

Sanitation Insecurity and the Indignities of Open Toileting in Ibadan, Nigeria

Olufemi, O. ¹; and Olatunde, O. ²

¹Independent Urban Planner, Ontario, Canada, and Research Associate, Society for Good Health, Sustainable Development and Environmental Awareness, Canada. ²Family Practitioner, New Brunswick, Canada.

Corresponding author: solaoluf@yahoo.com

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Abstract

Open toileting is the discharge of human excrement, faecal and/or urinary, in any open space in the built environment. Indiscriminate exposure to bodily human waste adversely impacts peoples' well-being and environmental health. The prevalence of toilet spaces such as open fields/spaces, forests, bushes, gutters, garbage dumps, streams and rivers constitute a public health hazard. Whether off-street, on-street, flying, public, or private, toilets are inaccessible, of poor quality or non-existent in many public and private spheres in Nigeria. Triple peril of open toileting, toilet sharing, and inadequate water access predisposes many people to ill-health and disease. This paper adopts a qualitative inquiry using focus group discussions, interviews, observations, secondary and non-formal sources to elicit information and lived experiences of 22 individuals about the private and personal matter of toileting. The research was conducted in 2019. Deductions from the research includes moral failure, poor planning, and poor policy implementation. Lack of toilets and clean sanitation spaces, undignified toilet spaces, toilet sharing practices, lack of safety and toilet insecurity in terms of access, location and health were prevalent in places where people lived, learned, worked, played, and recreated. Paper suggests behavioural change through health promotion and advocacy to minimise the continued exposure to the various vector-borne diseases associated with open defecation and improper toilet facilities. Healthy spaces for toileting are essential to healthy life and living, and access to sanitation, inclusive toilets within public spaces is a human right, and the realization of the Sustainable Development Goals six and eleven.

Keywords: Open Toileting, Defecation, Gender, Indignity, Healthy Spaces, Behavioural Change.

Introduction

In a bid to make sanitation for all a global development priority, the United Nations General Assembly designated 19 November as World Toilet Day. This day is about inspiring action to tackle the global sanitation crisis. Seemingly, as we approach the last five years of the SDG period, the world is still not on track to achieve universal coverage of basic WASH (Water, Sanitation and Hygiene) services by 2030 and universal coverage of safely managed water and sanitation services is increasingly out of reach (WHO and UNICEF, 2025: p.iv). UN-Water (2020) notes "everyone must have sustainable sanitation, alongside clean water and handwashing facilities, to help protect and maintain our health security and stop the

spread of deadly infectious diseases such as COVID-19, cholera and typhoid...". Climate change is getting worse and the need to tackle the global sanitation crisis, water and hygiene is looking precarious. Climate change threatens to make sanitation insecurity worse with glaciers melting, weather worsening, sea levels rising, droughts, and flooding. The 2025 theme for World Toilet Day was "Sanitation in a Changing World". This theme highlights how climate change, urbanization, migration and inequality are reshaping how people access a toilet. Over 3.5 billion people still live without safely managed sanitation, and 354 million people still practise open defecation, increasing the risk of disease and harm, especially for women and girls (WHO and UNICEF, 2025).

Toilet and sanitation insecurity refers to the lack of available, usable, acceptable, and affordable toilets within safe and non-discriminatory environments (Roller et al., 2019). Inadequate provision of both public and household toilets has led to the proliferation of open defecation sites in many settings (Ayereka, Jaman, and Ayariga, 2024). Numerous countries remain under-toileted, leaving large segments of the population reliant on open defecation. Poor or non-existent sanitation facilities increase exposure to faecal pathogens, which is associated with a range of infectious diseases, including diarrhoeal diseases, soil-transmitted helminth infections, trachoma, and schistosomiasis (Prüss-Üstün et al., 2008; Guerrant et al., 2013).

In Africa 80% defecate in the open and 60% of Africans do not have access to a toilet, and many use flying toilets (wrapping excreta in plastic bags and throwing it away) (Greed, 2016). Nigeria, a country of about 240 million people, is an under-toileted country with a high prevalence of open urination and defecation. About 46 million people still practice open defecation in Nigeria (UNICEF, 2020) and the pervasiveness of faecal and urinary-human waste due to inaccessibility to a decent place to pee or poo, non-availability of toilets (public and private) and/or toilet sharing is detrimental to both human and environmental health. In 2025 18.4 percent of Nigerians practiced open defecation according to the World Population Review.

Behavioural change through health promotion and advocacy are immediate measures to minimise open defecation and improper toilet facilities. Accessible and healthy spaces for toileting impacts on the physical, mental and social well-being and dignity of any population group and minimises exposure to eco-toxicity, chronic diseases and infections. Sanitation security is not just about infrastructure. Sanitation security is about dignity, health, and environmental protection. When sanitation systems fail, entire communities suffer. Access to decent, secure, and adequate sanitation is a fundamental human right that underpins health, human dignity, productive and prosperous life, equality, and justice.

Statement of the Problem

The research sets out to probe the experiences, impact of insanitary toilet spaces, and open defecation on peoples' lives and living. Access and availability of decent toilet spaces is very problematic in Nigeria. Many people practice open defecation due to lack of toilets and

handwashing practices are compromised due to water scarcity or poor access to clean water.

Globally, between 2015 and 2024, 1.2 billion people gained access to safely managed sanitation services, raising global coverage from 48% to 58%. As of 2024, 3.4 billion people still lacked safely managed sanitation services. Of these, approximately 1.9 billion used basic services, while 1.5 billion lacked even basic sanitations [560 million had limited services (shared facilities), 555 million used unimproved facilities, and 354 million practiced open defecations] (WHO and UNICEF, 2025).

In Nigeria, rapid urbanisation, overcrowded slums, unplanned settlements and very poor infrastructure make it impossible to build toilets or manage waste safely. As of 2023, 54.3% of Nigerians (about 123.7 million people) now live in urban areas. Yet only 25.4 percent of urban residents have access to safely managed sanitation, and more than 150 million people still lack basic sanitation services.

