

A Study to Assess the Knowledge and Practices Regarding Toilet Training among Mothers of Preschool Children in Selected Urban Community at Thatipur Gwalior

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INTRODUCTION

“Children are a gift from the LORD; they are a reward from Him”.

Today's society is complex and ever changing. Growing up emotionally is complicated and difficult under any circumstances, but especially so when child's behaviour and appearance speak adult, while their feelings cry child. Children are blooming buds. They are important asset of nation. As children grow, they must learn not only to care with current demands but also to prepare for the many unexpected events, they will face in their tomorrows changes brought by new techniques and technologies. Children are expected to grow and learn to their fullest potential. Parents serve as advocates for children in order to meet needs of all children for access to education and health care process.

All the stages in human life are exposed to challenges, difficulties and success as a gain. One such stage is the toddler period. It is the magical time of childhood. It is a different exciting and interesting period of life. Fundamental learning process develop in the child as the child begins to seek autonomy explores the world. It learns how things mostly begin to tolerate, express desires and develop relationships.

The family is the central focus in the life of preschool. The preschool in turn exerts considerable influence on all other family members, regardless of the size and form of the family unit. As the preschool begin to interact with other outside the family, the parents help the child conform to the expectations of the society. The most important societal demand made on the child during this period is the control of elimination.

Preschool struggles in achieving independence in all angles of life. The physiological autonomy lays greater impact on the successive growth and development. One of these is the control of bowel and bladder sphincter. There is not a universal right age to begin toilet training as an absolute deadline to complete training. One of the important responsibilities of nurses is to help parents to identify the readiness signs in their child. Toilet mastery is developmental milestone in a child's signal of toilet readiness. They train the child in making them aware of their age to pass urine and stool with control.

Toilet training can be considered a progressive process that consists of several stages for which the child must acquire both physical and cognitive self-control. It includes discussing, undressing, going, wiping, dressing, flushing and hand washing. It is an individualized task for each child. It should begin and be completed according to the child's ability to accomplish it, not according to a set schedule.

The correct knowledge and awareness among parents or caregivers is very essential to the success of the child. Sometimes they may have either inadequate or inappropriate knowledge regarding initiation readiness process and hazards of toilet training. It is essential to find a success in each child, it becomes essential for the parents to be aware of proper guidelines.

Need for the Study:

Children learn to care for themselves initially by attempting to imitate the actions of their parents and siblings. Achieving control of the bodily functions of defecation and urination is one of the major tasks of

How to cite this paper: Dr. Ajeem Khan "A Study to Assess the Knowledge and Practices Regarding Toilet Training among Mothers of Preschool Children in Selected Urban Community at Thatipur Gwalior" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-5, October 2024, pp.66-73, URL: www.ijtsrd.com/papers/ijtsrd68326.pdf



IJTSRD68326

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the toddler period. The control of bladder and bowel functions involves a complex integration of neuromuscular pathways at the peripheral and central levels. The 50% of the girls and boys are toilet trained at 35 and 39 month respectively.

Parents play a key role in toilet training. The way in which the parents approach the process of toilet training are more important than the actual procedure itself. Their relaxed and positive attitudes and behaviors can influence the way children feel about themselves and others. The correct knowledge and awareness among parents or caregiver is very essential for the success of the child. Sometimes they may have either inadequate or inappropriate knowledge regarding initiation, readiness process and hazards of toilet training. For the total success in each child parents should be aware of proper guidelines. To avoid hazards, at primary level health professionals especially nurses can provide the perspectives needed to help children, parents and families, so as to build healthier life and personality.

Babyhood is often referred to as a 'critical period' in the development of personality. This is the time when the foundations were laid upon which the adult personality structure will be built. There are many developmental tasks to be achieved during this period. Among them toilet training is the most important task to be attained by' each child. Toilet training is a major developmental milestone for children and parents.

