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Research Article

ASSESSMENT OF THE LEVEL OF KNOWLEDGE ON TOILET TRAINING AMONG THE PARENT'S OF TODDLERS AT SELECTED AREA IN VELLORE

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A R T I C L E I N F O

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A B S T R A C T

Toilet training or potty training is the process of teaching a young child to control the bowel and bladder and use the bathroom for elimination. A child is considered to be toilet trained when he or she initiates going to the bathroom and can adjust clothing necessary to urinate or have a bowel movement. Quasi experimental study – one group- pre test-post test design was used for this study. 100 samples were chosen by simple random technique by lottery method. After getting the consent, a pretest was conducted to assess the level of knowledge on toilet training, and post test was done after the administration of a self instructional module (SIM) on toilet training. Descriptive and inferential statistics was used to interpret the findings. The study results was that self- instructional module had better results in improving the knowledge on toilet training among the parent's of toddlers.(t= 40.6,P=0.0000). And there was significant association between post-test level of knowledge on toilet training and the educational status of the father.

INTRODUCTION

Toddler (1 to 3 years old) is the period of exploring, autonomy and the busiest stage during the childhood with acquisition of many physical activities. Toilet training, though being a gradual process during the childhood period, it has adverse effects if it is not been initiated properly at the right age. Enuresis is being the evolving problem among the children who has not attained the bowel and bladder control at the right age.

Background of the study

Toddler develops both physiologically and psychologically day by day. Their urinary system almost matures and the children acquire the day time bladder control by 2 1/6 years and night time bladder control by the age of 3 years(18). So this is the ideal age to initiate toilet training. The parents have the great responsibilities to teach their children with this regard.

Need of the study

Toilet training itself is complex and is accomplished in steps. Acquiring autonomy to use the toilet requires that the child has mastered not just language, but also motor, sensory, neurological and social skills. Climate, culture and access to disposable diapers, temperament of each child are important factors in starting toilet training. Though primarily reported in children with a prevalence of about 20% at five years of age, NE tends to affect about 2% of adults(12)

Nocturnal enuresis is the adverse sequence if toilet training is not initiated properly. Bedwetting is usually diagnosed at 5 year and beyond. However, it is generally left untreated until the children are 7- to 8-year old. The children having this disorder can be greatly worried because this disorder can lead to considerable emotional distress and some psychological consequences, such as low self-esteem in children, some other psychological problems, and especially low school success. Primary mono-symptomatic NE has prevalence decreasing from 16% at age 5 year, to 5% at age 10 year, and 1–2% at age ≥15 year. Parents have to teach their children to initiate toilet training. This is the concern the current study to identify the knowledge on toilet training and to impart knowledge on the same to the parent's of toddlers.

Statement of the Problem

A study to assess the effectiveness of self instructional module (SIM) on knowledge regarding toilet training among parent's of toddlers at Pallikonda, Vellore.

Objectives

1. To assess the level of knowledge on toilet training among the parent's of toddlers before self instructional module (SIM).
2. To find out the effectiveness of self instructional module (SIM) on knowledge regarding toilet training among the parent's of toddlers.
3. To associate the level of knowledge on toilet training with the selected demographic variables of the parent's of toddlers.

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Hypotheses

H_1: There is significant improvement in the level of knowledge on toilet training among the parent's of toddlers after the self instructional module(SIM).

H_2: There is significant association in the level of knowledge on toilet training among the parent's of toddlers after the self instructional module (SIM) with the selected demographic variables.

METHODOLOGY

Research Approach

A quantitative approach with Quasi –experimental (one group - pre test-post test design), was used to assess the effectiveness of self instructional module (SIM) on knowledge regarding the toilet training. After getting clearance from the Ethical committee 100 parent's of toddlers was selected using simple random – lottery method.