A cross sectional study in Abuja, the Federal Capital Territory revealed 97% of the study participants indulge in open defecation, 95% often do not use the toilet to defecate, and the poor hygiene of not washing hands after defecation, 83% of the respondents do not have toilet facility in their houses and the presence of people defecating during early morning visit was obvious (Jonah, et. al., 2024). Open defecation was caused by lack of public toilets and lack of funds hindered effective use of mass media for effective advocacy against open defecation (Ajisafe and Babaleye, 2024). Open defecation is one of the major and leading devastating menaces to public health and health problems (Alom et al., 2020; Inah et.al., 2023; Jonah et. al., 2024). Lack of proper knowledge of hygiene coupled with dearth of sanitary facilities has compelled people to practice open defecation (Jonah et.al., 2024), and safe and hygienic disposal of human wastes is an increasing problem in most cities (Rotowa, 2020) in Nigeria.

Kolawole (2019) citing a UNICEF report asserts:

- One in four Nigerians defecates in the open, while one in two persons in the North-central defecates in the open. Out of the 47 million (24.4%) practicing open defecation, 16 million are from the North-central,
- 32 million Nigerians have no access to improved toilets, and
- Nigeria loses about ₦455b of her GDP annually to poor sanitation and a third of that cost is because of open defecation 2025.

Various actors experience shit(ting) as inconvenient, dangerous, contagion, undignified, polluting, and primitive and absent from formal planning processes; and shit(ting) as a problem is not an a priori position (Oberg, 2019).

Research Questions

1. How do people access toilets?
2. What toilet spaces are available in places where people live, learn, work, play and recreate?

Objectives

1. To examine sanitation insecurity and extent of open defecation.
2. To discuss the types of toilet spaces and unhygienic practice of open toileting.
3. To examine the indignities of open toileting and ways of minimising its impact on people's health and wellbeing.

Methodology

This is a phenomenological inquiry to uncover men's and women's lived experiences as they access toilet facilities. "Phenomenology provides a philosophical, theoretical and methodological knowledge base for inquiry into the experiential lifeworld" (Olufemi, 2013, p.91). Phenomenology employs observation, in-depth interviews, narratives, written record of life world experiences to generate detailed description of the reality. It utilizes open description, phenomenological reduction and as search for essences (Giorgi, 1997). Secondary data was obtained from desk search, peer-reviewed journal articles, reports and published books. Primary sources of data included a qualitative approach using focus group discussions to elicit the lived experiences of 15 women and 7 men between 2019 (further informal inquiries continued until 2022). To help understand the research problem and question, participants and locations were purposefully selected from high, medium and low-density neighborhoods (Mapo-Beere, Mokola and Bodija respectively) and from different income, class, education, age categories in Ibadan, Nigeria. Participants gave their verbal consent to be involved in the focus group discussions and confidentiality is maintained. Participants aged between 18 and 60 years old included students, health care workers, community residents, academics, retailers, and professionals, artisans, and street vendors. Formal interviews and two focus group discussions were conducted among the women and men regarding their toilet experiences by the authors and two field assistants. Non-formal data collection through qualitative observation, personal journals, photographs, and e-mails and print media were adopted. Data collected was hand coded using themes and content analysis. The indignities associated with open toileting and using toilet facilities that are unclean, unsafe and non-waterised were recorded. Ibadan, Oyo State is in the southwest region of Nigeria which has about 28% open defecation.

Literature Review

Geographies of Sanitation Insecurity and open Toileting

Sanitation insecurity occurs when personal hygienic needs for toileting are suppressed due to lack of privacy, access, safety and comfort. Sanitation insecurity is defined as "insufficient access to a socio-cultural and social environment that respect and respond to the sanitation needs of individuals, and to adequate physical spaces and resources for independently, comfortably, safely, hygienically, and privately urinating, defecating, and managing menses with dignity at any time of the day or year as needs arise in a manner that prevents fecal contamination of the environment and promotes health" (Caruso et. al., 2017, p.9). While O'Reilly (2016) conceptualised toilet insecurity as when safe, usable toilets

are not available. Toilet insecurity describes psychological anxiety about public restroom use and the lack of access to safe, clean sanitation, both of which contribute to emotional distress, health issues, and social avoidance.

Public toilet provision constitutes the vital missing link in creating sustainable, accessible, equitable and inclusive cities (Hanson et. al., 2007; Greed 2015). Greed (2003) created a new field "toiletology" bringing together both technical and sociological dimensions of the subject and within the context of planning for accessible, equal and sustainable cities. Toilet provision is not a luxury but an absolute necessity in achieving world health and development (Black and Fawcett, 2008) and everyone, not just the poor, is affected by toilet inequality (Greed, 2016).

Unhealthy toileting behaviors such as avoidance, shy bladder or shy bowel or holding it in and psychosocial stress are few of the challenges of sanitation insecurity and poor access to decent toilets. In the Global South, research increasingly uncovers health and social impacts sanitation insecurity by gender and how women may employ strategies to avoid urination or defecation in the absence of safe sanitation (Panchang, Joshi and Kale, 2022). Household water insecurity is also instrumental in the relationship between toilet avoidance and lack of safety, and avoidance is a not an issue upon provision of a household toilet (Panchang, Joshi and Kale, 2022). Eventually, those at-risk for toilet and sanitation insecurity were more likely to adopt burdensome and unhealthy compensatory bladder behaviors (Sebesta et.al., 2024) which sometimes leads to mental and physical health, anxiety, stress, and depression.

In Africa, studies have shown water insecurity and inadequate sanitation contribute to poorer mental health globally (Kimutai et. al., 2023). Exploring the spatial variation and geographical inequalities of open defecation in Ethiopia, Derseh, et.al. (2024) revealed households defecated openly in bush or fields, and this contributed to many water-borne infectious diseases like cholera. Rural residents, female household heads, those without education, households without radio, and the poorest are more disposed to open defecation in Ethiopia (Derseh, et.al., 2024).

The Water Sanitation and Hygiene National Outcome Routine Mapping (WASHNORM) UNICEF 2018 Nigeria report open defecation across the six geo-political zones in the country: Northcentral (53.9 %); Southeast (22.4%); Northeast (21.8%), Southsouth (17.9 percent), Southwest (28%) and Northwest (10.3%) (Figure 1).

