

Effect of Planned Teaching on Mothers of Toddler about Toilet Training

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Abstract

The process of toilet training has received surprisingly little attention in the medical and nursing literature studies. The investigator's aim was to improve the knowledge and practices of mothers so that successful mastery of the child over toilet training can be ensured. The research method adopted for the present study was pre experimental approach. The present study is based on the sample of 60 mothers of toddler (20-35 yrs age) residing in urban areas was selected through simple random sampling technique. With help of structured and pre-tested questionnaire, the data was collected through personal interview method and statistically analyzed in terms of frequency, percentage, paired 't' test and Chi Square. The study revealed that the mean knowledge score of respondents significantly improved to 39 percent in post-test over 26.76 percent only in pre-test indicating positive effect of planned teaching on mother of toddlers.

Keywords: Planned teaching; Knowledge; Toilet training; Mother of toddler.

Background

Today, health is considered as a basic human right. As basic human needs are essential for survival, people strive to meet them. A person whose needs are met may be considered to be healthy, and a person with one or more unmet needs is at increased risk of illness or health alterations in one or more of the human dimensions. Basic human needs are common to all people. Abraham Maslow (1868-1954) developed a hierarchy of human needs; in which he gave first priority to fulfilling basic physiological needs.

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 and hence it becomes essential for parents to be aware of proper guidelines.

Nursing care is often directed towards meeting unmet needs. While providing nursing care all the dimensions that affects basic needs should be taken into consideration. This allows the nurse to provide proper nursing care while ensuring all basic health care needs are met.

During the 1920s and 1930s a new generation of behavioral scientists emerged and toilet training was regarded as a rigid habit-training process, but it was still determined by parents. Toilet training reverted to a child-oriented approach and parents were advised to begin toilet training once the child displayed interest in the process.

Need for study

Toilet training is affected by a child maturation level and intellectual capacity, cultural attitude and

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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 faecal incontinence (b) the development of diurnal faecal incontinence (c) the development of diurnal bladder control and (d) the development of nocturnal bladder control

The process of toilet training has received surprisingly little attention in the medical and nursing literature studies. Many parents welcome guidance on how best to carry out this important parental duty. Majority of the parents (66%) reported that their pediatrician had not discussed with them such concern issues on toilet training. Recent research in the field of urology signals a great need to re-evaluate our current thinking on toilet training.

Lack of appropriate toilet training or inadequate training may delay the child attainment of continence. There is also evidences that some encopretic children suffer from lifelong inefficient and in efforts gastrointestinal motility. Either of these factors alone but especially two in combination offers an opportunity for a power struggle between the child and the parent over issue of autonomy and control.

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. As the parents try to rush it, they have more problems and toilet training takes 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 necessary to assess and improve the level of knowledge and practices of mothers regarding the bowel and bladder control. The investigator's aim was to improve the knowledge and practices of mothers so that successful mastery of the child over toilet training can be ensured.

Problem statement

“A study to assess the effect of planned teaching on knowledge in relation to toilet training among the mothers of toddler in selected urban area of Mumbai city”.

Objectives

1. To identify the existing knowledge regarding toilet training among the mothers of toddler.
2. To find out the effect of planned teaching on knowledge of mother regarding toilet training.
3. To find out the association between knowledge and selected demographic variables on knowledge of mothers of toddlers regarding toilet training.

Methodology

The present study is based on ‘General System Theory’ approach by Ludwig Von Bertalanffy. As cited by Ludwig von Bertalanffy, “System’s theory is concerned with changes due to interaction between various factors (variables in a given situation)”.

Research approach

Pre experimental research approach was used.

Research design

The investigator selected the one group for pretest, post-test design ($O_1 X O_2$). Keeping in the view the objectives of the study, the investigator observed the experimental groups prior to the intervention (the pre-test). The intervention was structured education administered to the experimental group. Three days after the structured education, the group was again assessed (the post-test).

Setting of the study and sampling technique

Study was conducted in selected urban areas which come under the Government College and Hospital campus, Mumbai. Simple random sampling technique was used for the selection of the samples. Study sample consisted of 60 mothers of toddler (20-35yrs age) residing in selected urban areas.

Table 1: Knowledge regarding toilet training in pre test and post test
n=60

Section no.	Pre test		Post test	
	Mean score	Percentage	Mean score	Percentage
1	2.21	22.1	3.65	36.5
2	2.20	22	3.78	37.8
3	1.98	19.8	3.31	33.1
4	2.18	21.8	2.61	26.1
5	4.81	48.1	6.15	61.5
Total	13.40	26.76	19.52	39.0

Figure 1: Distribution of knowledge of mothers of toddler regarding toilet training

Knowledge Aspects	Inadequate (<50%)		Moderately Adequate (50 – 75%)		Adequate (>75%)	
	No.	%	No.	%	No.	%
General Questions	37	74.0	12	24.0	1	2.0
Causes	34	68.0	15	30.0	1	2.0
Signs & Symptoms	43	86.0	7	14.0	0	0
Diagnostic Evaluation and Treatment	50	100.0	0	0	0	0
Prevention	50	100.0	0	0	0	0

Technique

The technique adopted was interview and tool was structured interview schedule.

Planned teaching module

Planned teaching module include the interaction between the investigator and mothers of toddler regarding selected aspects of toilet training, which are - Basic concept, Sign of readiness, Process, Practice, Adverse effect & management.

Findings of this study

Responses on above-mentioned planned teaching module collected from respondents were statistically analyzed and presented in Table 1 and Table 2. From Table 1 it is revealed that the mean knowledge score of respondents during pre-test was 26.76 percent.

After the intervention of investigator by means of planned teaching, the overall mean knowledge score of the respondents during post-test reported to 39 percent. Thus, it can be concluded that after the intervention on toilet training to the respondent mothers of toddler had higher knowledge indicating positive effect of planned teaching.

Further, as indicated in Table 2, the association between knowledge level and age ($X^2= 2.30NS, P>0.05$), between religion and knowledge on toilet training ($X^2=2.83NS, P>0.05$), between educational level and knowledge ($X^2=12.23NS, P>0.05$), between knowledge level and the number of children ($X^2=7.14NS, P>0.05$), between knowledge level and the birth order of children ($X^2=7.14NS, P>0.05$), between knowledge level and occupational status ($X^2=6.95NS, P>0.05$), between type of family and knowledge level ($X^2=4.95NS, P>0.05$), between

Table 2: Comparison of pre-test and post-test scores for knowledge regarding toilet training
n=60

Sr. No.	Knowledge regarding toilet training	Mean Scores	SD	$ t_{cal} $	DF	$t_{59,0.05}$
1.	Pre-test	13.40	1.55	30.52	59	2.00
2.	Post-test	19.52				

caretaker and knowledge level ($X^2=4.69$ NS, $P>0.05$) found non-significant. However, the association between family income and knowledge level ($X^2=15.60$, $P<0.05$) and between source of information and knowledge level ($X^2=33.98$, $P<0.05$) found significant.

Conclusions

The overall pre-test scores (26.76 percent) of the mean knowledge score of respondents improved significantly in post-test scores (39 percent) after the intervention by the investigator indicated that there is remarkable change in knowledge of mothers of toddler after receiving the planned teaching.

The area wise knowledge levels for the parameters like basic concept, sign of readiness, process, practice, adverse effect and management reported low in pre-test increased significantly after the planned teaching in post-test.

Knowledge of mothers on toilet training have significant association with family income and source of information. Therefore, it can be concluded that planned teaching helps to increase the knowledge regarding toilet training significantly.

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