Section A

Table I Frequency and percentage distribution of demographic data. N=100

Demographic variables	Frequency	Percentage%
Sex of The Child		
Male	51	51
Female	49	49
Number of Children In The Family		
One	34	34
Two children	44	44
Three children	22	22
Order of The Child Birth		
First	34	34
Second	44	44
Third	22	22
Type of The Family		
Nuclear	90	90
Joint	10	10
Age of The Father		
< 25 Years	1	1
26- 30 Years	47	47
>31 Years & above	52	52
Age of The Mother		
<25 Years	61	61
26 – 30 Years	35	35
>31 Years & Above	4	4
Father's Education		
No formal education	5	5
Primary school	11	11
High school	72	72
Higher secondary	11	11
Graduate & above	1	1
Mother's Education		
No formal education	4	4
Primary school	49	49
High school	33	33
Higher secondary	14	14
Graduate & above	-	-
Father's Occupation		
Daily wages	88	88
Salaried employee	10	10
Business	-	-
Professional	2	2
Mother' S Occupation		
House- wife	100	100
Daily wages	-	-
Salaried employee	-	-
Business	-	-
Professional	-	-
Family Total Monthly Income(IN `)		
2000/- - 3000/-	22	22
.3001/- -4000/-	75	75
4001/- & above	3	3
Source Of Health Information		
Newspapers,books,posters	2	2
Relatives,friends,neighbours	23	23
Health care professional	75	75
Toilet Facilities		
Common toilet	-	-
Own toilet	27	27
No structured toilet	73	73

A pretest was conducted to assess the knowledge on toilet training and post test was conducted after the administration of the self instructional module(SIM) on toilet training.

Data analysis

Descriptive and inferential statistics was used to analyse the data. Chi square test was used to assess the association between the effectiveness of self- instructional module(SIM) on toilet training with the selected demographic variables.

Table 1 indicates analysis of demographic variables according to frequency and percentage distribution reveals Among 100 parent's of toddlers, 51(51%) of the samples had male child, 44(44%) of the samples had two children and second order of the child. 90(90%) of the samples belonged to the nuclear family. 52 (52%) wereof father of the toddlers were 31 years and above. 61% of the mother of the toddlers were less than 25 years old. 72(72%) of the Father of the toddlers had high school education,49% of the mothers had primary school education.88(88%) of the father were daily wages and 100% were housewives.75(75%) were in between the income of Rs. 3001/- to Rs. 4000/- . 75(75%) of them got health information from health care providers.73(73%) of them had no structured toilet in their house.

Section B

Table 2 Assessment of Level of Knowledge on Toilet Training Among The Parent's of Toddlers. N= 100

Level of Knowledge	Pretest		Post test	
	Frequency	Percentage %	Frequency	Percentage %
Inadequate knowledge	100	100	2	2
Moderately adequate knowledge	-	-	75	75
Adequate knowledge	-	-	23	23

Table 2 shows the frequency & percentage distribution of pretest &post test knowledge on toilet training among the parent's of toddlers. In the pretest, 100 (100%) had inadequate knowledge about toilet training among the parent's of toddlers. In the post test, 2(2%) had inadequate knowledge, 75(75%) had moderately adequate knowledge, and 23(23%) had adequate knowledge on toilet training.

Section- C

Table 3 Comparison analysis of level of knowledge to find out the effectiveness of self instructional module (SIM) on knowledge regarding toilet training among the parent's of toddlers. N=100

Variable	Pre Test		Post Test		Paired t- TEST t- value
	Mean	Standard Deviation	MEAN	Standard Deviation	
Knowledge	8.79	2.29	20.7	2.50	t= 40.6 df= 99 P=0.0000 SIGNIFICANT

Table 3 shows the comparison of pretest &post test levels of knowledge on toilet training among the parent's of toddlers. The analysis reveals that the pretest mean value 11.1 with standard deviation 2.29 and post test mean value of 20.7 with standard deviation 2.50. And the one group pretest post test 't'-value is 40.6 which is statistically highly significant at P= 0.000 level.