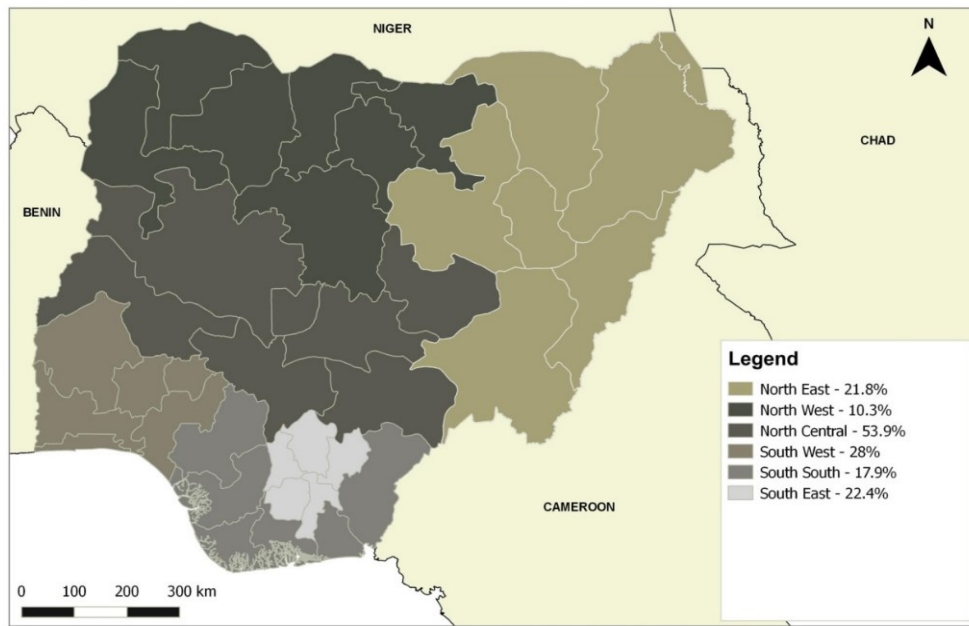


Figure 1: Geographies of Open Defecation in Six Geo-Political Zones, Nigeria
Source: Olufemi and Olatunde (2019)

Olagbemide and Oluropo (2025) reiterated poverty, restricted availability of sanitary facilities, lack of awareness and education, socio-cultural beliefs, nomadic and itinerant life, emergencies, household proportion, profession, earnings, and traditional standards predispose many Nigerians towards open defecation. Inadequate design and poorly constructed toilets, poor accessibility and availability of water, preference for open defecation, personal beliefs, sociocultural behaviours, family dynamics and lack of recognizing the health benefits of toilet use were significantly associated with open defecation. Toilet use is influenced by several structural and sociocultural determinants (Yogananth and Bhatnagar, 2018).

Open toileting practices have significant implications for people's ill-health and environmental health as well as the exposure to faecal contamination through poor sewage, excreta, sludge management practices, and contamination of drinking water from wells. Human excreta are a source for spreading communicable diseases. Faeces also serve as breeding places for insects like the culex pipiens which are vectors for filariasis, flies and cockroaches (Feachem et. al., 1983). Animals like dogs and pigs roam freely on some of the waste dumps and streams where excreta are disposed.

Handwashing is an integrated part of sanitation decency (WASH) and hygiene practices. At least 167 million homes do not have access to handwashing facilities (UNICEF, 2020). This became particularly problematic during the COVID-19 pandemic where hand washing guidelines are in place and millions of Nigerians lacked access to clean water for handwashing after toileting. The F-Diagram (Figure 2) shows the trajectory of open defecation or poor sanitary practices and its ripple effects on water and food. Open toileting, toilet insecurity, poor sanitation and hygiene-related issues are significant

contributors to the spread of Neglected Tropical Diseases (NTDs). Diseases like onchocerciasis, Schistosomiasis, Trachoma, Lymphatic Filariasis, Soil Transmitted Helminthiasis (STH) are transmitted through contaminated soil and faeces.

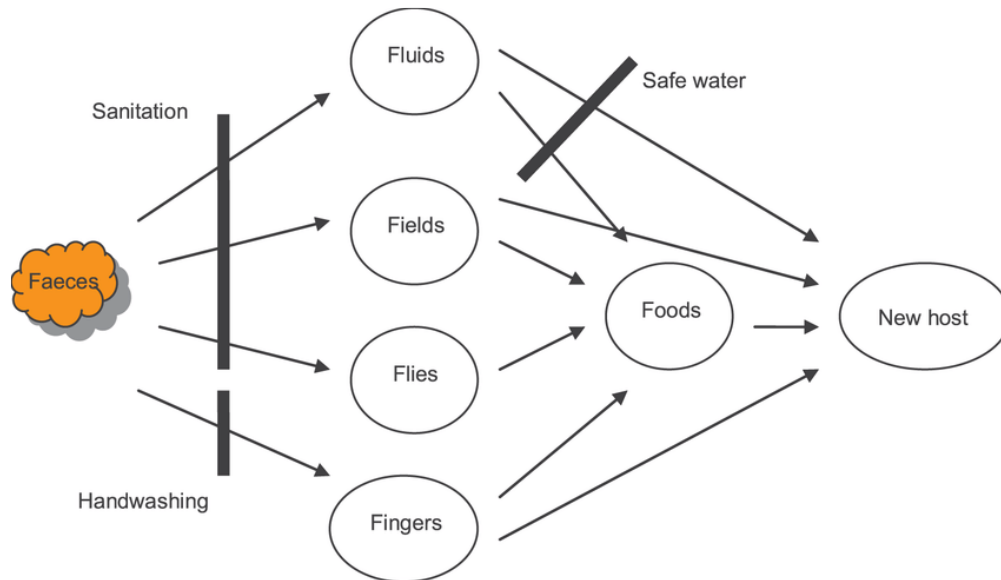


Figure 2: The F-Diagram

Source: WHO and UNICEF, 2022, p.20.

Nigeria is committed to developing a Hand Hygiene for All initiative (HH4A Roadmap) as one of the pilot countries to move the world towards universal access to handwashing. Handwashing with soap and running water at critical times limit the transmission of vectors that affects the body's ability to process nutrients, particularly in areas with limited sanitation services and poor environments.

Sustainable Sanitation and Climate Change

Open toileting is an assault on the environment and even a greater assault when poor toilet infrastructures (open sewage, open septic tanks) containing urinal and faecal matter are washed away by floods into the streams and wells or reach and contaminate the water table. Providing sanitation has been framed as a human right, fundamental for dignity and privacy (United Nations, 2010) while sustainable sanitation is paramount as the world is faced with increasing floods and rising seas levels washing away toilet and sanitation infrastructures in vulnerable communities. Extreme weather situations such as drought or severe floods or rising sea levels in Nigeria threaten precarious and poorly constructed or installed toilet infrastructures and are detrimental to open toileting.

