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The Role of Professional Support in Toilet Training

Tuvalet Eğitiminde Profesyonel Desteğin Rolü

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ABSTRACT

Objective: Toilet training is an important step in the development of children. It was aimed to examine the factors affecting the toilet training of children aged 18-36 months and the effect of professional support on training process.

Material and Methods: In the study, data was collected through a questionnaire. Quantitative method was used as the research method in the questionnaire. 214 children were divided into 2 groups (study group: 90, control group: 124) and included in the study. Toilet training in the study group was provided with professional support. In the control group, training was given by the families.

Results: The age of training onset was 25.60 months in the study group and 24.19 months in the control group. The duration of bladder, bowel control and toilet training completion in the study group was spread over time, and it was frequently between 1-30 days in the control group (p=0.001).

Conclusion: Our study showed that it would be appropriate to start training around 24 months and the process would be completed within 2 months. Especially in families that received professional support, the training processes of children were more positive.

Key Words: Child, Social-emotional development, Toilet training

ÖZ

Amaç: Tuvalet eğitimi çocukların gelişiminde önemli bir adımdır. Bu çalışmada 18-36 ay arası çocukların tuvalet eğitimini etkileyen faktörlerin ve profesyonel desteğin eğitim sürecine etkisinin incelenmesi amaçlandı.

Gereç ve Yöntemler: Araştırmada veriler anket aracılığıyla toplanmıştır. Ankette araştırma yöntemi olarak nicel yöntem kullanılmıştır. 214 çocuk 2 gruba ayrılarak (çalışma grubu: 90, kontrol grubu: 124) çalışmaya dahil edilmiştir. Çalışma grubuna tuvalet eğitimi profesyonel destek verilerek sağlanmıştır. Kontrol grubunda ise aileler tarafından eğitim verilmiştir.

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***Contribution of the Authors / Yazarların katkısı*: KAÇMAZ HC:** Constructing the hypothesis or idea of research and/or article, Planning methodology to reach the conclusions, Organizing, supervising the course of progress and taking the responsibility of the research/study, Taking responsibility in patient follow-up, collection of relevant biological materials, data management and reporting, execution of the experiments, Taking responsibility in logical interpretation and conclusion of the results, Taking responsibility in necessary literature review for the study, Taking responsibility in the writing of the whole or important parts of the study, Reviewing the article before submission scientifically besides spelling and grammar. **KARA UZUN A:** Constructing the hypothesis or idea of research and/or article, Planning methodology to reach the conclusions, Organizing, supervising the course of progress and taking the responsibility of the research/study, Taking responsibility in patient follow-up, collection of relevant biological materials, data management and reporting, execution of the experiments, Reviewing the article before submission scientifically besides spelling and grammar. **YILDIZ AKKUŞ S:** Constructing the hypothesis or idea of research and/or article, Planning methodology to reach the conclusions, Organizing, supervising the course of progress and taking the responsibility of the research/study, Taking responsibility in patient follow-up, collection of relevant biological materials, data management and reporting, execution of the experiments, Taking responsibility in logical interpretation and conclusion of the results, Taking responsibility in necessary literature review for the study, Taking responsibility in the writing of the whole or important parts of the study. **ÇUHACI ÇAKIR B:** Organizing, supervising the course of progress and taking the responsibility of the research/study, Reviewing the article before submission scientifically besides spelling and grammar. **ÖZAYDIN B:** Organizing, supervising the course of progress and taking the responsibility of the research/study, Reviewing the article before submission scientifically besides spelling and grammar.

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Bulgular: Eğitime başlama yaşı çalışma grubunda 25.60 ay, kontrol grubunda ise 24.19 ay olarak bulunmuştur. Çalışma grubunda mesane, bağırsak kontrolü ve tuvalet eğitimini tamamlama süresi zamana yayılmış olup, kontrol grubunda bu sürelerin sıklıkla 1-30 gün arasında olduğu saptanmıştır (p=0.001).

Sonuç: Çalışmamız eğitime 24 ay civarında başlamanın uygun olacağını ve sürecin 2 ay içerisinde tamamlanacağını göstermektedir. Özellikle profesyonel destek alan ailelerde çocukların eğitim süreçleri daha olumlu geçmektedir.

