The unmet need of pit latrine use by disabled people: a practical solution

The papers by Schmachtenberger et al[1] and Hey et al[2], published in this issue, identify the unmet need of assistive technologies for people living in rural communities in Lira, Northern Uganda in accessing the use of pit latrines, and describe a new range of portable toilet seats. These toilet seats, designed by the University of San Diego Mechanical Engineering undergraduate senior students in California, and built by local carpenters in Lira, appear to help persons with disabilities to access pit latrines.

Use of a pit latrine requires the user to be able to squat and align their bottom with the opening of the pit latrine. This is a challenging undertaking for some people with disabilities, leaving them with the undesirable alternative of open defaecation.

The novel engineering solution described in the second paper is a welcome cooperation between engineering, medicine and social care. The affordability and local expertise to manufacture the portable seats are two important features which facilitate the rolling out of these toilet seats to other parts of Uganda, and indeed, to various parts of the developing world.

Current medicine in South Sudan addresses the needs of the acutely ill, but not the rehabilitation of the disabled. It is possible that the situation in Lira is similar. Rehabilitation Medicine is largely unknown in South Sudan and most other developing countries and, as such, there are no specialists leading multidisciplinary teams to advocate for the needs of disabled people. This is most likely one reason why the need for the provision of these toilet seats was not identified earlier. Rehabilitation is a team process which entails a partnership with a range of health and social care professionals to address any restriction or lack of activity resulting from loss of an anatomical structure (such as limb loss) or physiological function.[3] Rehabilitation is a dynamic process by which a disabled person is helped to acquire knowledge and skills in order to maximise physical, social and psychological function[4] enabling them to live as normal a life as possible in their community.

The prevalence of disability in South Sudan due to limb loss from land mine injuries, diabetes mellitus, gun shots, falling from trees, road traffic accidents and various medical conditions is unknown. The needs of this segment of society needs attention and inclusion in the national health strategy. The novel toilet seats will be valuable in South Sudan, given their affordability and potential for local manufacture. Further studies to assess uptake, limitations and provision are needed.

References


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