The United Nations (UN) document recognizing basic sanitation, inclusive of toilets, as a human right, and in 2019 the Human Rights Council of the UN expanded this right to include "spheres beyond the household" and sanitation means "facilities and services for the safe management of human waste, inclusive of public toilets" (Office of the High Commissioner for Human Rights [OHCHR], 2019, p.3). The UN definition goes beyond this basic definition

to assert everyone has the “right to physical and affordable access to sanitation in all spheres of life, that is safe, hygienic, secure, and socially and culturally acceptable and that provides privacy and ensures dignity” (OHCHR, 2015, p.1). The 2030 Agenda and the adoption of Sustainable Development Goals (SDGs) 6 and 11 are very clear on sustainable and safe water and sanitation for all (Table 1) and putting an end to open defecation. Away from home and in-house toilet or sanitation options are very critical in achieving the SDGs. Nigeria is committed to attaining the Sustainable Development Goals and has taken high level actions to meet the SDGs 6 on WASH, which is to achieve universal and sustainable access to WASH services by 2030. The United Nations also established a framework to assess the provision of sanitation based on availability, accessibility, affordability, quality and safety, and acceptability, privacy and dignity

Table 1: Sustainable Development Goals

• SDG Goal 6: Ensure availability and sustainable management of water and sanitation for all ○ Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations. • SDG Goal 11. Make cities and human settlements inclusive, <i>safe</i>, resilient and sustainable ○ Target 11.1: By 2030, ensure access for all to adequate, safe and affordable housing and basic services...

As part of its strategies to attain the SDG 6, the Water, Sanitation and Hygiene National Outcome Routine Mapping (WASH-NORM) survey was commissioned in 2018 by the Federal Ministry of Water Resources to fill the chronic gaps in the sector data management and monitoring. The implementation of this initiative is led by National Bureau of Statistics, with support from UNICEF, World Bank, the European Union and DFID. Findings from the 2018 WASH-NORM 19, revealed that only 11% of the population, 7% of schools and 5% of health facilities have access to basic WASH services and at least 167 million homes do not have access to handwashing facilities. (WHO and UNICEF, 2022). Sanitation types, both improved and unimproved are shown in Tables 2 and 3. This sets a standard for what types of sanitation devices to be utilized in the built environment. Seemingly, all these types both improved and unimproved were cited by the participants in this research.

Table 2: Improved and Unimproved Sanitation Definition by JMP

Improved sanitation services or methods	Unimproved methods are all those that do not ensure there is no human contact with human excreta
WC or flush toilet uses a cistern or holding tank for flushing water, and a U-shaped seal pipe that prevents the passage of flies and odours.	A hanging toilet/latrine is a non-flush toilet built over a water body into which excreta drop directly.
Flush/pour-flush pit latrine is a system that flushes excreta into an underground hole with water. The hole is protected and covered.	A flush/pour-flush toilet refers to excreta being flush and discharged in or nearby the household or into the environment.
A piped sewer system (or sewer) is a network of pipes designed to collect human excreta and wastewater and remove them from the household environment.	A pit latrine without slab is a non-flush pit for collection of excreta, where the pit is not covered or protected by a safe slab but rather by a haphazard construction posing a risk to the user.
A septic tank is a water-tight tank located underground, into which excreta and wastewater is flushed and where excreta can settle.	Bucket latrine refers to the use of a bucket or other container for temporary collection of faeces (and urine). The bucket or container is then periodically removed and emptied.
Pit latrine with slab is a non-flush pit. The pit is covered by a hygienic and safe squatting slab or platform (i.e. easy to clean, above the ground level, with a squatting hole or a seat). The pit collects excreta and wastewater.	Open defecation: no facilities include defecation in the open, on a field, in a ditch or behind a bush. Excreta are deposited on the ground, into surface water (drainage channel, beach, river, stream or sea) or wrapped in a bag and thrown into the garbage. On the ground it can be covered with a layer of soil.
Ventilated Improved Pit (VIP) toilet is a non-flush pit latrine with an appropriate ventilation pipe that avoids smell and flies.	
A composting toilet (with or without urine separation device) is a non-flush toilet into which material (vegetable wastes, straw, sawdust, ash) are added to produce absorb odours and moisture and generate compost.	

Source: WHO, 2006

Table 3: SDG Ladder for Sanitation Services

- Safely Managed: Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated off-site.
- Basic: Use of improved facilities that are not shared with other households.
- Limited: Use of improved facilities that are shared with other households.
- Unimproved: Use of pit latrines without a slab or platform, hanging latrines or bucket latrines.
- Open defecation: Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open places, or with solid waste.

Note: Improved facilities include: flush/pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines); and composting toilets.

Source: UNICEF, 2025

Constant leakage from these unimproved sanitation types results in seepage of urinal and faecal matter into underground water and streams causing contamination and pollution. When large numbers of people are defecating outdoors, it is extremely difficult to avoid ingesting human waste either because it has entered the food or water supplies or because it has been spread by flies and dust or domesticated animals like goats, pigs, dogs or rodents. Aside from water pollution and food contamination, air pollution occurs from the odour emanating from open toileting, as a result breathing in obnoxious gaseous substances can cause respiratory illness or breathing difficulties. Undoubtedly, the sight and smell of cities or settlements are defaced by open toileting.

Inadequate capacity of city sewage to withstand the impact of climate change leads to environmental and water pollution because nitrogen-laden effluents and sludge are discharged daily indiscriminately into the environment causing black water and ecotoxicity. Black water (excreta, urine, faecal sludge, flushing water and cleansing water) could produce a significant source of renewable energy and a valuable source of water and fertiliser for food production, if properly managed (Thevenon, 2017).

Indignities of Open Toileting: Results and Discussion

This section discusses open defecation, the urge to pee (urinate) or poo (shit/defecate) from lived experiences of 15 women and 7 men in Ibadan, Nigeria. From the focus group discussions, we see how people access toilets and what toilet spaces are available at home and away from home. The indignities of open toileting are also captured from the lived experiences of respondents across the broad spectrum of the society (students, health care workers, community residents, academics, retailers, and professionals). Open toileting is endemic in the Nigerian society because of poor planning, policy and moral failure as deduced from the interviews and focus group discussions. Many Nigerians do not have a household toilet nor a quick access to toileting facilities while at work, in the open market,

motor parks, on the move or in school or where toilet sharing is the norm. Toilet insecurity and inequality affect rich/poor, men/women, low-income/high-income, young/old, abled/disabled differently. Participants described toilet spaces as horrible with pungent odor or intense stench, shared, bad environment, unclean, lack of water, and poorly maintained. Participants also made a distinction between public toilets (where available) and private toilets. Public toilets where available are dirty and unclean. Private toilets are almost lacking in high density neighbourhoods (Mapo-Beere) when compared to medium density neighbourhoods (Mokola)(where toilet sharing is rife because of the housing types) and low-density neighbourhoods (Bodija) have toilet provision. In all three neighbourhood typologies, water or lack thereof remains a critical problem to ensuring clean sanitation. Notably where there are faeces or excreta, flies abound and because the toilet is a water closet (WC) it doesn't translate to it having water all the time.