Anahtar Sözcükler: Çocuk, Sosyal-duygusal gelişim, Tuvalet eğitimi

INTRODUCTION

Toilet training (TT) is the child's ability to independently control the bladder and bowel. This sensitive period is affected by many factors related to the child, family and environment (1). In order to start TT, not only the bladder and bowel control should develop, but the child should also be ready for training in terms of cognitive and psychological aspects. Although this state of readiness varies, it is usually between 18-24 months (2). In this critical period, the attitudes and expectations of the family may affect the development of the child (1). While early and strict training was preferred in the past, two methods particularly preferred today are; they stand out as Brazelton's child-oriented approach and Azrin-Foxx's family-oriented approach. Although both have given successful results, comparative studies have not been conducted. The child-oriented method is recommended by the American Academy of Pediatrics. Other rare methods include Dr. Spock approach, assisted infant toilet training and elimination method (2). Traditional methods such as rewarding, punishing and being a role model are mostly used in Türkiye (3).

Toilet training is affected by many factors such as gender, cultural and socioeconomic characteristics. It has been shown that the age of readiness, onset and completion of TT is earlier in girls. Studies have shown that the readiness time for TT ranges from 22 to 30 months. A relationship between early onset and early completion of education has not been demonstrated (2–4). With cultural differences, the age to training onset is mostly between 18-36 months (5). According to Freud, this period is the anal period and the child uses feces to socialize, so problems in TT negatively affect personality development (6). In addition to age, physiological, psychological and cognitive development are also important factors for initiating TT (7). Although there is no consensus, it is recommended to start training when signs of readiness are observed (1,2,7). Among these signs; development of motor movements, acquisition of coordination, age-appropriate cognitive and language development, explaining the need for the toilet, and signs of socialization (2). From this perspective, social-emotional development becomes even more important (8). Parental readiness is also important for TT. Parents should not directly associate success or failure in TT with child intelligence, should support the child in this process and should not see possible negative results as an attack on their own authority. The educational process should be seen by the family as a process carried out by the child's own interest and motivation. In this respect, it is argued that TT should be discussed with parents starting from the 12th month during child health visits (1).

Many problems can negatively affect TT. Common problems include enuresis, encopresis, constipation, refusal to use the toilet, and turning back (1,8). These are more common in children who are not yet ready for training and who have rigid TT approaches (7,8). Environmental factors such as new sibling, new home, change of caregiver and family conflicts also negatively affect TT (2).

TT studies in Türkiye and analyzes of bladder, bowel control and TT completion times in these studies are limited. It was seen that other studies mostly focused only on TT onset and completion time. In our study, TT processes were examined separately, and the factors that were not studied frequently until today were investigated, and the effects of the professional support provided to children who did not have problems in their social-emotional development on the process were examined. This research is a study that mainly aims to investigate such factors with less research.

MATERIAL and METHODS

This study is a prospectively designed study. The research was carried out in the Social Pediatrics Polyclinic between 01.01.2019 and 31.12.2019. The study was approved by Ankara Child Health and Diseases Training and Research Hospital, Clinical Research Ethics Committee with decision number 04.02.2019/ 2019-011.

In the study, the factors affecting the TT of 18-36 months old children who have no problems in their social-emotional development and the effect of professional support on the process of acquiring toilet training were examined. Inclusion criteria for the study; It was determined as not having received TT, age of the child between 18-36 months, social-emotional development scores within the normal range as a result of the Brief Infant-Toddler Social and Emotional Assessment (BITSEA) scale, and no known chronic disease. Toilet training was given by a child development specialist in the study group, and in the control group in line with the families' own knowledge levels. 90 children constituted the study group and 124 children formed the control group. A total of 214 children were included in the study. Participants volunteered to participate in the study by signing a consent form.

General Information Form and BITSEA was used during the data collection phase. General Information Form is a survey

form consisting of three parts. First part; It is the section that includes socio-demographic characteristics of the family. The second part was asked one month after TT started. In this section, TT onset period (day and night) and the problems in the process were questioned. The third part was administered three months after TT onset. The time to gain bladder and bowel control, and the TT completion time were evaluated in this section. BITSEA was used to evaluate social-emotional development. BITSEA was developed by Briggs-Gowan in 2004, and its Turkish translation and adaptation were made by Karabekiroğlu in 2009 (9).

