THE MYTH OF SQUATTING TOILETS

Ebtisam Elghblawi

Correspondence:
Dr Elghblawi Ebtisam*
(MBBCH, MScRes, ADD-Dip. Derm, DRH, PGDip dermatoscope)
Dermatology OPClinic, Private practice
Published author in a field related to dermatology
Tripoli-(+21) 91 320 1315
Email: ebtisamya@yahoo.com

Received: January 2024; Accepted: February 2024; Published: March 2024
Citation: Elghblawi E. The myth of squatting toilets. Middle East Journal of Nursing 2023; 18(1): 50-51
DOI: 10.5742/MEJN2023.9378045

Have we wondered why nowadays there are many bowel cancers compared relatively to the old era? The question is now lifestyle diseases are quite commonly seen globally and the main culprits are sedentary life habits, lack of physical activities, and lack of fiber intake, all of which contribute to the development of non-communicable diseases like obesity, type II diabetes, and heart diseases.

Defecation in its humblest form entails 3 mechanisms: spontaneous rectal contraction (autonomic), straightening anorectal angle due to relaxation of puborectalis and external anal sphincter (largely somatic), and straining (somatic), and that of which is under our control is the somatic(1).

Modernized sitting toilets are favoured worldwide because they provide a fairly restful posture in endeavouring defecation. However, comparatively, squat toilets were well known in the old eras and are still used in some places across the world, namely Asian and African countries including China and India, Indonesia, Bangladesh, Pakistan, Yemen, Sri Lanka, Malaysia, Myanmar, Iran, Iraq, Egypt, and Libya and they have the advantages of personal hygiene, easy cleaning, and health benefits to the bowel. They are also found in Japan, South Korea, Taiwan, Thailand, and Singapore.

Studies showed that squat toilets exert less pressure, and less angle and allows the stool to be expelled smoothly with less strain. This consequently will help prevent stool stagnation, ease constipation, less bowel irritation, prevent hemorrhoids, and thus less bowel cancer. Squatting pose for defecation is the most appropriate way, as the abdominal muscles work actively and complete evacuation takes place (2).

Western cultures have stimulated intense debate in both the East and the West. The question is why are we witnessing so many different uncommon bowel diseases all of a sudden, and they became common in the late nineteenth century.

Researchers have endorsed the squatting posture owing to its health benefits from a physiological perspective. Unambiguously, in the squatting bearing, the anorectal angle is broadened and straightened (100–110°) and the rectum is straightened, resulting in higher rectal pressure and lower anal pressures with possible levator ani relaxation resulting in smoother defecation and rectal emptying (Figure-1). Additionally, squat toilets can protect users from colon and prostate diseases and help in reducing the occurrence of diseases related to the digestive system, such as constipation and haemorrhoids (2).

Previous studies have acknowledged that squatting enhances the angle of the anorectal canal, reduces strain, increases sensation of adequate bowel emptying, and lessens time linked with defecation when compared with sitting toilets.

The average time for defecation was 6.1±4.7 minutes (3) for patients between age 18 to 35 years old. Remarkably, a recent Iranian study found that more than half of survey patients were toilet readers with significantly longer time on the toilets.

For pregnant women, the squatting posture prevents pressure from being applied to the uterus; and daily squatting helps prepare them for a more natural delivery.

Moreover, squat toilets are eco-friendly because they consume less water than other toilets.

As stated those toilet styles are not found in the west, and thus can be modified by applying the defecation postural modification devices (DPMDs) on normal bowel patterns to increase awareness to bowel habits in western populations. The introduction of defecation postural modification devices (DPMDs) was developed to replicate the alignment achieved with squatting while using a toilet (3). DPMDs may offer a nonpharmacologic option for a common diagnosis such as constipation (Figure-2).

Figure 1: The mechanism of defecation in squatting pose.

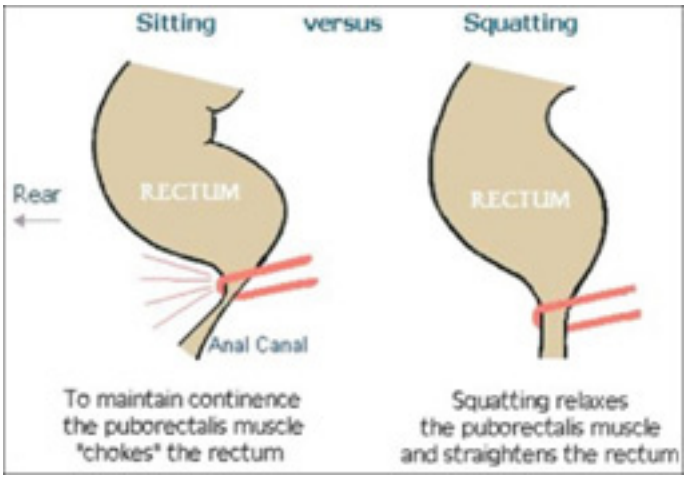

Figure 2: Modified squatting technique by elevating knees and creating the ergonomic angle.

References:

1. Chen YL, Sari RK, Liao YH, Lin WC. Optimal Span between Feet of Public Squat Toilet Based on Anthropometric Data and Squatting Stability Assessment. Healthcare (Basel). 2021 Jan 5;9(1):42. doi: 10.3390/healthcare9010042. PMID: 33466362; PMCID: PMC7824858.

2. Bhattacharya S, Chattu VK, Singh A. Health promotion and prevention of bowel disorders through toilet designs: A myth or reality? J Educ Health Promot. 2019 Feb 15; 8:40. doi: 10.4103/jehp.jehp_198_18. PMID: 30993133; PMCID: PMC6432810.

3. Modi RM, Hinton A, Pinkhas D, Groce R, Meyer MM, Balasubramanian G, Levine E, Stanich PP. Implementation of a Defecation Posture Modification Device: Impact on Bowel Movement Patterns in Healthy Subjects. J Clin Gastroenterol. 2019 Mar;53(3):216-219. doi: 10.1097/MCG.0000000000001143. PMID: 30346317; PMCID: PMC6382038.