Most high and medium density residential neighbourhoods lack access to pipe borne water supply, poor or no sanitation infrastructure and the toilets are nonexistent or shared. The indignity of open toileting is very clear from the participants' experiences and some of these experiences overlap. These indignities as discussed in the themes and excerpts relate to the location, access, cost, type and condition of the toilet spaces.

Poor Planning and City form

A male participant noted that open toileting is compounded because

"Most local/illiterate people build without incorporating toilet or bathroom in the plan. Toilet/bathroom is usually an add-on or after thought and it is constructed like a small hut/shed or outhouse especially in the high-density residential houses and courtyard type housing found in the traditional core areas and rural/semi-rural settlements" (IV-male participant).

In medium-density neighbourhoods where the residential buildings are Face-Me-I-face-you types, toilets are usually shared by several households living in the building. Most high-density neighbourhoods in cities in Nigeria are crowded and lack toilet and sanitary facilities.

Moral Failure

Most of the participants (90%) affirmed that many people lack the moral aptitude to keep their environment clean and the open abuse and degeneration of sanitation programs like 'War Against Indiscipline' or 'Change Begins with Me' and the weekly or monthly 'Environmental Sanitation Days'. Indiscriminate dumping and open toileting are health degrading behavioural practices. Personal behaviour precludes citizens from indiscriminate open toileting and for ecological sanity to prevail, humans must start respecting their ecological environment by not polluting with human waste in any form for a safe, stable and healthy ecosystem. It is also a moral failure and injustice to people who are living with chronic or life-threatening diseases, disabled, school children, incontinence, pregnant and

lactating mothers and women menstruating not to have access to clean, safe and decent toilet spaces.

Toilet Poverty

Identified toilet spaces ranged from dump sites through streams and pit latrines (Figure 3). These are all unclean, unhygienic toilet spaces and an indication of toilet poverty, insecure and poor toileting. Toilet poverty is living in a place without decent, clean, accessible and available, affordable toilets. These toilet spaces and unimproved sanitation types are unsustainable and susceptible to being washed away by floods, blown away by intense winds or sandstorms in Nigeria. Due to lack of toilets in the house, people resort to out-house, open spaces to defecate or urinate. In the excerpts below male participants stated: "We do it in the bush or stream, no toilet in the house. Everybody does it (Gbogbo ilú-the whole community/city does it in the bush or stream). We pee anywhere; poo can still be suppressed" (AI-male participant).

"No toilet in the house. I shit inside plastic bag and throw away. I no fit count number of people who dey do this. I no dey suppress anything, I pee anywhere but I just enter somewhere to shit" (IV)(Pidgin English-male participant).

"We don't have toilet, we poo in the stream, everybody in the neighborhood uses the stream. We don't use Oyibo (Englishman) toilet. It is not convenient to use the Oyibo seat and flush, we are used to the stream and water will carry it away. As a man I pee anywhere, I find it difficult to poo anywhere unless I can't really hold it" (ON-male participant).





Figure 3: Toilet Spaces Identified

Source: Observations by authors

Personal Indignity

Personal dignity is lost when one has gone through inevitably embarrassing situations described by some female participants in their effort to find a good toilet. These experiences are prevalent while travelling, in the market or just doing outdoor activities and there is an uncontrollable or urgent need to use the toilet. Toilet access in form of convenient breaks or rest stops within mobility systems saves lives.

Female participants narrating their lived experience below:

"A few years back I went to the Salon due to prolonged stay under the dryer I became uncomfortable and needed to defecate. The hairdresser claimed there was no toilet around,

but I could manage a place hidden around/behind her shop. On getting there, though fully pressed, there was a sight of different shapes and sizes of stale faeces all around with a horrible smell. Before I could turn to run away, I had a terrible urge to vomit, as I vomited, the lower pressure of my anal sphincter could not hold, so I defecated partly on my body. With no water to clean up, I removed my pant and threw it there. Wiped my body with tissue paper with no water to neither clean my hands nor wash my body. I had to abandon my hair and go home to clean. It was indeed a shameful experience" (JT-female participant).

"I remember in 2012, traveling from Lagos to Ibadan on a visit to Nigeria from North America, for the first time ever in my life I had to pee by the roadside because we were stuck on the highway traffic for hours and I needed to ease myself. The driver said 'Ma, open the door and just squat beside and ease yourself'. I did that very ashamed but needed to relieve myself. There was no dignity in doing that and the lesson is either you don't drink water or eat before getting on the road or travelling. Till this day, this experience and image stuck with me and that's why I am very sensitive traveling back to Nigeria" (SO-female participant).

"Traveling to Lagos and had been feeling like using the toilet for a while in the middle of the journey. I consoled myself that I should be able to hold it till I got to my destination. Unfortunately, the journey took longer than expected because of heavy traffic and heavy downpour. I'm not in the habit of stopping to pee while on a journey so I endured. We finally arrived at the destination in the middle of heavy rain. By which time I was really pressed. Asking for a toilet at a time like this was needless because I knew it would be disastrous. I had to do it on my body. Thank God it was still raining and I was already soaked. It's an unforgettable experience" (RA-female participant).

Unhealthy Public Toilet Spaces

Globally, commuters use public toilets, often in public places (Ayereka et.al., 2023) and many of these public toilets/restrooms are usually dirty, smelly, unhygienic, etc. Public toilets in Nigerian cities are scarce or non-existent and where the public toilets are available, they are usually unclean, unhygienic, smelly and clogged to the point of unusable. The ease of access to a decent and accessible toilet space on-the-go cannot be overemphasised. Public institutions or public commercial areas, educational facilities, offices, and hospitals or gas stations, motor parks are not exempted from unhealthy toilet spaces (see excerpts): "Like most women anytime I need to use a public toilet I look for an eatery or a good, sophisticated restaurant. I believe they take good care of their toilets (customer welfarism). I just simply walk in, buy snacks and make my way to the Ladies, close door, wee, wash hands and leave. This worked well for me until I had to go for the compulsory Orientation of NYSC-National Youth Service Corps. Like many I could not stand the smell coming from the dilapidated toilets available on campground. With days of holding my bladder even though I knew this is not good as a health care worker I was just anxious about weeing. I eventually summoned courage to use the nearby bush. I squatted and eased myself in a hurry with splashes of urine on my legs. The surrounding was appalling. Learning how to

stand and wee as a woman in public places feels like a great skill but to me it is a choice I just must put up with" (MD-female participant).

