

# The attitudes and behaviors of mothers who provide toilet training to their healthy children: A qualitative research

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## Abstract

**Aim:** The aim was to evaluate to investigate the attitudes and behaviors of mothers who provide toilet training to their children.

**Material and Methods:** A qualitative study was conducted with focus group interviews. This study was conducted with 24 mothers who provided toilet training to their healthy children between May and July 2017. Three focus group interviews were conducted within the scope of the study. Each group consisted of eight mothers. Semi-structured questions were used in focus interviews. These questions include "How did you know your child is ready for toilet training?", "Are there any special practices you have done to make your child feel more comfortable with the toilet? Can you explain?" Voice recording was performed during the interviews. The data collected with voice recordings were evaluated by content analysis method, and then the main themes and sub themes of the study were formed.

**Results:** It was determined that 45.8% of the mothers were aged between 28 and 31, 33.3% of them were primary school graduate, 50% of the children to whom toilet training was given, were determined to be aged between 2, 5 and 3. Three main themes and seven sub-themes were identified in this study. These include: 1-Decision time (behaviors of the child, age of the child, effect of family elders), 2-Facilitation activities (forming a suitable environment, encouraging) and 3-Reaction of the mother in interim incontinence(unresponsiveness, negative reaction).

**Conclusion:** The majority of the mothers started toilet training according to the child's age and readiness signs, used facilitation activities and generally did not react harshly to incontinence.

**Keywords:** Child Development; Toilet Training; Mothers' Perceptions; Focus Group Discussions; Qualitative Research Methods.

## INTRODUCTION

Toilet training is an important and difficult period for both child and family in early childhood (1-4). In order to start this process, the child should be physically, mentally, emotionally and socially ready and should gain bladder control (3,5-11). Trying to get the child to adopt a toilet habit before s/he is ready can lead to prolongation of training process and to various mental and behavioral problems in the future periods (1,11-15). It is reported in the literature that toilet training is given between 21 and 36 months in healthy children (8,15-17). The success of toilet training process is affected by the age, gender, health of the child, the educational background of trainer, the place where trainer lives and cultural characteristics (1,17-19). Koç et al. found that mothers with a low level of education started their children's toilet training early and frequently

used punishment method (20). Moreover, during the training period, the relationship of mother or trainer with the child and their attitude towards the child can positively or negatively affect this period (2,10,11,15,18). During the toilet training; forcing and threatening the child and punishing the child when s/he pisses herself/himself can cause the child to be discouraged and also this process to be negatively affected. This can cause the child to feel ashamed and enter into power struggle. It is reported in the literature that during toilet training, a great majority of mothers approach positively towards her child and approach negatively punishing, threatening, and comparing with other children to a lesser extent (1,20). Therefore, the child should be supported and encouraged during training (1,8). In a study conducted by Jansson et al., it was found that all of the mothers bragged and rewarded their children to encourage their toilet training

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(2). Toilet training should be given based on personal characteristics of the child. The child-focused toilet training is reported to shorten the training period, increase the self-confidence of the child (2). The aim of this study is to find out the attitudes and behaviors of the mothers who gave toilet training to their children.

## MATERIAL and METHODS

The present study was carried out in Malatya between May and July 2017 by using focus group interview method in the qualitative study design (21,22). Focus group interviews are a qualitative method which aims to get information about behaviors, psychological and socio-cultural features of the groups or sub-groups and to learn the underlying causes for their behaviors (23,24). Thanks to focus group interview method; in-depth, detailed and multi-dimensional qualitative information is obtained about the experiences, lives, thoughts, emotions, attitudes and habits of the participants related to a particular subject (23,24).

### Sampling plan

The present study was carried out over the mothers who were registered to a Family Health Center in the eastern region of Turkey and gave toilet training to their healthy children aged between 1 and 4. The purposeful sampling method was used in the study. In the purposeful sampling method, in-depth information is obtained about the person, the case or the situation, which forms the subject of the study, and in line with a purpose. Mothers who had been giving their children toilet training for at least three months and who did not have any obstacles for communication were included in the present study. Therefore, before the study was started, all the mothers, (72 mothers) who gave toilet training to their children, were called and were informed about the study. Twenty four mothers accepted to join the study. Those mothers were divided into three focus groups. Each group consisted of eight mothers.

