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Abstract

Background: Toilet training (TT) is a milestone in a child's development. Nowadays children complete TT later than previous generations. This can have detrimental consequences for the child, the parents and the environment. TT is experienced as difficult and time consuming, parents could benefit from guidelines to assist in this process.

Methods: Focus group discussions (FGDs) were used to explore parents' experiences in an inductive approach applying purposive sampling. The FGDs aimed to explore the type of information parents wanted to receive on TT, from whom and how.

Results: : After six focus group discussions, including 37 participants with personal experience in toilet training, data saturation was achieved. The findings of this qualitative study show reputable agencies, family, friends, day-care workers and nursery school teachers were considered very helpful and trustworthy sources. TT information should be easy understandable and not containing scientific terms or much text. A colorful and illustrated brochure sent by regular mail is preferred.

Conclusion: Our study allows to develop a source of correct and wanted information about TT that parents can and want to use, which helps them completing this training more easily and timely.

Key words: children, focus group discussion, information, parents, qualitative research, toilet training.

Introduction

Toilet training (TT) is an important stage and a milestone in the development of the child (Mota et al., 2008). Parents could benefit from clear guidelines outlining how to assist their children in the completion of TT. Currently, much of the available literature on this topic is either contradictory or of little practical use, as different schools and associations in Belgium develop their own package, brochure, book, poster, etc. about TT. Also, because of the variety of available information, parents postpone TT (Blum et al., 2004). In the last 60 years, a trend towards an older age of initiating TT has been observed in Western culture: currently, parents start TT their child between 18 and 24 months (Bakker et al., 2000; Bakker et al., 2002; Blum et al., 2003; Blum et al., 2004; Horstmanshoff et al., 2003; Vermandel et al., 2010; Van der Cruyssen et al., 2015). Most parents, however, are not aware of the fact that problems can occur when starting too late with TT (van Nunen et al., 2015), for example, the spread of diseases/ infections or increased workload of nursery school teachers caused by insufficiently toilet trained children (Hadler et al., 1986; Mota et al., 2008; Pickering et al., 1986; Vermandel et al., 2010). When starting *too late*, children reject TT more easily, which may lead to stool toileting refusal (Luxem et al., 1994) or functional constipation (Mota et al., 2008) and could be associated with problems of attaining and maintaining bladder control (Joinson et al., 2009). Later or longer TT also implies higher social, environmental and financial costs (i.e., longer use of nappies) (Kaerts et al., 2011; Vermandel et al., 2010).

A uniform strategy to guide parents is necessary (Mota et al., 2008). Firstly, it is important to inform them correctly about when to initiate TT, how long TT takes and which obstacles they might encounter (Wu, 2010). Subsequently, more efforts are needed to provide parents with this necessary information (Schuster et al., 2000; van Nunen et al., 2015). Scientific research

from Schuster et al. (2000) indicates that 22 to 55% of parents would find it useful to receive more information about TT and many parents even wish to pay for this information.

The purpose of this study is (1) to explore sources of information that parents use now and would like to use in the future to handle TT and (2) in what form parents would like to receive information about this subject. The final goal of the study is to formulate an answer to the following question: 'How to inform parents about TT to help them understand more about TT and perform TT in a correct manner?'. The study should enable us to develop a source of correct and desirable information about TT that will help parents complete TT in an easier and more timely manner.

Subjects and Methods

In February and March 2015, a study on TT was performed in the province of Antwerp, Belgium. Since not much is yet known about this topic, we used focus group discussions (FGDs) to explore parents' experiences in an inductive qualitative approach, applying purposive sampling.

Inclusion criteria for the purposive sampling were adults with experience in toilet training children, such as parents of young children (already toilet trained), nursery school teachers, teachers, educators or day care workers. Recruitment of the participants was organized via an informative letter that was distributed to parents at schools, via nursery school teachers and at day-care centers, explaining the purpose of the study and asking for their voluntary co-operation. Parents within informal social networks of the researchers were also asked to participate. In total, 37 participants agreed to participate, mainly women (see Table 1).

TABLE 1

Based on evidence-based literature and the expertise of the research group (regarding toilet training), a script was developed to guide the discussion groups and the analysis and comparison of the gathered information (see Supplementary Table). The script consisted of four main questions: (1) when did the parents start with TT; (2) where did they receive information about this topic; (3) were there people who helped them with completing the training; and (4) how would they like to receive information about TT. These main questions were supplemented by several probing questions to stimulate the spontaneous dynamics of the groups. Furthermore, it was made clear that there were no right or wrong answers to these open questions. Anonymity was assured, verbal consent was given by all participants at the start of the FGDs. All FGDs were audio recorded, a few discussions were also video recorded.