In study protocol, the first part of the general information form was applied to the participants. After this stage, the participants were divided into study and control groups. This distinction is made according to whether the families want to carry out the TT process with the support of experts. Of the participants, 90 children formed the study group and 124 children formed the control group. Children included in the study group were directed to the child development unit to receive TT. After the first interview, the families were called for control one month and three months after the start of TT and the second and third sections of the general information form were filled. The control group consisted of families who wanted to manage training process themselves. The point to be noted in the control group is that the mothers gave TT in line with their own level of knowledge without any training or support from us. As in the study group, the participants in the control group were contacted by phone in the 1st and 3rd months after the start of TT, and the necessary information for the second and third sections of the general information form was obtained.

The data obtained from the study were evaluated in the SPSS version 22 statistical program. Analyzes were performed at 95% confidence intervals and $p<0.050$ was accepted for statistical significance.

RESULT

A total of 214 children, 90 in the study group and 124 in the control group, were included in the study. The sociodemographic characteristics of the participants are given in table I. The mean age of the children was calculated as 25.81 months in the study group and 27.38 months in the control group. 45.6% of the children in the study group were girls, 54.4% were boys, 48.4% of the children in the control group were girls and 51.6% were boys.

The mean TT onset age was 25.60 months in the study group and 24.19 months in the control group. There is no significant difference between the groups. There was no significant difference between the TT onset age and gender, having a younger sibling, educational status and age of the parents, monthly family income, working status of the mother, and family type. Having problems in the TT process was 13.3% in the study group and 29.1% in the control group. In the study group, the frequency of having problems was found to be significantly higher in those with a high TT onset age ($p=0.042$). There was no significant difference in this area in the control group.

In the study group, those who completed bladder control earlier had a significantly higher TT onset age ($p=0.001$). No similar association was found in bowel control and TT completion times. There was no significant difference between the relevant parameters in the control group. Relevant data are given in table II.

There was no significant relationship between gender, having younger siblings, parental age and education level, monthly income, family type, house type, toilet type, potty use, warming type, time of day/season factors and bladder, bowel control and TT completion times. It was determined that 25% of the families in the control group applied reward, 2.42% applied punishment, and 5.64% applied both punishment and reward. TT completion times were found to be significantly shorter for the participants who received the award ($p <0.050$).

A significant difference was found between the study and control groups in terms of bladder and bowel control times ($p=0.001$). It was observed that the relevant periods were spread over a longer period of time in the study group, while the accumulation was greater between 1-30 days in the control group. In addition, sagging over 60 days was observed to be higher in the control group table III.

DISCUSSION

Toilet training is an important developmental step for children. Every successful step supports the child's self-confidence in this process (10). Many factors affecting TT have been investigated in studies. In our study, besides the factors affecting TT, the effect of professional support on the process was also investigated. There are currently no standardized training models for toilet training. There are differences in the training onset age between countries and sociocultural groups (5). With these differences, it is suggested that the appropriate time to start training is after 18 months, and this approach has been shifted to 24-36 months recently (2,7). The mean TT onset age in Türkiye is 22 months, and training starts at an earlier age compared to developed countries (3). In our study, the mean TT onset age was found to be 24 months. According to this result, it can be thought that the training onset age has increased in our country.

The TT onset age and the educational process are affected by many factors. Studies have shown that signs of readiness for TT develop earlier in girls and there is a significant correlation between late onset of TT and male gender (8). Various studies have not found a significant difference between the TT onset age and gender in Türkiye (11). In our study, while the TT onset age in the control group did not change according to gender, the mean TT onset age in the girls in the study group was