Section D

Table 4 Association of level of knowledge on toilet training among the parent's of toddlers with their selected demographic variables. N=100

Demographic Variables		Post Test Knowledge						Chi Square Test
		Inadequate		Moderately adequate		Adequate		
		N	%	N	%	N	%	
Sex of the child	Male	1	50	38	50.6	10	43.4	X2= 0.364
	Female	1	50	37	49.3	13	56.52	P= 0.833 NS
Number of children	One child	1	50	27	36	6	26.6	X2= 3.053
	Two children	0	0	33	44	11	47.8	P=0.549
	Three children	1	50	15	20	7	30.6	NS
Order of the child	First	1	50	27	36	6	26.6	X2=3.053
	Second	0	0	33	44	11	47.8	P= 0.549
	Third	1	50	15	21	7	30.6	NS
Type of family	Nuclear	2	100	67	89.4	21	91.3	X2=0.302
	Joint	0	0	8	10.6	2	8.7	P= 0.86 NS
Father's age in years	< 25	0	0	1	1	0	0	X2=5.721
	26- 30	2	100	38	50.6	7	30.4	P= 0.221
	>31 & above	0	0	36	48.4	16	69.5	NS
Mother's age in years	< 25	0	0	46	61.3	12	52.1	X2=7.527
	26- 30	2	100	27	36	8	34.7	P= 0.111
	>31 & above	0	0	2	20	3	13.04	NS
Father's educational status	Non literate	2	100	3	4	0	0	X2= 50.277 P= 0 **SIGNIFICANT**
	Primary school	0	0	10	13	1	4	
	High school	0	0	57	76	15	65	
	Higher Secondary	0	0	5	6.6	6	26	
	Graduate& above	0	0	0	0	1	4	
Mother's educational status	Non literate	0	0	4	5.3	0	0	X2= 10.355 P=0.011 NS
	Primary school	1	100	35	46.6	12	52	
	High school	0	0	29	38.6	4	17.6	
	Higher secondary	0	0	7	9.3	7	30.4	
	Graduate& above	0	0	0	0	0	0	
Father's occupation	Daily wages	2	100	68	90.6	18	78.2	X2=2.938 P= 0.568 NS
	Salaried employee	0	0	6	8	4	17.3	
	Business	0	0	0	0	0	0	
	Professional	0	0	1	1.4	1	4.3	
	House wife	2	100	75	100	23	100	
Mother's occupation	Daily wages	0	0	0	0	0	0	X2= 0.080 P= 0.777 NS
	Salaried employee	0	0	0	0	0	0	
	Business	0	0	0	0	0	0	
	Professional	0	0	0	0	0	0	
Family's monthly income (in Rs)	2000/- to 3000/-	2	100	18	18	2	8.6	X2= 9.71 P= 0.046 NS
	3001/- to 4000/-	0	0	55	55	20	86.9	
	4001/- & above	0	0	2	2	1	4.5	
Source of health information	Newspaper, posters, magazines	0	0	2	2	0	0	X2= 4.840 P= 0.304 NS
	Relatives, friends, neighbours	0	0	20	26.6	2	8.6	
	Health care providers	2	100	53	70.6	21	9.1	
Toilet facilities	Public toilet	0	0	0	0	0	0	X2= 0.787 P= 0.675 NS
	Own toilet	0	0	21	28	6	26.1	
	No structured toilet	2	100	54	72	17	73.9	

The table 4 depicts that among the hundred samples the demographic variables of the parent's of toddlers like sex of the child (x2= 0.364), number of children in the family(x2= 3.053), order of the child's birth(x2= 3.053), type of the family (x2= 0.502), age of father(x2= 5.721), age of mother(x2= 7.527), educational status of the mother (x2= 10.355), occupation of the father(x2= 2.938), occupation of mother(x2= 0.080), monthly income of family(x2= 9.71), source of health information(x2= 4.840), toilet facilities(x2= 0.787) are not significant whereas, the educational status of father(x2= 50.277) is highly significant with the post test knowledge on toilet training.*p<0.05 significant, ** p<0.01 & ***p<0.001 Highly significant.