"As a teenager I accompanied my mother to the market. I had an urge to use the toilet, and I approached a woman selling Ankara in the market. She directed me to where the market toilet was. Approaching the toilet, I was welcome with a huge stench from urine, but I had no choice as I was really pressed. I squatted and eased myself with nose covered all through. There was no water to flush or wash hands although it was a water closet. It was a bad experience" (FF-female participant).

"I went to the market to buy some things when I developed stomach upset then I went to the public toilet in the market. The toilet was a latrine type in which I had to squat; the environment was bad, but I had no option than to use it that day" (OS-female participant).

"Most of them are pit latrines. I'm talking about the gas stations. Especially along the Expressway, I think bush is better than those gas station toilets. Most of them are not properly cleaned and maintained...And not just by the cleaners, also by the users. If everyone leaves the toilet the way they want to meet it, then it would be a different story. Basic amenities such as water at least should be provided" (YO-female participant).

"I am very picky with using toilets. No matter how pressed I am if I see the toilet isn't good it's like my pee knows it and it just disappears but OMG there was this day at my faculty I was legit pressed I ran down to my faculty toilet it was in a mess I can picture it right now it was legit dirty but my pee didn't disappear (lol). I closed my eyes held my breath used my back reversed to where I had gauged the toilet to be heaven forbid, I sit on the seat I quickly did what I had to do and ran out. I felt so uncomfortable for the rest of the day" (PS-female participant).

"I lived in the hostel when I was my nursing and midwifery training. The experience I had then was that the toilets were shared by many students, 10 students to one toilet (10:1) and it is always dirty. The toilet is a modern water closet but unfortunately water does not run in the hostel and we don't have cleaners. The toilet is always dirty and most times no water to flush. I used potty throughout my 4 years in the school. After using potty, I will now pour it inside the toilet and flush with a bucket of water. I discovered that we don't usually take care of our toilet facilities especially in public places" (MJ-female participant).

"I had an urge to urinate while on a trip. I was told to stoop down at a corner but there were many passers-by, I could not urinate. Fortunately, a woman told me there are toilets not too far from the garage (Motor Park/commercial vehicle or bus terminal). I was inside the bus, so I begged the bus driver and other passengers to give me a few minutes. To my surprise the place was far from the terminal. Eventually I got to the toilet, about four pit latrines flooded with urine but I had no choice but to use it. It was a bad experience, on getting to the bus the driver and passengers were shouting for delaying them. I had to plead" (YA-female participant).

"Back in the day in High School in the 1970s we used to have pit toilets (round holes dug in the ground) or the Ventilated Improved Pit Latrines (VIP) shared by hundreds of students. Often the VIP toilets become clogged, and you find students just squatting and defecating

on every available space in these toilets or on top of other students' faeces. It normally comes to a point whereby because of smell, ugliness (appearance/sight) of these clogged latrines, students just go outside of the hostel blocks or squat sometimes just near the waste dump or on any space and defecate on newspaper and throw it into the waste dump as far as it can reach (shot put). This was common practice among students, and I tell you it was disgusting. If you are given punishment, the last thing you want to be allocated is washing the toilet. Lack of water complicates this situation, and I don't remember anybody forcefully indicating that you must wash your hands after defecating" (OO-female participant).

Unorthodox Toilet Spaces

Open defecation and dumping of human waste/fecal material is a rampant phenomenon in most communities in Nigeria. In most neighbourhoods' people pee and poo indiscriminately and unashamedly in open spaces and roadsides. Common spaces used for open toileting include gas/petrol stations, pit latrines, bushes, streams, rivers, roadside, potty, plastic bags, paper and leaves (see excerpts below):

"I use bucket toilet and pour into the stream. Many people use it. When I travel, I suppress poo and I have used the bush and stream uncountable times" (KB-Male participant)

"When we were in High School, we called it 'shot put' after the athletic sports. The poo is done on paper or leaves and wrapped and thrown away but nowadays it is wrapped in plastic bags. Early in the morning if you are an early riser and you are going out to work or school you see people using the cover of the dawn in squatting positions defecating along the roadside or stream banks" (OM-female participant).

"Shot put, no toilet, poo in plastic bag and throw away. I throw anywhere; we all do this. Usually when away from home I use bush or gutter, no privacy. It is very hard for women to suppress pee or poo. We tend to wait until it is dark and quiet before pooing. Not easy, not convenient. I use open toilet all the time" (JA-female participant).

Toilet Sharing

Toilet sharing occurs between several households living in the Brazilian (face-me-I-face-you) housing types. In this dwelling type, there could be between 8 to 10 rooms accommodating maybe more than 5 households with varying family sizes sharing kitchens, toilets and bathrooms respectively on each level depending on the level of storeys in a building (multi-level storey and multi-family occupancy). Toilet sharing is also prevalent in open markets and motor parks (public places) where pay-per-use is rife, but toilets are often not sanitized and non-waterised. Exchange of bodily fluids, contamination and organism transmission is inevitable in the use of public toilets or where toilet sharing among multiple households is prevalent. When used by infected individuals, shared facilities could become sources of both airborne and contact exposures vector-borne diseases, especially in the absence of adequate water and soap for hygiene purposes (see excerpts).

"Shortly after my graduation from School of Nursing, I got employment with Federal Government, but accommodation was a big issue. I eventually got one with a horrible toilet. The family of five, they were very dirty, they will not flush after defecating, the stool will look like rice stool, houseflies will always have a field day. The horrible smell made me pack out to go and stay with a friend until I got another accommodation. Before packing out, when I'm pressed, I go to work or walk up to a family friend's house or manage to wash the toilet before use" (NB-female participant).