Toilet training is affected by a child maturation level and intellectual capacity, cultural attitude and the psychological makeup of each parent child level. Bowel and bladder control usually develops gradual and sub sequential. The normal sequence of attaining their milestones is _ (a) the development of nocturnal fecal incontinence (b) the development of diurnal fecal incontinence (c) the development of diurnal bladder control and (d) the development of nocturnal bladder control.

With 0.1 % of children between the ages of birth and 6 years in daycare it's important that parents work close their child care professional while potty training when your child is ready for potty training, the right potty guidance and supplies can make all the differences in preschool period. Before you begin potty training, make sure your child is ready.

Lack of appropriate toilet training or inadequate training may delay the child attainment of continence. There is also evidence that some encopresis children suffer from lifelong inefficient and in efforts gastrointestinal motility. Either of these factors alone but especially two in combination offer an

opportunity for a power struggle between the child and the parent over issue of autonomy and control.

Potty training focuses, after called toilet errors, are common among toddlers and small children look at things fulfill child's perspective. He is giving up the security of a diaper. He didn't have to control himself until an opportunity is available. He could go anytime and anywhere, knowing that someone would always be there to change his diapers. Mothers should know that child's fear need is to be addressed as real and serious fear, your child knows that you understand and are being to help, he will feel more relaxed and comfortable while potty training.

Parents want to toilet train their children as soon as possible, however do not start toilet training until both (parent and child) are ready usually; child is ready by the age of 18 to 24 months. We try to rush it, we will have more problems and toilet training will take a longer time. The variety of distinctive, cultural practices like tucking cloth or urgency to catch the urine and open field defecation lowers to the success in children. Thus it is important to assess the parent's knowledge about their child development and prime concerns in accomplishing their duties.

Above literature and discussion with the guide and self-experience of the child toilet training, the researcher felt the need to explore this area and thus it is necessary to assess the level of knowledge and practices of mothers regarding the bowel and bladder control. The investigator's aim is to improve the knowledge and practices of mothers so that successful mastery of the child over toilet training can be ensured.

OBJECTIVES:

- To assess the knowledge of mothers regarding the toilet training.
- To assess the practices of the mothers regarding toilet training.
- To find out the association between the selected demographic variables and practice scores of mothers regarding toilet training among preschool children.
- To find out the association between the sketched demographic variables and knowledge scores of mothers regarding toilet training among preschool children.

Operational definitions:

- 1. Assess:** To Evaluate the Quality or ability. In the present study researcher assessing the knowledge & practice of mother regarding the toilet training.
- 2. Knowledge:** In this study, it refers to the verbal responses of mothers regarding toilet training as measured by the knowledge part of the structured

questionnaire.

3. **Practice:** In this study, it refers to the activities done by the mothers during toilet training, as verbalized by their response to specific items on the practice part of the structured questionnaire.
4. **Toilet training:** In this study, it is a process by which parent systematically responds to child's physiological and psychological readiness so as to promote voluntary control by the child over his or her bowel and bladder movement.
5. **Mother:** The population is the mothers having preschool children in selected urban area in thatipur Gwalior.
6. **Pre-Schooler:** It is relating to the time before a child is old enough to go to school.

Assumptions:

- Preschool mothers will have some knowledge regarding toilet training.
- Preschool mothers will participate and give reliable information needed for the study.

- Preschool mothers will have knowledge related to toilet training, but not practicing properly.
- Knowledge and practice may vary according to the demographic variables.

Hypothesis:

Ho:- There is no significant association between the knowledge and practice of mothers regarding toilet training and selected demographic variables.

Hi:- There is significant association between the knowledge and practice of mothers regarding toilet training and selected demographic variables.

Delimitations:

The study is limited to:

- Mothers having preschool children in selected urban area at Gwalior city.
- Mothers who understands English and Hindi.
- Mothers who are willing to participate in the study.
- Mothers who are available during the time of data collection.