DISCUSSION

Major findings of the study

- In the pretest, 100 (100%) had inadequate knowledge about toilet training among the parent's of toddlers. In the post test, 2(2%) had inadequate knowledge, 75(75%) had moderately adequate knowledge, and 23(23%) had adequate knowledge on toilet training.
- After giving self instructional module had better results in improving the knowledge on toilet training among the parent's of toddlers.(t= 40.6,P=0.0000).
- There is significant association between post test level of knowledge on toilet training and the educational status of the father. There is no significant association with respect to other demographic variables.

The finding of the study were consistent with Muthulakshmi (2021) that in rural area among 50 mothers of toddlers, 29% of the mothers had inadequate on toilet training, 18% of mothers had moderately adequate knowledge on toilet training and only 3% of the mothers having adequate knowledge. In urban among 50 mothers of toddlers,4% of the mothers had inadequate knowledge on toilet training, 14% of mothers had moderately adequate knowledge, 78% of the mothers had adequate knowledge. In this study, mothers of toddler had inadequate knowledge on toilet training in rural area and adequate knowledge on toilet training in urban area. there was significant association between level of knowledge on toilet training and the educational status of the father the after self instructional module (SIM).

The study is consistent with **TIMOTHY R. SCHUM, et al**,(2006), in his cross-sectional descriptive study of normal children, ages 15–42 months, attending 1 of 4 pediatric clinics determined those child, parent, and environmental factors associated with toilet training completion, focusing on the influence of the child's temperament and development. He concluded that innate factors such as older age, non–Caucasian race, and female gender are the best predictors of completing toilet training (rather than a child's temperament and developmental stage). Day care and maternal employment appear to be unimportant variables. Parents should not be discouraged, because children are completing toilet training at older ages.

Recommendations of the study

Further studies can be done in relation to:

- Role of primary care in identifying and preventing stress at population level in urban and rural area.
- Experimental study to identify the effectiveness of the behavioural interventions for the parents and the children.
- Comparative study to assess the awareness on toilet training among the parents of toddlers at selected rural and urban areas.

CONCLUSION

Most of the health problems are preventable or controllable if it is anticipated or recognized. Prevention and control of health problems needs education and protection from thehealth hazards. The parents of the toddlers play an important role in taking care of their children in teaching them the self- care activities. If toilet training is not initiated properly at the right age, the child may end with health issues like Enuresis and Encopresis.In conclusion self-instructional module is a very effective method for imparting and improving the knowledge on toilet training among the parent's of toddlers.

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Conflict of Interest

The authors declare that there is no conflict of interest.

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References

1. Abdella, Levine.(1979). *Better patient care through nursing research. (* 2nd edition) . New York. Mc. Millan press ltd.
2. Alexandra Vermandel. (2007).The literature on initiation of toilet training (TT) in healthy children. *A Journal Of Urology*.June 345(6). 98- 103.
3. Aluisio J. D. Barros. (2005). The tendency of Brazilian parents to delay training with children. *A Journal OfPaediatrics*.March.168(6).56- 65.
4. Anna Christe.(2010). Toilet training patterns out of concern about the environmental effect of disposable nappies. *A journal of Australian Paediatrics.* March. 45(8). 78-83.
5. Ani Christopher. (2010). The effectiveness of potty chair on toilet training. *The Journal Of Paeditrics*. July 234(9). 67- 69.
6. Aziz. (2010). The bowel habits and toilet training of developmentally normal children ages 2 to 3 years in rural and urban areas. *Pakistan Journal OfPaediatrics*. Jan (78)456-459.
7. Bakker, E., *et.al*.(2008) The changes in toilet training of children seek a possible cause for the apparent increase in lower urinary tract dysfunction. *Journal of Paediatrics*. Nov 45. 67- 75.
8. Berry Brazelton, T. (2010). Technological advancements and use of diapers have delayed the toilet - training process. *Journal of Paediatrics.* Feb 34(7). 176- 179.
9. Blum., et. al. (2008). The effects of early and late toilet training. *Journal of Developmental & Behavioral Pediatrics*.29(3).191-196.
10. Brazelton TB. (2007). *A child-oriented approach to toilet training*. (5th edition). New York. Churchill Livingstone publications.
11. Caldwell PH, Deshpande AV, Von Gontard A: Management of nocturnal enuresis. *BMJ.* 2013; 347:f6259. 10.1136/bmj.f6259 [PubMed] [CrossRef] [Google Scholar.
12. Carol Joinson. (2009). Association between age at initiation of toilet training and development of daytime bladder control. prenatally or during infancy associated with initiating toilet taining earlier. *American Journal Of Paediatrics.* Sep 132(9).809-12.
13. Copperwiki, (2009). The age of initiation of toilet training; the children are toilet trained by the time they are one year old. *Journal of Paediatrics.* June 56(9). 256- 258.
14. Dr. Danulof(2008).Eneuretic children are punished for wetting the bed. *American Journal OfPaediatrics.* July 456(2). 78- 82.
15. Devries MW. Devries MR. (2006). Cultural relativity of toilet training readiness: A perspective from East Africa, *A Journal of Pediatrics*. June60. 170-177.
16. Dr. Joseph Barone., *et.al*. (2010) the period between the age group of 24 to 32 months as the most effective time frame for the parents to begin toilet training lessons with their children. *American Journal OfPaediatrics.* Feb (234).567- 569.
17. Denise M Mota. (2008). The prevalence of children out of diapers by 24 months of age. *American Journal of Paediatrics*. March 45(2). 896- 898.