Each FGD was organized by a pair of researchers with a background in social sciences. A total of twelve individual researchers participated. One of the two researchers undertook the role of moderator, the other acted as an observer and took notes. After each FGD, transcripts of the FGD were made by the two researchers and meetings with all the investigators were held to debrief what had been said by the participants and discuss points that had to be kept in mind for following FGDs. No additional focus groups were organized if no new information regarding the research questions arose during the previous focus group.

We were able to formulate a coherent answer after six FGDs with 37 participants in total. The number of participants per FGD ranged from 4 to 8 participants. Each FGD lasted between 1 and 2 hours. All respondents gave their informed consent before the FGD began. A separate informed consent was given in those cases where a video recording was done. The software program for qualitative data analysis Nvivo (®QSR International Pty Ltd) was used to assist researchers in analyzing the data and comparing the gathered information. After each FGD, the two researchers assigned notes to the statements, perceptions and opinions of the participants in Nvivo. The notes were then translated into an explanatory theory that provided an answer to

the research questions. Anonymity was achieved by giving the participants labels instead of using real names. The researchers assigned a number to each participant in the FGD.

Results

The process of TT: experiences of parents

Most participating parents considered the age of two years as being the right time to start. In some cases, the day-care worker advised parents to start the training. The child often gave signs that he or she was ready for TT, for example, expressing the need to go to the toilet and showing interest in TT.

"But then, yes, simply because they start to show interest in it and then you yourself also start to talk about it, so that they also… yes, give signals themselves and ask how or what." (FGD 3, S4).

A few parents noticed clear differences between boys and girls at the beginning of TT, as girls were ready for TT earlier than boys. Boys mostly needed more time than girls to complete TT as well. In addition, parents also planned TT to fit in with their time off, so they could spend enough time toilet training their children correctly.

"And then, with the youngest one, we chose more or less the same moment and also took into account our holidays, when we were home, so that they could walk around at home in their underpants." (FGD 3, S7)

TT could be time consuming. It took two weeks to four months on average. According to the parents, an older brother or sister had no influence on a younger child during the process of TT. The parents said that they stopped using nappies for a while to let the child feel what it is like to have accidents, so they experience unpleasant feelings. Parents rewarded their child with a

balloon, sticker, sweet, little present, etc. after using the potty or toilet correctly. Punishing the child when they had accidents was not acceptable. On the other hand, parents thought that it was important to talk to the child about it.

"You have to bring the child into contact with the potty. You have to give some input and make time for it. You have to indicate what has to happen with the potty." (FGD 4, S6)

"You have to be able to talk about it, you should not say "stupid child, did you have an accident again?" It is an extreme example." (FGD 6, S2) "I say that it is okay and that it can happen." (FGD 6, S5)

"Punishing a child when it has accidents is not a solution." (FGD 6, S2) "No, you just scare your children in that case." (FGD 6, S5)

The FGDs pointed out that children should not feel pressure before and during TT. Parents should be positive, enthusiastic, patient and calm.

"Finally, simply taking the pressure away, so as the nursery school teacher said to me, you just have to try and make sure that the children don't feel there is a pressure. And indeed, after a week it was OK. Simply as a mum or a daddy, these children seem to really feel it; that you are engaged and that you are concerned and that you react to it differently." (FGD 3, S6)

Concerns related to TT included the following: parent's goal to send toilet trained children to primary school and their anxiety about this matter, children thinking that toilets are dirty, the child not knowing the difference between the nappy and the underpants, children having trouble taking off the pants without help, erections making it more difficult to urinate correctly, not willing to use a toilet that is not familiar, and grandparents using a different TT method.

Receiving help from others

Parents mentioned receiving help from grandparents, day-care workers and nursery school

teachers. A General Practitioner (GP) or pediatrician was only contacted when problems occurred. It was mentioned that it was important that grandparents continued the ongoing TT, in which case they could have a great influence if the children stayed over regularly. If grandparents did not continue the ongoing TT, it could lead to a relapse. It was not seen as a problem if grandparents used a slightly different method than the child's parents.