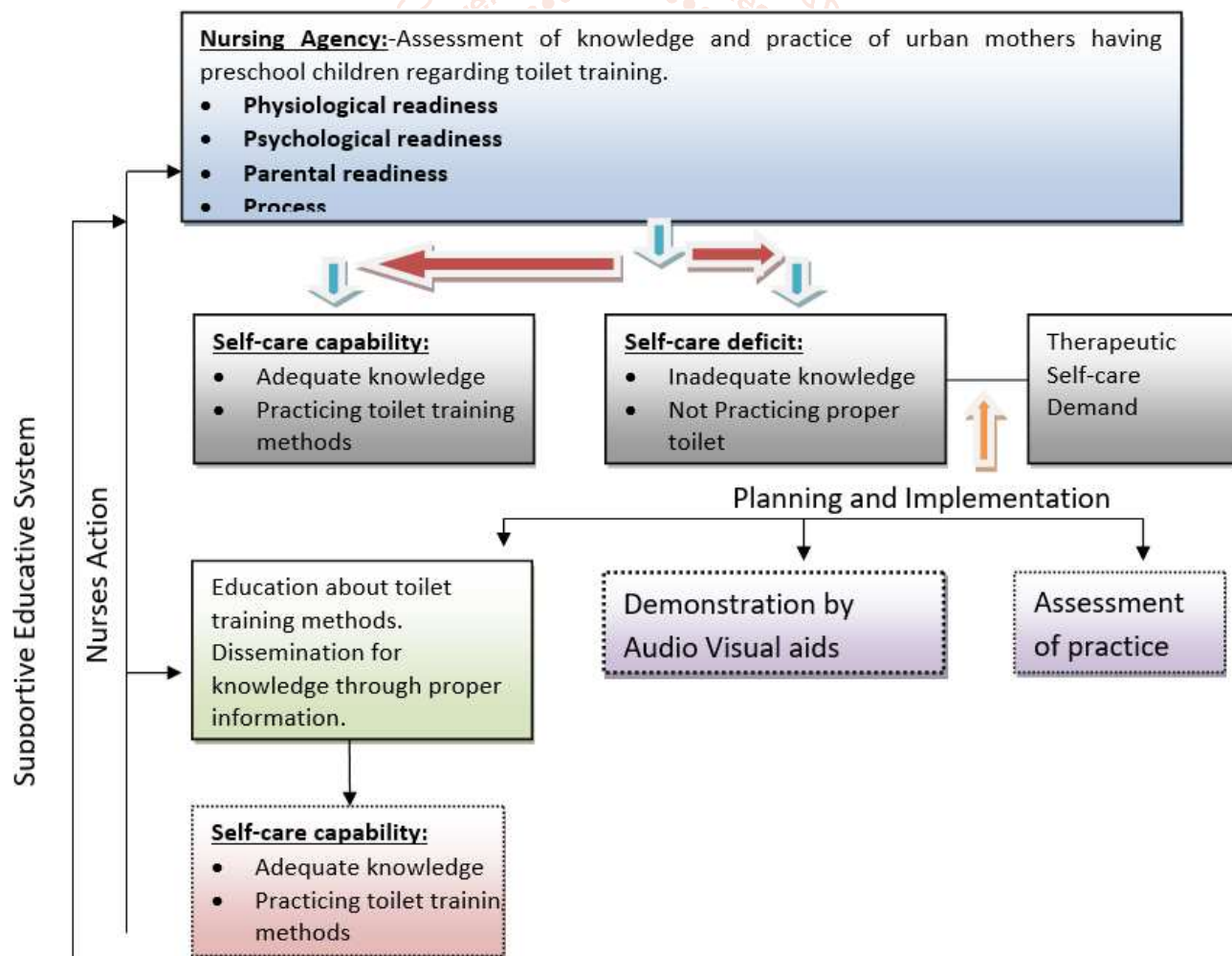


FIG.– 1 MODIFIED CONCEPTUAL BASED ON OREM’S SELF CARE THEORY:

REVIEW OF LITERATURE

"I will instruct thee and teach thee in the way which shall go: I will guide thee with mine eye."