18. Dorothy R. Marlow.(2008). *A textbook of Paediatric nursing*. (8th edition). New York. Mosby Elsevier Publications.
19. Ellen R Wald. (2009) bowel habits and toilet training of developmentally normal children ages 2 to 3 years. *Journal of Dev Behav Pediatr.* 23(6).424–429.
20. ELS Bakker., *et.al*. (2009),The risk factors for recurrent urinary tract infection (UTI) and the possible influence of potty-training. *American Journal OfPaediatrics.* 56(8). 87-89.
21. Fishman., *et.al*. (2008) Interrupted toilet training and punishment causes primary encopresis rather than secondary encopresis. *American Journal of Paediatrics.* 76(7). 145- 52.
22. Hackett R. & Hackett., *et.al*. (2008). Bladder and bowel control are important developmental milestones in all cultures. *Arch Pediatrics Adolescence Medicine*. 157(12). 1190–1192.
23. Hallgren. (2005).An increase in the age at which bladder control is achieved since the introduction of disposable diapers. *A Journal Of Swedish Paediatrics.*june.67(8). 345- 354.
24. Isabelle Vidal. (2009). Analyze of effect of early toilet training on severe bladder dysfunction *American Journal Of Paediatrics.*March.154(6).803-6
25. Ivor B Horn. (2006). Racial and socioeconomic differences in parental beliefs about the appropriate age at which to initiate toilet training. *Journal of Paediatrics.* June 56(8).67-72.
26. I KocA D Camurdan. (2008) the patterns of toilet training and the factors that may be related to its timing and duration and the approaches of different sociocultural groups within a developing country. *Journal of Paediatrics.* Oct 67(2). 69- 74.
27. Jean-Jacques Wyndaele. *et.al* (2008). The effectiveness of a daytime wetting alarm in a day-care center during three consecutive weeks in healthy children. *Journal of Urology*. April 147.1-57.
28. John J Chen., *et.al*. (2009). Age at toilet training is influenced by a history of vesicoureteral reflux or urinary tract infection. *Journal of Paediatrics Urology.* Sep 89(2).67- 69.
29. Joseph G. Barone. *et.al*. (2009). The appropriate age to initiate toilet training- later toilet training is associated with urge incontinence in children. *Journal of Paediatric- Nephron*. 67(8). 234- 236.
30. Marrilynhockenberry (2008). *Wong's textbook of paediatric nursing.* (8th edition). New York. Mosby Elsevier publications.
31. Muthulakshmi (2019). A Comparative Study To Assess The Knowledge Regarding Toilet Training Among Mothers Of Toddler In Selected Rural And Urban Area. *Indian journal of advanced research.* 8(9):2

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