"Everyone has to join in. From the moment you say: 'OK, take off the nappy'. At that moment, that's the message when they go to the parents-in-law, or you tell your own parents you are potty training and that they mustn't put on a nappy. When they, however, suddenly put on a nappy, well then… [it doesn't really help, ed]" (FGD 2, S6).

"Yes, I then told my parents how I was managing and how they had to do it. Preferably this way but if you do it a little bit differently, that's no drama, you know. You shouldn't put a nappy on all day but for a short trip by car, in which case I would not put on a nappy, they put one on, then yes…" (FGD 2, S4).

The participating parents agreed that day-care centers and the day-care workers had a big influence on TT because of their experience, structure and the presence in the day-care centers of other children.

"Nursery is important! They have a lot of experience and many children. They ask whether they can start TT when they think the children are ready for it and when it is needed." (FGD 2, All).

"People from the crèche pick up the signals much faster, since they have a lot of experience. This is especially the case with the first child, when you yourself have no experience." (FGD 2, S3).

Information about the method used was reported to the parents in writing or orally by most day-care centers. Most parents only consulted a GP or pediatrician when they noticed problems during TT. However, problems were not the only reason to visit a physician for some parents

as they felt that a GP or pediatrician could give trustworthy information. Some parents asked a GP or pediatrician questions about TT when the actual consultation was for a totally different issue. All participants thought that GPs were trustworthy. Because of their further specialization, pediatricians were considered to be even more reliable than GPs.

Receiving information about TT: current situation

The parents mentioned using several trustworthy resources about TT. However, not all parents needed information to handle TT. Agencies like 'Child & Family' (Kind & Gezin), 'Family Association' (Gezinsbond) and 'Child-raising Centre' (Opvoedingswinkel) were viewed as reliable.

"There is also a child-raising centre. When parents encounter problems, they can go there and then they can get help." (FGD 4, S4).

According to the parents, information was also (or could be) received via doctors, pediatricians and urologists. On the other hand, information from family, friends, day-care workers and kindergarten teachers was highly valued and considered trustworthy as well.

"People working in a nursery have many very different cases and they say… you know, they have always reassured me. Or yes, when everything is normal, they also tell me. Because they know your child very well and they also see many other cases." (FGD 1, S4).

The internet was seen as a good source to share experiences and find other people dealing with a similar situation, although the quality of the information was considered doubtful. Information about TT based on experience was the general preference. However, scientific research and thoughts should not be entirely ignored. Some participants expressed their concern about the fact that the available information about TT concentrates too much on averages and not enough on the child as an individual.

“Yes, every child is different, you know. Because science or research are based on the average child or the average person. But each child is different and I think it simply is important to follow their rhythm and make use of other people’s experiences.” (FGD 3, S4).

“I prefer experience. Not necessarily information from doctors and researchers. These are often boring documents.” (FGD 2, All).

The necessary and wanted information

Web applications (apps for smartphones and tablets) directed towards parents were generally seen as a good way to inform parents, especially for the next generations of parents. However, some parents also liked to receive the information on paper. Apps directed towards children were not supported by all parents as many of them did not want to confront their young child with a lot of technology.

“For a lot of young people an app will be OK but personally I would like to receive it by regular mail.” (FGD 4, S5).

“I would not use it (for the children, GVH). I prefer booklets. The child will automatically come into contact with technology. I don’t want to stimulate it at such a young age.” (FGD 2, S5).

Opinions about information on the internet were divided. Websites from known agencies were considered trustworthy. Forums were often not taken seriously. In addition, e-mails about TT were deleted quickly without reading the content closely. Parents also thought that social media were not a good way to give information about the subject.

“In a manner of speaking, you simply have to type: the child has not defaecated for five days. Immediately you will find information. But if you start reading and you are not able to add some nuance to that, then you think there is a tumour or they are dying or I don’t know what. I

think reading on the internet is useful but it depends what or how, you know…" (FGD 2, S1).

Many respondents still preferred a brochure as one of the easiest ways to obtain information. The brochure should be aimed at parents because parents preferred books and movies when they wanted information for their children. In addition, many parents would like to receive information about TT by regular mail. A few parents would like the day-care center to give them a brochure when they think that their child is ready for TT. Next to parents, grandparents also appeared to be a potential target group for TT information. All participating parents agreed about the most suitable lay-out: the information should be easy to read and should not contain difficult or scientific terms. In general, parents like an information source with a lot of colours and illustrations and without a lot of text.

