

Short communication

Water and health in Ethiopia

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Introduction

The WHO statistics show that about 80 percent of all diseases in the developing countries are related to unsafe water supply and inadequate sanitation, resulting in high infant mortality, low life expectancy and poor quality of life. Thus, access to safe drinking water and sanitation has proven to be essential to good health. Combined water supply, sanitation, hygienic practices and health/hygiene education are associated with greater health benefits and reduce diarrhoea incidence by 35-50 percent (Raza, 2003). In Ethiopia, water supply and sanitation situation is inadequate. Most of the populations in urban and rural areas do not have access to safe and adequate water supplies and sanitation facilities. Regarding food, water and personal hygiene, only few households show sufficient understanding of environmental sanitation or hygienic practices. As a result, three-fourths of the health problems in Ethiopia are due to communicable diseases attributable to unsafe/inadequate water supply, and unhygienic/unsanitary waste management, particularly excreta (UN-WATER/WWAP- National Water Development Report for Ethiopia, 2004).

Diarrhoeal diseases caused by improper management of water and sanitation are among the major causes of infant and child morbidity and mortality. Water and sanitation programs have a direct bearing on the prevalence of diarrhoeal diseases in the population. Water and sanitation projects, which are properly designed and implemented, have the potential of reducing diarrhoea-caused deaths by 55 percent. The combination of safe water supply, sanitation facilities and hygienic practices has demonstrated a potential in contributing to a remarkable reduction in mortality (UN-WATER/WWAP- National Water Development Report for Ethiopia, 2004). Although significant water resources are available in the country, the status of water supply coverage is very low. The communities have poor access to supplies of safe and adequate water particularly in the rural areas. It was estimated that only 32 percent of the total population, 80 per cent of urban population and 24 per cent of the rural population have

reasonable access to adequate water supply. According to the specification of NPA (National Program of Action for Women and Children), adequate water supply is defined as 20 liters per capita per day made available within a range of one to two km. from the dwelling. Estimates for average per capita per day water consumption vary between 10 and 20 liters per day in some areas and is as low as 3-4 liters per capita per day in most rural areas of Ethiopia. Women and children particularly girls have to fetch water, often walking for 3-8 km. from their dwellings (UN-WATER/WWAP- National Water Development Report for Ethiopia, 2004).

The shortage of sufficient quantities of clean water crucially weaken the ability of most rural populations to engage in appropriate personal, food and environmental hygienic practices which could greatly assist in reducing infectious diseases. The inaccessibility of protected, improved water supplies to about 80 percent of the rural population and 20 percent of the urban dwellers clearly indicates that the health and well-being of the population in general and that of women and children (make up nearly 75 percent of the population) in particular, is at great risk to multitude of water-borne or water related disease. Because of the lack of an effective monitoring and surveillance system and countrywide baseline survey, limited information on disease prevalence reported indicates that water-borne or water-related diseases are among the major causes of sickness and death. Among the major water related diseases, diarrhoea alone is accountable for 46 per cent of under-five child mortality. Women and children particularly girls are the main water carriers and having regular contacts with contaminated water. They are the segment of the population most vulnerable to water related diseases. Control or prevention of infectious, water related diseases will mainly depend on safe disposal of all human wastes, provision of safe and adequate water, community health/hygiene education and safe socioeconomic development project undertakings (UN-WATER/WWAP- National Water Development Report for Ethiopia, 2004).