

Exposure of Pediatric Population to Global WASH-Borne Hazards

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INTRODUCTION

Global pediatric population, particularly children under five years of age, are highly vulnerable to water, sanitation, and hygiene (WASH)-borne hazards and diseases such as diarrhea, dysentery, hepatitis, schistosomiasis, infant botulism, stunting, and other neglected tropical diseases (see for example, Baker et al., 2016, Fuller et al., 2016; Kobayashi, et al., 2014; Uddin et al., 2014; Boisson et al., 2016; Uddin et al., 2012. In 2013, 0.578 million children (<5 years) died due to the diarrheal disease that is the second leading cause of child-death around the world (Liu et al., 2015). It has been noted that young children, particularly in the Global South, are highly exposed to unplanned and unsafe disposal of human feces including child-feces (Isunju et al., 2011; George et al., 2016). A recent study conducted by Freeman et al. (2016) revealed that 'safe' disposal of child feces is practiced by only 1.1% of households by using burial/disposal to toilets.

Meeting the Sustainable Development Goals by 2030 in water, sanitation, and health and to reduce the exposure of millions of world's pediatric population, global WASH-borne hazards need to be addressed and reduced comprehensively to ensure the child-health protection. Despite many initiatives, millions are still dying, affecting diseases and caused disabilities, due to various WASH-borne hazards around the world, particularly in the Global South. Local grass-root level approaches, which are child-friendly, can be re-invented to identify the key problems and to implement appropriate solutions.

This issue cannot be solved overnight. Scientific communities, policy makers and other related stakeholders are suggested to give much attention into this issue for solving the problems, saving our planet and to reduce the WASH-borne deaths of millions of our children around the world. Political willingness, good governance, corporate social responsibilities, and socio-cultural interests to improve the situation are required in many parts of the low- and middle-income regions to make the world better place for our pediatric population.

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