"No, that is not important, such a scientific text. In the first place, you should receive tips." (FGD 2, S3).

Discussion

This study is to our knowledge the first to explore (1) the experiences of parents with TT and (2) what sources of information they use and (3) what sources they would like to use in the future about this subject and in what form.

Information about TT is important because TT is a crucial phase in the development of the child (Mota et al., 2008) and almost every parent participates in TT. Many problematic consequences have been discussed that arise from suboptimal TT (American Academy of Pediatrics, 1999; Bakker et al., 2002; Baron et al., 2009; Hadler et al., 1986; Kaerts et al., 2011; Luxem et al., 1994; Mota et al., 2008; Pickering et al., 1986; Polaha, 2002; Taubman, 1997a, 1997b; Taubman et al., 2003; Vermandel et al., 2010). Starting *too early* with TT (meaning that TT is initiated when the child is not (yet) ready for it and TT is performed in possibly a more stringent way) can cause stress and frustration to both child and parents, resulting in the possibility of

loss of interest by the child (Polaha, 2002), child abuse (Kaerts et al., 2011) and postponing the training (Wu, 2010). At the same time, other authors have pointed out the advantages of early TT, as it would not lead to bladder dysfunction (Hellström et al., 2001; Duong et al., 2009; Yang et al, 2011; Duong et al., 2013). Correct information can prevent problems that might otherwise occur in the future. Receiving correct information is, therefore, important as it can help prevent problematic situations. Our study enables the development of a source of correct and desirable information about TT that parents can and wish to use, a source of information that helps them completing this training in an easier and more timely manner.

Looking at the information sources that parents currently use regarding TT, it was made clear in this research that information from well-known, reputable agencies is viewed as reliable. According to the parents, information from family, friends, day-care workers and nursery school teachers is also very helpful and trustworthy. The results show that the quality of online information is considered doubtful by the parents, but it is a good medium to share experiences and find people dealing with a similar situation.

In the future, parents would like to receive information about TT that is directed towards them and based on experiences (but without ignoring scientific research). Information about TT should be easily understandable and not contain difficult or scientific terms or a lot of text. In addition, parents prefer an information source with a lot of colours and illustrations. It was concluded that a brochure sent by regular mail is the easiest way to present information. If we look at the current manner in which parents receive information, surprisingly this does not seem to differ that much. ‘Child and Family’ (Kind en Gezin), a Flemish agency that works actively in the Public Health, Welfare and Family policy area, sends regular mails to parents of toddlers aged 0 - 2.5 years old, informing them about the development and education of their child, e.g., toilet training. The question then arises as to whether it is possible that not only “how” information is distributed is important, but also “what” it should contain. In the current FGD,

we have not gone into this further, but this would be an interesting topic for future research.

Implementation of the results could be compromised by the lack of consensus in scientific literature. There are several opinions about when a child can or should start TT and when this training ends. Furthermore, signals from the child about when it is ready for TT differ according to the different scientific sources. The fact that there is no consensus should not be ignored. Although authors of scientific literature about TT agree that starting too early or too late with TT can result in problems, such as stress for children and parents, there is no distinct answer to what is starting too early or too late. It is, therefore, sometimes difficult to inform parents about the correct timing.

To summarize the findings of this qualitative study, information on TT for parents should be evidence based, but easily understandable and provided to parents by means of an attractive brochure. Future research could aim to investigate the specific content that should be incorporated.

Limitations

One of the limitations of this study is that generalizations from our study are not possible, because of the design of the qualitative research and the small number of participants. Conclusions about how parents in general would like to receive information about TT are not possible. Qualitative research does not allow generalization of the results of the sample to the whole population; it is more explorative in nature and context-sensitive. However, in order to assess transferability (as a response to the conventional external validity), we provide a description of the context in which the study took place. In this way, readers can assess the possibilities of applying the results from this study to their own context or using them in the development of a questionnaire which could be distributed on a larger scale to gather quantitative data.

The most important advantages of FGDs are the great involvement of the respondents and the possibility to collect a lot of information in a short period of time about complex motivations and attitudes.

Key messages

- The age of initiating and completing toilet training is postponed in Western society.
- There is a lack of uniform, evidence based information on toilet training for parents.
- This study searched for the desirable sources and information about TT by means of focus group discussions with parents.
- Information on toilet training for parents should be evidence based, but easily understandable and provided to parents by means of an attractive brochure.

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