### Ethical Considerations

The ethical approval was granted by the Scientific Research and Publications Ethics Board of Inonu University (decision no: 2018/6-2) and the institutional permission was granted by the family health center. The structure, aim and procedures of the study were explained to the mothers. Additionally, participants were also informed that their participation in the study was in a voluntary basis, and the information gathered from the interviews would be written down and used only for scientific purposes. Written and verbal consents were received from the mothers who wanted to participate in the study. The study was conducted in compliance with the principles outlined in the Declaration of Helsinki.

### Data Collection

Focus group interviews were made by the first researcher in the assembly hall of the health center. Semi-structured interviews were used for data collection (23). They were prepared by the researchers based on the literature in order to determine the attitudes and behaviors of the

mothers towards their children during toilet training (Table 1). Permission was received from the mothers and sound recording was made during the focus group interview. Each focus interview lasted approximately an hour. During the interviews, the mothers were allowed to freely express their thoughts. The hall, in which the interview was made, was silent, bright and had a suitable room temperature. There were a big meeting table, which enabled the participants to comfortably see each other, and comfortable seats. Various foods and beverages were presented to the mothers during the interviews. The second researcher joined the interviews as an observer.

**Table 1. Main questions of focus group interviews**

How did you understand your child was ready for toilet training?"
Are there any special applications you do in order for your child to get used to toilet more comfortably? Can you explain?"
How did you react when your child peed pooped in pants during toilet training"
How do you think the toilet training period of your child is going?
Do you have any troubles during toilet training? Can you explain?"

### Analysis

The collected data were evaluated with the content analysis method. The content analysis is a research method used in order to reveal repeatable and valid results with respect to the content of the data (25). After all the interviews finished, the researchers listened to sound recordings of the participants. Later, they formed a text by writing the sound recordings as the participants said. This text was read again and again, and the same, similar and different aspects of the statements of the mothers were compared and coded. The coded data were combined meaningfully. Later, the main themes and sub-themes of the study were formed. During all these processes, the researchers made a decision by discussing together and reaching an agreement. Three main themes and seven sub-themes were determined in the present study (Table 2).

**Table 2. Themes of the study**

Main Themes	Sub-Themes
1-Decision-making Time	Behaviors of the Child Age of the Child Effect of Family Elders
2-Facilitating Activities.	Forming a suitable environment Encouraging
3-Reactions of Mother to Infrequent Peeing	Unresponsiveness Negative Reaction

## RESULTS

It was determined that 45.8% of the mothers were aged between 28 and 31, 33.3% of them were primary school graduate, and 50.0% of them had two children. 50% of the children, to whom toilet training was given, were determined to be aged between 2, 5 and 3 and be boy (Table 3).

Table 3. Demographic characteristics of mothers		
Demographic characteristics	n	%
Mother's age		
24-27	10	41.6
28-31	11	45.8
32	3	12.5
Mother's education		
Primary school graduate	8	33.3
Secondary school graduate	3	12.5
High school graduate	7	29.1
University	6	25.0
Number of children		
1 child	5	20.8
2 child	12	50.0
3 child	5	20.8
4 child	2	8.3
The ages of children given toilet training		
1-2 age	3	12.5
2.5-3 age	12	50.0
3.5 age and ↑	9	37.5
Children's sex		
Female	12	50.0
Male	12	50.0

Results related to the main and sub-themes of the study

### 1-Decision-making Time

The mothers stated that they made a decision of whether the child was ready for toilet training or not, in line with the behaviors, age of the child and the recommendations of the family elders.

### Behaviors of the Children

The fact that the child wanted to unfasten their nappies, talked and volunteered to go to toilet became effective in the mothers' decisions of starting the training.