"I grew up in a compound with three detachable buildings, each occupied by a family of between 5 and 7 members. The only pit latrine that served the entire families was situated at the backyard. There was good water supply and cleaning the toilet was done on a rotational basis by designated fellow/family on a weekly roster. However, visiting the toilet sometimes could be frustrating as urination was done on the floor of the toilet causing urine splash on my feet (women's anatomy), coupled with having to queue up to allow others to finish before using the toilet and going to the toilet at night was no option. Hand washing was done with soap, running water and left to dry naturally or dabbed on my cloth" (OB-female participant).

"I use Shálángá (pit toilet), shared by 8 people at home. Irritating, smelly, can't defecate properly, and I suppress due to no access. Public toilet not conducive, no place like home. I had to use the bush and cope with flies. You cannot bend properly; the brushes also pinch you when you are attempting to bend or squat" (ON-male participant).

"I use Shálángá (pit toilet) shared by 13 people in a rooming house. I got toilet disease, but I cannot talk about it. We use bush and stream all the time whenever we are away from the house" (BA-male participant).

"I use pit toilet in a rooming house shared by 14 people. Sometimes I use bush and stream to pee or poo. It is uncomfortable. A lot of flies, shameful, and eyes on you. I pee anywhere but I poo only at home" (MA-male participant).

"During my Midwifery training in my rental housing of 16 rooms, we had a pit toilet the story building. I could not bring myself to use that toilet because of the stench and fear of the toilet collapsing. As a result, I used potty when I needed to empty my bowel or bladder then pour it into the pit latrine. It was a horrible experience at that time. I want to believe that the landlord must have built a modern toilet now" (MN-female participant).

Safety

Safety is an issue especially where the toilets are located outside the main residential buildings. Fear of being mugged or raped is there for the women, hence the use of potty at night. Pregnant and nursing mothers and women generally might be at increased exposure and suffer from access to clean, safe and hygienic toilets due to more frequent use, both for meeting their personal female hygiene needs relating to menstruation or caring for dependent family members suffering from incontinence or related urological health challenges.

Female Participants Indicated:

"Toilet experience is worse in the rural areas where toilet/bathroom is located outside the house. Vacationing in my father's hometown all they had then was a pit toilet (clean). In my mother's village there was no formal toilet, but an outhouse designated space built with thatch/bamboo, so you must use newspaper/or leaves, defecate on it and throw away. At night there is always potty in the room to use, and this is disposed of into the bush in the morning" (BB-female participant).

"Two things are always on my mind-toilet and security/safety. Public toilets are non-existent. In the open markets where there are toilets you pay ₦20 (US\$ 0.013c)-₦30 (US\$ 0.02c)¹ to use the facility (not the best and most times unclean) most of the market people do it in potty, plastic bags or in the drains. Most gas stations don't have toilets. The culture of open defecation is endemic in the Nigerian culture and people do it without impunity. In public institutions, where toilets are available, they are unclean and there is no water. University departments organise special arrangements in the use and cleaning of toilets and water is often preserved in water drums for hand washing and flushing" (AO-female participant).

Policy Failure

While most of the participants (64%) agree that open defecation is a policy failure on the part of the government, the National WASH Action Plan to end open defecation showed that by 2030, every Nigerian would have access to safely managed sanitation and hygiene facilities in cities, small towns and rural communities. The plan stipulates that State and Local governments enforce existing building codes and related legislation regarding minimum number of sanitation facilities required for buildings and facilities. Emphasis was placed on the provision of potable water supply, adequate sanitation and hygiene are primary responsibilities of the state and local governments. The Federal Government of Nigeria inaugurated the Clean Nigeria: Use the Toilet Campaign on November 19, 2019, as part of efforts towards achieving the national target of ending open defecation in Nigeria by 2025. However, many people have become insensitive, inspite of all the campaigns, to open toileting and lack of enforcement of these policy directives remain an abysmal failure even in 2026.

The Federal Ministry of Water Resources collaborated with UNICEF and other Development Partners to develop the Nigeria Roadmap to Hand Hygiene for All (HH4A). The Nigeria HH4A Roadmap recognizes the necessity of three core factors namely: political leadership, a strong enabling environment, and increased supply and demand for hand hygiene through inclusive programming at scale. Activities to realize these factors have been detailed to include rebuilding hand hygiene systems and sustenance of a hand hygiene culture (WHO and UNICEF, 2022). The Roadmap also acknowledges that increase in sustained hand hygiene practice needs to happen in multiple settings such as schools and

¹ 1US\$ = N 1485, December 17, 2025, exchange rate.

day care centres, health care facilities, in homes, workplaces, markets and food establishments, prisons and detention centres, internally displaced person's/refugee camps and other humanitarian settings, transport hubs, places of worship and other public spaces. The Roadmap policy is sound on paper, but the implementation remains to be seen as poor handwashing practices, open defecation, poor sanitation and hygiene and lack of clean water continues to be prevalent in Nigeria.

Gendered Similarities and Differences

Both male and female participants expressed their experiences as shameful, embarrassing, unforgettable, disgusting, bad, horrible, uncomfortable, eyes on you, no privacy; peeing or pooing on self, fear of toilet collapsing, and the use of potty. Phrases like "I had no choice; I had no option" was common throughout the discussion especially among the women who were very selective in toilet choice until hard pressed or having the urge to use the toilet while the men indicated that they "pee /poo anywhere". The length of time men and women also must go on bladder leash varies depending on age, health condition, location (at home, away from home) and environment. "Bladder leash which constrains how long people can be away from home (and, therefore, how far they can get from home via their various modes of transportation) before they need to use a toilet" (Bichard, et. al., 2013, p.21). Women's open anatomical nature compounds the indignity of open toileting. While men notably stand upright to urinate and men's urinals are seldom available, women hover over the toilet bowl/seat or squat to urinate when in public toilets and this has implications for urine retention and pelvic issues. Women take twice as long to use the toilet than men, because of biological considerations, and because of the need to go into a cubicle and to deal with more clothing than men (Kira, 1975).

Behavioural Change: way Forward

Open toileting is a planning, health and public policy issue because toilet provision is a public good and serves the public interest. Open toileting is harmful and degrading both to human and environmental health because dogs, pigs, rats, flies and cockroaches feed on these. Human bodily excrement is a source of contamination for humans, soil, water, food and air pollution. To address moral failure, a behavioural perspective to ameliorating open toileting and sanitation insecurity in Nigeria and elsewhere would involve conscious or intentional measures at the intra-personal, inter-personal and community levels (Figure 4). To put an end to open defecation and make sanitation in cities and human settlements to be inclusive, safe, clean and sustainable, precautionary measures need be taken to maintain clean sanitation, promote healthy spaces and healthy living and attain human and ecological harmony. Access to good-quality toilets and toileting practices is a fundamental human right and should be seen as a personal, community, health, sanitation and environmental issue. Sustainable sanitation begins with a toilet that effectively captures human waste in a safe, accessible and dignified setting, waste then gets stored in a tank,

which can be emptied later by a collection service, or transported away by pipework, waste is safely treated and disposed and reused (UN-Water, 2020).