Table I: Socio-demographic characteristics of the participants

	Study group (n:90)	Control group (n:124)	p
Child Age*	25.81±5.51; 25 (18-36)	27.38±4.88; 27 (19-36)	0.032
Gender†			
Girl	41 (45.6)	60 (48.4)	0.333
Boy	49 (54.4)	64 (51.6)	
Siblings*			
Yes	9 (10)	10 (8.1)	0.816
No	81 (90)	114 (91.9)	
Mother Age*	30.21±5.05; 29.5 (17-43)	30.32±4.67; 30 (21-42)	0.870
Father Age*	33.51±4.78; 33(25-47)	34.18±5.99; 33 (24-57)	0.367
Mother Education Status†			
Noneducated	2 (2.2)	3 (2.4)	
Primary	25 (27.8)	37 (29.9)	0.200
Highschool	29 (32.2)	43 (34.6)	
University	34 (37.8)	41 (33.1)	
Father Education Status†			
Noneducated	0	2 (1.6)	
Primary	18 (20)	29 (23.3)	0.583
Highschool	33 (36.6)	59 (47.6)	
University	39 (43.4)	34 (27.5)	
Family Type†			
Nuclear	78 (86.7)	102 (82.3)	0.775
Extended	12 (13.3)	22 (17.7)	
Home Type†			
Apartment	90 (100)	109 (87.9)	-
Detached	0	15 (12.1)	
Warming Type†			
Heater	90 (100)	116 (93.5)	-
Stove	0	8 (6.5)	

***:** *Mean ±SD; Median (min-max) (**Min:** minimum, **Max:** maximum, **SD:** standard deviation),* **†:** *n(%),*

Table II: Relationship between TT onset age and bladder / bowel control and TT completion times

	1-30 day*	30-45 day*	45-60 day*	60 days or more*	Total*	p
Bladder Control Time						0.001
Study Group	27.57±5.17	23.58±4.61	22.40±4.72	0	25.60±5.29	0.264
Control Group	24.64±4.37	22.92±3.80	24.50±3.78	23±3.82	24.19±4.22	
Bowel Control Time						
Study Group	26.94±4.98	25.32±5.49	22.86±4.37	26.33±7.64	25.60±5.29	0.097
Control Group	24.08±4.19	24.64 ±4.79	25.00 ±2.65	23.20 ±3.56	24.19 ±4.22	0.785
TT Completion Time						
Study Group	26.94±4.98	25.32 ±5.49	22.86 ±4.37	26.33 ±7.64	25.60 ±5.29	0.097
Control Group	24.68±4.32	23.67 ±4.30	24.10 ±3.81	23.00 ±3.57	24.19 ±4.22	0.515

***** Mean±SD (***SD:** standard deviation),* ***TT:** toilet training*

found 2 months earlier, but this difference was not statistically significant. The results are similar to other studies conducted in our country on this subject.

Parental variables can affect the TT process. Studies have shown that as the maternal education level increases, the TT onset age also increases. Similar relationship could not demonstrated with paternal education (12). Although there was no significant relationship between parental education levels and TT onset age in our study, it was observed that mothers who had at least 12 years of education in the control and study groups started TT 1.5 months later on average than other mothers. In our study, it was found that the higher education level, the higher the level of knowledge about TT. From this perspective, it can be understood that parents with high education level do not rush the education of their children by following the developmental stages, as suggested. Supporting this, van Nunen et al also stated that as the education level increases, mothers expect signals from children to start TT, and they start later (13).

Socioeconomic factors can also affect TT process (1,2). Studies have determined that as the monthly income decreases, the TT onset age decreases. This relationship has been attributed to the low-income families' desire to avoid diaper costs earlier (14). In our study, no significant relationship was found between monthly income and TT onset age. Most of the participants have middle monthly income is thought to cause this result.

Table III: Comparison of study and control groups in terms of bladder / bowel control and TT completion times

	1-30 day n(%)	30-45 day n(%)	45-60 day n(%)	60 days or more n(%)	Total n(%)	p
Bladder Control Time						
Study Group	47 (35.9)	38 (61.3)	5 (38.5)	0	90 (42.1)	0.001
Control Group	84 (64.1)	24 (38.7)	8 (61.5)	8 (100)	124 (57.9)	0.001
Bowel Control Time						
Study Group	35 (28.2)	38 (60.3)	14 (73.7)	3 (37.5)	90 (42.1)	0.001
Control Group	89(71.8)	25(39.7)	5 (26.3)	5 (62.5)	124 (57.9)	
TT Completion Time						
Study Group	35 (34.7)	38 (49.4)	14 (58.3)	3 (25)	90 (42.1)	0.046
Control Group	66(65.3)	39 (50.6)	10 (41.7)	9 (75)	124 (57.9)	

