

School of Postgraduate Studies & Research

is pleased to announce

the oral defense of thesis of

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Entitled

Multilevel analysis of sanitation service access and related factors among households in

Somalia: Using 2020 Somalia national dataset

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Analysis**

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ABSTRACT

Access to safe and adequate sanitation remains a significant global challenge, particularly in sub-Saharan Africa and Somali. Approximately 2.4 billion people worldwide do not have access to improved sanitation facilities with about 1 billion practicing open defecation. The lack of proper disposal of human waste leads to the transmission of diseases, environmental degradation, and adverse impacts on human health and development. Somalia is a country located in the Horn of Africa, with a tropical climate, diverse terrain, and a population of over 12 million people, 51% of

whom live in urban areas. This study utilized cross-sectional research design drawing on secondary data from the 2020 Somali Health and Demographic Survey (SHDS). The study population included the Somali ethnic group, with a sample of 16,360 households selected through a multistage stratified cluster sampling approach. The outcome variable was access to improved sanitation facilities, while the independent variables included individual factors and community-level factors. Binary logistic regression was employed to analyze the relationship between these factors and the likelihood of having improved sanitation access, with the aim of informing strategies to achieve equitable sanitation service and meet the Sustainable Development Goals. The multivariate logistic analysis of factors associated with access to improved sanitation facilities among households using the SDHS 2020 data revealed that households in rural areas were less likely to have improved sanitation facilities compared to their urban counterparts (AOR=0.92, 95%CL: 0.84, 1.01). Individuals with a secondary education level were more likely to have access to improved sanitation (AOR=0.68, 95% CI: 0.51, 0.90). Larger households with four or more members were 1.05 times more likely to have improved sanitation facilities (AOR=1.05, 95% CI: 0.97, 1.13). Female-headed households were 1.09 times more likely to have access to improved sanitation compared to male-headed households (AOR=1.09, 95% CI: 1.02, 1.17). Wealthier households were 1.11 times more likely to have improved sanitation facility (AOR=1.11, 95% CI: 1.00, 1.23). conversely, households where the husband did not work in the last 12 months were less likely to have improved sanitation facility (AOR=0.88, 95% CI: 0.80, 0.98).