S/he felt uncomfortable when s/he wet herself/himself, when I go to toilet, s/he also was coming, s/he did not want to be nappy-tied. (Focus group 1, mother 2)

S/he was imitating us, wanted to come to toilet with us and said "Mum, take me to the toilet too." (Focus group 1, mother 5)

Her/his friends around had received toilet training. Since s/he saw from them, s/he herself/himself became willing. I took her/him to toilet a few times and obtained positive results. Thus, we started training. (Focus group 2, mother 7)

### Age of the Child

Half of the mothers stated that they started toilet training since age of the child was suitable for it.

On the TV, the doctors were saying that toilet training should be started when the children turn 2. So, the age of my child was suitable enough for it ...(Focus group 3, mother 8)

S/he already turned 2, started to use words, such as pee-pee and poo-poo so I thought s/he became ready (Focus group 1, mother 3).

Contrary to these, the statement of a mother who tried to give toilet training to her child before that child was not ready for it;

I started when s/he was 1 year old since I wanted her/him to get used to it and learn it early for her/his own health. (Focus group, mother 1)

### Effect of Family Elders

Some mothers started the toilet training with the recommendations of their husbands and family elders. This caused some mothers to have troubles in toilet training.

My mother said that we should train the child at early ages. She told us not to wait for until they were 2 years old. I started the training early by following the recommendations of my mother. I regretted... We have troubles in toilet training and the period was prolonged ... (Focus group 2, mother 2)

My mother-in-law also said that it was high time and told me to take this child to toilet ... on the one hand, it became good and on the other hand, it became bad. It was good because it was really high time. However, since I had one more small child, I could not care that child of mine (Focus group 1, mother 4).

### 2-Facilitating Activities

Mothers preferred the summer for their children to get used to toilet more comfortably. They said that they established a suitable environment with the activities which drew the interest of the child and also encouraged the child.

### Establishing a suitable environment

The mothers said that they conducted many different activities to adjust their children to toilet. Firstly they preferred hot seasons by taking the health of the children into consideration. They stated that they bought a toilet, which shall attract the attention of the child, they went to toilet together with them and talked to them, they made up a story, they sang a song and they attached stickers.

Summer is better, the weather is hot so I started it because I thought they did not catch a cold and did not become ill. (Focus group 3, mother 6)

I bought a toilet with a cartoon character, which the child wanted and liked, on. S/he regarded it as if it was a toy. S/he felt s/he was sitting on a toy and smiled. S/he got used to it easily...(Focus group 2, mother 1)

We went to toilet together, I taught her/him how to make her/his toilet. Later, I took her/him to toilet and we were singing the songs of Pepe while s/he was making her/his toilet....(Focus group 2, mother 5)

We were performing a reward application. When s/he defecated or urinated in the toilet, we were attaching a sticker to her/his room. I turned toilet training into a game. (Focus group 3, mother 3)

### **Encouragement**

The mothers said that they gave positive feedbacks to their children so that motivation of the child increased and they became more willing.

We felt very happy when s/he made her/his toilet. I applauded by saying her/him "Good job" and sometimes gave a present. (Focus group 2, mother 7)

I said "That is my girl, she does not wet herself anymore, and nice girls do such nice things. Your dresses won't be wet and dirty, you will be a clean girl, and we will wear our tights more comfortably." She liked this...( Focus group 1, mother 6)

### **3-Reactions of Mother to Interim Incontinence**

The mothers said that it was necessary to stay patient and calm when the child interim incontinence herself/himself. Thus, they believed that the children could get used to toilet easily and the process shall proceed faster. However, some mothers reflected their anger to their children.

#### **Unresponsiveness**

Some mothers said that they got angry but they did not reflect this to the children.

There were views and moments driving me mad especially when s/he defecated into pants. However, I controlled myself. I did not reflect my anger to the child. (Focus group 1, mother 8)

#### **Negative Reaction**

A few of mothers reflected their anger to the child. Later, they stated that they noticed the child was negatively affected so they gave up.