A behavioural perspective to healthy spaces for safe toileting is pivotal to achieving dignity for both men and women in the built environment. Planners, community leaders, public health officials and policy makers should advocate and promote policies that prevent illness that may arise from unclean, unhygienic toilets or toileting process and the pollution of the environment (air, water, soil by unsafe excrement practices or open toileting). Conducting a health impact assessment (or inventory) and engaging citizens where open toileting is practiced is critical to any policy input (Figure 4). Citizen engagement through collaborative planning and good governance could be pivotal in achieving and reducing ecotoxicity in human settlements in Nigeria and elsewhere.

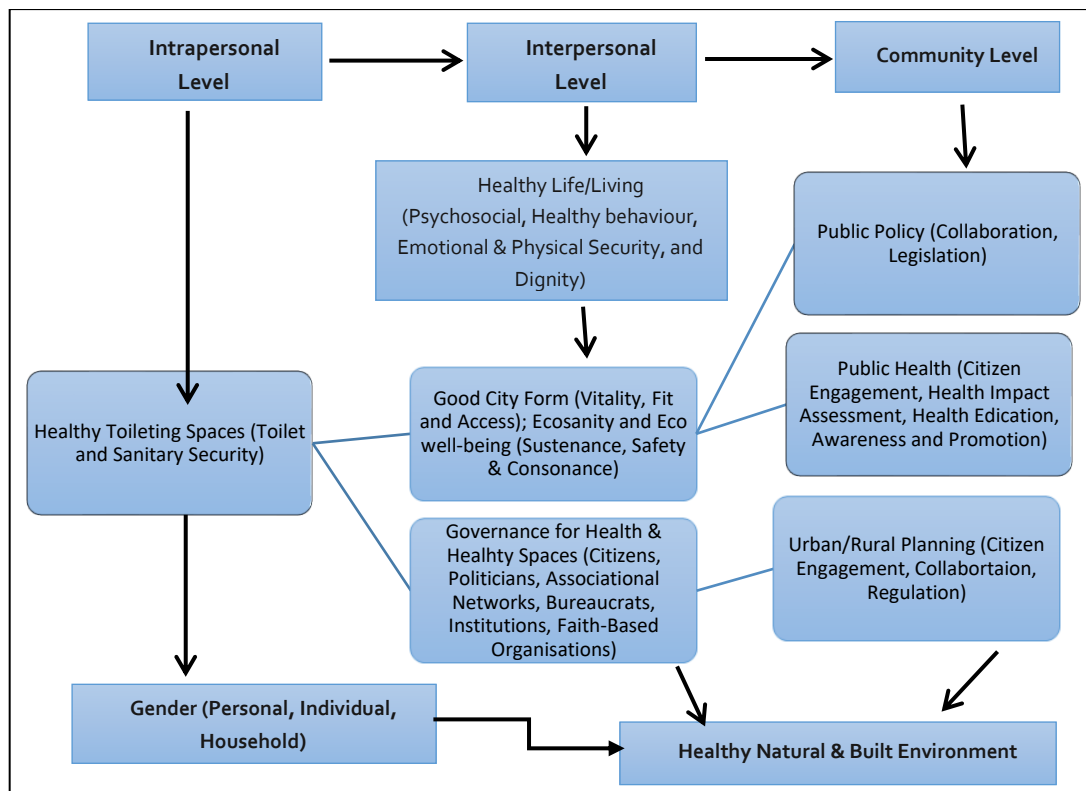


Figure 4: Behavioural Perspective to Healthy Spaces for Toileting

Source: Authors

Specifically, the need for:

- Behavioural change on the part of citizens through sanitary health promotion, prevention and education.
- Zero tolerance for open toileting and penalise people for open defecation or not providing toileting facilities.
- Land use practices that prioritise spaces for toilets: public, private, commercial, industrial and institutional.

- Consolidating and maintaining sewage infrastructures to deal with climate chaos and reducing eco-toxicity.
- Legislation that enforces provision of good, clean, accessible and safe toilets and toileting practices in private and public spaces.
- Information campaigns, jingles in all social, print and visual media to raise sanitation and hygiene awareness and the consequences of open toileting for humans and the environment.
- Disseminating information about good toileting practice through Chiefs, local leaders, market women, Faith Based Organisations, Head teachers, Resident Associations and Associational networks (Parapòs).

Conclusion

The need to invest in future ready sanitation is now. Sanitation that is accessible and resilient requires sustained investment and infrastructure. Fundamentally, the key messages emphasized on the World Toilet Day 2025 (UN, 2025) includes:

1. We'll always need the toilet. No matter what lies ahead, we will always rely on sanitation to protect us from diseases and keep our environment clean.
2. Toilets are under pressure. Rising demand, climate change, ageing infrastructure and low investment all threaten our human right to sanitation.
3. We need toilets fit for the future. We must urgently invest in 'future-ready' sanitation – resilient to climate change and accessible to everyone, everywhere, always.

Human biology predisposes humans to eliminate bodily waste in a morally dignifying manner; hence, behavioural attitude must change. As planners and health professionals we cannot allow this generation and future generations to continue squat in squalor surrounded by excrement and pollution. While open toileting is a personal, social, health, environmental, political, cultural and economic issue, the business of good toileting practice is everybody's business. Access to safe, clean and hygienic toilet is both a practical (survival, health, immediate) and strategic (intentional, policies) gender interest. The premise of 'no place to pee or poo' rests on access to basic human needs as a fundamental human right that promotes social justice, security, equity and sustainability. Planning for healthy toileting spaces impacts on the physical, mental and social well-being and dignity of any population group and minimises exposure to eco-toxicity, chronic diseases and infections. Provision and access to good quality toilet, clean and sanitary security should be the mantra of people and government. To attain safely managed sanitation and dignified toileting, the planning and design of built spaces-residential, commercial, industrial, and institutional-and land use allocation and zoning, planners and health professionals must work together with citizens to provide a healthy, hygienic space for bodily excrement not as an afterthought or add-on:

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