Best (1982) describes "a brief summary of previous research findings and writings of recognized experts provides evidence that the researcher is familiar with what is already known and with what is still unknown and interested."

The review of literature plays a key role in the research process. It refers to an extensive, exhaustive and systematic examination of publication relevant to the research projects.

A review of related literature gives an insight into the various aspects related to the study, which in turn develops the link between the previous existing knowledge and current study and enables to study the various problems encountered during the course of study and helps by its direction in finding ways to increase the effectiveness of data analysis and their interpretation.

In this study, the review of literature is presented under the following headings:

The literatures related to:

- Knowledge and practice guidance for parent on toilet training.
- Preschool child's readiness for toilet training.
- Toilet training and associate variables.
- Untoward effects of toilet training.
- **Literatures related to knowledge and practice guidance for parent on toilet training, which forms the foundation and important component of well child care.**

Pediatric Society presented a descriptive study "Toilet training: Parent guidance with a child oriented approach". Contents of this study included timing, assessing a child's readiness for toilet training, child oriented toilet learning techniques and toileting refusal children with special needs. Parent's handouts were issued. Study concluded that the process of toilet training has changed significantly over the years and with the difference culture. A child-centered approach where the timing and methodology of toilet learning is individualized as much as possible is recommended.

A National Survey of Early Childhood Health describes the content of "parent guidance on toilet training" provided to parents of toddlers and preschool. Sample was parents of 2068 US children aged 4 to 35 months. Results shows that the parent reported discussion of these topics include reading (discussed for 61 % of children 19-35 months) and child care (discussed for 26% of children 19-35months) Parent reports of same unmet need affect

36% of children aged 0 to 9 months and 56% of children aged 10 to 35 months and are highest for the topics of discipline strategies and toilet training parents and pediatricians report high rates of discussion on many topics that are critical to health development in the first years of life.

- **Literatures related to preschool child's readiness for toilet training.**

A research conducted on "Assisted Infant Toilet Training in a Family Setting". Independent toilet training usually starts at age 18 months or later. In developing countries and in Asia, assisted toilet training traditionally starts between one and three months and is completed within approximately one year. This research reports a male infant who started assisted toilet training at age 33 days, in a family setting. During the first days, the mother made observations of the infant's bowel movement schedule and the cues he provided, from which she learned when to assist him to eliminate in the bathroom. During this process, the infant was held in an "in arms" position. Successful toilet training was completed at five months. This case reported that early infant toilet training is possible in a family setting if the mother properly learns the infant's natural elimination timings and signals.

A prospective study "to examine the incidence and age at onset of hiding while defecating in children before they have completed toilet training." Study conducted in suburban private pediatric practice. Subjects were 378 children aged 30-42 months. They were followed up by telephonic interviews with parents every 2-3 months, until they completed daytime toilet training. Results shown that 263 children (69.6%) met criteria for hiding groups. 38 began hiding before toilet training was initiated and 64 started hiding after intensive toilet training had begun. The non-hiders 115 (30.4%) were significant. They completed toilet training at an earlier age than hiders (34.5 vs.38.1; $P < 0.001$) these behavior may make toilet training more difficult.

- **Literatures related to toilet training and associate variables.**

A study was conducted to determine "the effectiveness of a reinforcement based toilet training intervention on three children with diagnosis of enuresis". This includes a combination positive reinforcement, graduated guidance, schedule practice trials and forward prompting. Results indicated that all procedures were implemented in response to urination accident. All three participants reduced urination and accidents to zero and learned to spontaneously request the use of bathroom within 7-11 days of training. Findings suggested that proposed

procedure is an effective and rapid method of toilet training, which can be implemented within a structured school setting with generalizations of home environment.