I got angry a few times, I raised my voice but I gave up scolding when I noticed the child was afraid. (Focus group 2, mother 4)

One day I went to a big shopping mall with my child. While I was looking at clothes, my child defecated in public. I lost myself at that moment; I got mad and felt embarrassed. I reacted fiercely to the child and beat him. I can never forget that moment (Focus group 2, mother 2)

Only I raised my tone of voice. I said "If you do that again, I will get sad and I won't open cartoons for you." S/he said "Ok, mum. I won't do that again." (Focus group 1, mother 7)

## **DISCUSSION**

The fact that the child provides the bladder control is a process which is time-consuming and forces the family (4,19,26-28). It is important that the child should be at a suitable age and be ready for a successful toilet training (2,29). It was determined in the present study that 50% of the mothers started toilet training between the ages 2, 5 and 3 and some mothers started it before the child was a year old. It was determined that 60% of the mother decided to start the training based on the symptoms of the child, 30% of them based on the age of the child and 10% of them with the influence of family elders. It is reported in many studies that the mothers start toilet training

between 21 and 36 months (11,30) and it is reported in some studies that they start between 18 and 24 months (7,20,29). Starting toilet training late or early before the child is ready can negatively affect the period and can cause urinary incontinence, constipation, infection and the conflicts between trainer and child (12,16). The symptoms, such as the child's expressing herself/himself, staying dry for a few hours, wanting to go to toilet, feeling uncomfortable with nappy, imitating the elders show that the child is ready (3). Therefore, the mothers should evaluate the child's symptoms of being ready while giving training.

While starting toilet training, arranging the environment in the way which shall attract the attention of the child can facilitate the process (2). Facilitating activities are the practices, such as buying a toilet/adaptor which can attract the attention of the child and is suitable for body structure, reading stories related to toilet process, dressing the child with casual clothes, preferring hot and warm seasons. Moreover, going to toilet with the child, spending time and encouraging her/him, giving positive feedback, applauding can facilitate the training by positively affecting the mother-child relationship (1,3-5,10). In the present study, the mothers stated that they bought a toilet/adaptor which can attract the attention of the child, went to toilet together, sang songs and preferred hot and warm seasons.

During the toilet training; sitting the child on Standard adult toilet without adaptor can obstruct the contraction of perineal muscles and the complete discharge of bladder (18). Therefore, mothers should use suitable-size tools which enable the child to sit comfortably and to keep the feet on the ground (8,18). It was determined in the literature that the mothers applied the facilitating activities (1,2,18-20).

In the success of toilet training, it is an important approach to appreciate and reward the child (19,20). In the present study, the mothers adopted encouraging approaches, such as applauding, saying "Good job", taking to park, buying a toy or chocolate which the child liked in the event that the child adapted to the process and cooperated. It was determined in the studies that the mothers rewarded their children in various ways (8,19). It was determined that 85.6% of the mothers in a study (20) and 74% of them in another study (8) rewarded their children in toilet training. The rewards given were determined to mostly appreciating the child, applauding, buying toy/chocolate (2,8,20). While rewarding method increases motivation of the child during the training period, punishment method can cause stress and lack of self-confidence. Accordingly, it can lead to emotional trauma by negatively affecting the development of the child. This can cause the failure of the process by negatively affecting the communication between parents and child (4,8).

In the present study, half of the mothers stated they talked to their children suitably in the event of infrequent peeing during training period. Some of them stated that they got angry and warned severely but gave up that

reaction when they saw the child was affected. In a study carried out, it was determined that the mother got angry at their children during toilet training and those behaviors negatively affected the children (1). In another study, it was reported that the most commonly used punishment method was warning severely/scolding. In the same study, it was determined that the use of punishment method for negative behaviors of the child in the training process increased the probability of wetting at night in children (8). The fact that mothers talk to the child, understand the child, stay patient and cherish the child during the toilet training period facilitates the period. The way of giving the training should be child-focused and the child's symptoms of being ready should be taken into consideration.

## CONCLUSION

As a result of this qualitative study, in which attitudes and behaviors of the mothers giving toilet training to their healthy children were researched; it was stated that most of the mothers started toilet training based on the child's age and symptoms of being ready, they used facilitating activities and did not generally react severely to infrequent Limitations

This study was conducted in a specific area and in a family health center. The study can be expanded and conducted on mothers recorded in Family Health Centers of different economic areas who are giving toilet training to their children.

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