TT: *Toilet training*

Each child has a unique developmental pattern, so choosing a fixed age to start training or starting training early or late can bring various problems (13). Most of the participants in our study stated that they did not experience any problems in TT processes. In the control group, there was no significant relationship between TT onset age and having problems during TT. In the study group, the participants who had problems during TT started training 3 months later on average than those who did not have any problems. The low number of participants (n: 12, 13%) who had problems in this subject in the study group can be thought to lead to this result. These data should be supported by larger studies.

Methods such as punishment, rewarding and role modeling are preferred among the methods frequently used in Türkiye (2,3). In our study, the children who received a reward had significantly shorter TT completion times than the others. In addition, it was found that TT processes for children who were not awarded were delayed more than 60 days. These findings show that positive reinforcements to the child during training make the process easier and provide a comfort zone for the child. In our study, the mean TT onset age was found 24 months. Although this age is higher than similar studies in Türkiye before, it is similar to that of developed countries. Studies have shown that starting training early can extend the TT completion time (10). In our study, it was observed that the TT onset age was significantly higher in the participants with shorter bladder control time in the study group. In addition, although not significant, the increase in TT onset age, a shortened bowel control time and TT completion times were also observed.

In Türkiye, mean TT completion time was found 6.60 months, and no gender difference was observed in TT completion time (3). In our study, no significant effect of gender was found in the groups in terms of bladder, bowel control and TT completion times. Most of the participants completed the training within 60 days. It is thought that the gain of TT in a shorter time may be related to starting the age range suitable for education.

We found that bladder, bowel control and TT completion time showed a significant difference between the groups. Participants in the study group were more evenly distributed in terms of time, while in the control group there were mostly accumulations between 1-30 days. It can be said that the families who provide education with professional help in the study group expect the child's participation and readiness signs, and do not take a hasty attitude. In addition, more sagging was observed in the control group for 60 days or more. When it was examined in detail, it was seen that half of this delayed group had negative factors such as the presence of new sibling and not wanting to leave the diaper. In addition, the fact that the process was uncomplicated and comfortable in children who received professional support may have made this difference. The importance of professional support and raising the awareness of parents can be understood from the findings.

CONCLUSION

Our study shows that the TT process is not much affected by environmental factors, is a part of the child's normal development and can be gained spontaneously over time. First of all, it was determined that mothers were responsible for the basic care of children in most of the participants. When we look at the maternal education levels, it is striking that the maternal education levels in the control group is higher than the study group. Today is described as the age of technology. Access to information and resources becomes much easier. Particularly, mothers' sharing about the development processes of their children through social media applications, which have recently become a trend, and being in contact with other mothers and expectant mothers, also positively / negatively affected the knowledge level of mothers. These include many issues such as toy selection, supplementary food processes of babies, problems encountered in TT, sleep disorders. Mothers with a high level of education and awareness use this information they have acquired through environmental processes through certain filters. In our study, we did not question the knowledge level of mothers included in the control group about TT, but we left them to the mothers' individual competence. This situation showed us that mothers were able to provide TT to their children even without professional support. In addition, raising the awareness of families with the professional support given to both the family and the child in the working group makes the process more comfortable by responding to the needs of the child more appropriately. Determining the distinctive points

on the variables with wider and detailed researches may cause the content of professional support for TT to be reshaped in the future. Adopting appropriate approaches to children's developmental stages is critical in terms of development and personality traits. Healthcare professionals and parents have a duty to continue this process consciously. In this study, children who received professional support were given education in accordance with their developmental level and thus the child was provided with a more accurate education. On the other hand, we think that the possible oppressive attitudes and wrong practices in the families of children who do not receive support may play a negative role in the psychosocial development of children in the future. According to the results of our study, it is seen that TT are more comfortable and positive, especially by raising the awareness of parents. More comprehensive studies are needed on this subject.

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