A study was done to determine the "increasing independence through effective toilet training. Reinforcement based strategies." Focus of this study was to introduce the parents to effective toilet training procedures that are based on prompting strategies found in toilet training literature included urination training package for parents and professionals. This was done successfully into a variety of community based setting. (Eg. classroom, day programmes, and the home). Time also spent on the bowel training procedures; schedule training and night toilet training. Intervention strategies led to successful self-initiated toilet training with both children and parents.

- **Literatures related to untoward effects of toilet training.**

A cross sectional population based survey was done including 580 children in urban state "investigation of voiding dysfunction in a population based sample of children aged 3 to 9 years". Voiding and fecal patterns were investigated using, score, created by Farhet, modified by addition of high frequency urine (more than 8 times a day). Boy's scores above eight and girls above five were clinically investigated, results shown nocturnal (60.4%) urinary urgency (49.7%) and holding maneuvers 42.1 % prevalence of enuresis was 20.1 % in boys 15.1 % in girls. Urinary dysfunction was 22.8% only 10.5% of the parents of the children with voiding dysfunction consult a doctor. The voiding symptoms studied presented high prevalence rates.

A study conducted on "factors associated with difficult toilet training to identify temperament and behavioral patterns in children with difficult toilet training and to compare with same aged toilet training children". They compared 46 referred clinic patients who were difficult toilet trainers (DIT) and 62 comparison children (CC). Results shown CC has easy temperaments (odds ratio: 33.51) DIT were less adaptable (OR: 3.12), more negative in mood (OR:

2.79), less persistent (OR: 2.97) and lower in approach (OR: 1.85), DIT constipated (OR: 3.52) and 55% of CC were constipated. Data suggested that difficult toilet training is associated with difficult temperamental traits.

A study was done to determine "whether constipation and painful defecation occurs as a result of stool toileting refusal (STR)". In this study 380 children between 24 and 45 months of age participate in study of toilet training .The mean age at the completion of day time toilet training was 36.8+ 6.1 months (range 22-54 month) 93 children (24.4%) developed STR. The child had experienced bowel movements are (67.7% vs. 50.9%) frequent hard bowel movements (29.0% vs. 14.3%) and painful defecation (41.9% vs. 27.9%) 93.4% demonstrated constipation before of STR children with frequent hard bowel movements demonstrated a longer duration of STR (9.0 vs. 4.8 + 3.0 months).

RESEARCH METHODOLOGY

"In all thy ways acknowledge Him, and He shall direct thy paths."

Research methodology is .a way to systematically solve the research problems. It deals with the research problems. It deals with the defining the problem, formulation of hypothesis, methods adopted for data collection and statistical techniques used for analyzing the data with logical reason behind it.

Research approach:

Research approach indicates the basic procedure for conducting research. The choice of the appropriate approach depends on the purpose of the study. A-descriptive survey approach was used to assess the knowledge and practice of preschool mothers regarding toilet training in selected urban area.

Research design:

Research design is a set of logical steps taken by the researcher to assess the research problem. The research design selected in the study is descriptive design to measure the knowledge and practice of preschool mothers regarding toilet training. (Figure-2)



Fig. – 2. Schematic Representation of Research Design

Variables:

Variables are qualities, properties or characteristics of persons, things or situation that change or vary.

Variables in the study are knowledge and practice of preschool mother regarding toilet training in urban area.

The Demographic variables included are age, religion, education, occupation, family monthly income, type of family, number of children, birth order of child, number of siblings and source of information.

Research setting:

The study was conducted in Amba mata (urban area) in Udaipur. The total population of Amba mata area consists of approximately near 1 lakh. The areas under Amba mata were Chandpole, Malla-Talli, Gayatri Nagar &. Population of Chandpole is approximately 30,000 thousand. Total population of Malla-Talai is approximately 45,000. And the approximate population of Gayathri Nagar is nearly 50,000. The total population of under- five children in Chandpole area is nearly 10,000.

