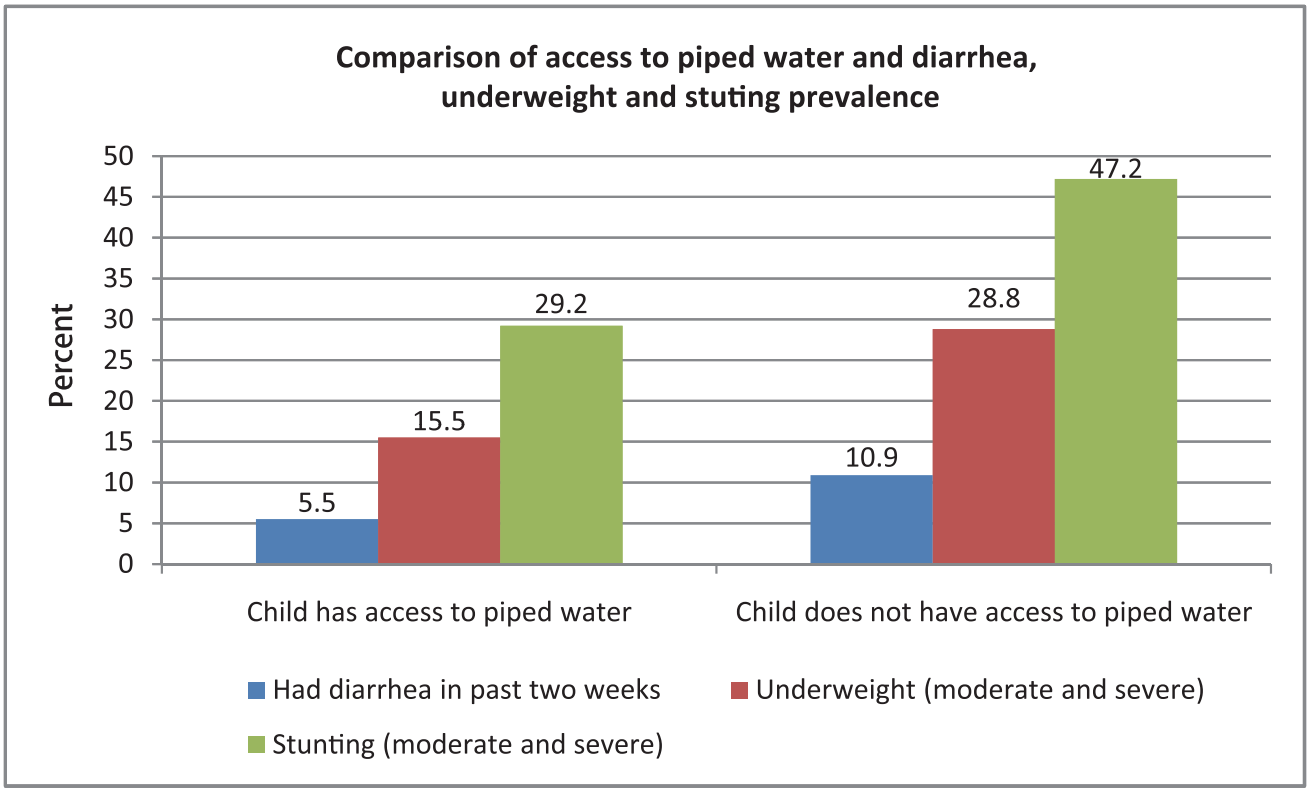

Approximately 82 per cent of the poorest population quintile practice open defecation, and 61 per cent of this group suffer from stunting. Meanwhile, only 0.3 per cent of the richest households practice open defecation, and less than 20 per cent suffer from stunting. Where a higher rate of open defecation is found, a greater prevalence of stunting is also observed.