Population:

Target population consists of the total membership of a defined set of subjects from whom the study subjects are selected and to whom the data will be generalized.

In this study, the sample consisted of sixty mothers having preschool children belonging to the selected urban area of Gwalior city.

Sampling and Sampling Techniques:

A sample is a small portion of population selected for observation and analysis.

In this study, the sample consisted of sixty mothers having preschool children belonging to the selected urban area of Gwalior.

Convenience sampling technique was used to select the subjects.

Convenience sampling involves the conscious selection by the researcher of certain subjects or elements to include the study.

Sampling criteria:

Inclusion Criteria:

- Mothers having children between 3-5 years of age.
- Mothers who understands the English and Hindi.
- Mothers who are residing in selected urban community in Udaipur city.

Exclusion Criteria:

- Mothers who are not willing to participate in the study.
- Mothers who are not present at the time of data collection.

Preparation of the blue print:

A blue -print was prepared prior to the construction of the structured questionnaire on assessment of knowledge and practice regarding toilet training. It depicted the distributions of items according to the content areas. The structured questionnaire includes four domains- knowledge items 41.86 %, understanding items 16.27 %, and 41.86 % practice items covering all aspects of selected toilet training methods. (Annexure IV).

Description of the tools:

The tool consisted of structured questionnaire. The structured questionnaire consisted of three sections.

Section I: Demographic data, which contained age, religion, education, family monthly income, type of family, number of children, birth order of child, number of siblings, sources of information regarding toilet training.

Section II: Structured questionnaire on assessment of knowledge related to toilet training, consisting of twenty-one items, which were divided into four items on four aspects. There are four items on physiological readiness, four items on psychological readiness, three items on parental readiness and ten items related to process.

Section III: Structured questionnaire on assessment of practices of toilet training consisting of twenty-two items that were divided into four aspects, four items on physiological readiness, three items on psychological readiness, seven items on parental readiness and eight items related to process.

Pilot study:

Polit and Hungler (1999) defined pilot study as a small-scale version on trial run on the major study. Its function is to detain information for upbringing the project or for assessing its feasibility. The principal focus was the assessment of the adequacy of measurement.

A pilot study was conducted on 5th March 2015 to assess the feasibility of the study design and to decide on plan for analysis of data. Prior administration permission was obtained from the medical officers of the Thatipur area for conducting the study.

Ten mothers having preschool children were selected using convenience sampling technique. An interview was conducted to assess their knowledge and practice regarding toilet training.

The purpose of the pilot study was:

- To evaluate constructed tool.
- To find out the feasibility on conducting the final study.
- To determine whether there is any need to do any

modification.

- To determine the method of statistical analysis.

The finding of the pilot study shows feasibility and consistency for conducting the main study.

Data analysis plan:

Analysis is the systematic organization and synthesis of research data and the testing of research hypothesis using those data.

The data obtained was planning to be analyzed by both descriptive and inferential statistics on the basis of objectives and hypothesis of the study. To complete the data, master data sheet was prepared by the investigator.

- Demographic data containing sample characteristics would be analyzed using frequency and percentage.
- Knowledge and practice score will be analyzed in terms of frequency percentage, mean and standard deviation.
- The respondents were categorized as inadequate knowledge with less than or equal to 50 % score, moderate knowledge with 51-75 %, score and high knowledge with >75 % score. Similarly the respondents were classified as low practice with less or equal to 50 % score, moderate practice with 51-75% and high practice with >75 % score.
- The Chi Square Test is used to determine the association between knowledge and practice.
- Test of significance is used to compare knowledge and practice with the demographic variables.

Summary:

This chapter dealt with the research methodology of the study. It includes research approach, design, and sample, sampling techniques and research setting and study instruments. The data was planning to be analyzed in terms of both descriptive and inferential statistics.

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