



A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON TOILET TRAINING AMONG MOTHERS OF TODDLER CHILDREN IN VILLAGE CHARA DISTT. JHAJJAR

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ABSTRACT

This Toilet training, or potty training, is the process of teaching a young kid to urinate and defecate in a toilet, albeit the process may begin with a smaller toilet-bowl-shaped device. The process of teaching a young child to control their bowel and bladder and use the bathroom for elimination is known as toilet training. When a child takes the initiative to use the restroom and can modify their clothing to urinate or have a bowel movement, they are said to be toilet trained. A youngster typically gains control before being able to sleep dry at night throughout the day.

OBJECTIVES: To assess the effectiveness of structured teaching programme on toilet training among mother's of toddler children.

Material/Method: A Quasi experimental study to assess the effectiveness of structured teaching programme on toilet training among mothers of toddler children in village Chara, Distt. Jhajjar. 100 mothers who fulfilled the inclusive criteria were selected for the study out of which on 100 mothers pre-test was done then structured teaching programme was carried out then after eight days post-test was done through Non Probable Purposive sample technique questionnaire was given with demographic variables.

Result: The statistical analysis shows that in pre-test the mean was 10.85 with standard deviation 5.03 and the post-test score mean was 17.75 with standard deviation 6.04. The improvement score shows that the mean was 6.9 with standard deviation of 5.535 and the 'Z' value is 8.78. It shows that effectiveness of teaching programme was highly significant $P =$

0.002 ($P < 0.05$ level) and degree of freedom is 99.

The chi-square shows that there is association between demographic variable such as includes Age, Educational status, Types of family. The overall finding showed that pre-test and post-test revival that the effectiveness of teaching programme is highly significant.

Conclusion: Structured teaching programme carried out in village Chara among mothers of toddler children increased knowledge about toilet training among the mothers of toddler children.

Nursing Implications: The research project work gives knowledge among Nurses in identifying the problem and complaints at an early stage, nurses have major role in any health care setting, So Nurses should have thorough Knowledge about the toilet training meaning, need for toilet training, readiness of the baby for toilet training, age to start toilet training, role of parents in toilet training, fully achieved toilet training signs, what thing is necessary after toileting. The implications of the study can be seen in various areas of nursing field & practice.

Recommendations: Based on the research project work findings the following recommendations can be made.

- Similar research project work can be done with larger number of samples.
- A comparative research project work can be conducted between urban and rural community.
- A similar research project work can be carried out using different nursing strategies.
- Similar research project work can be carried in various geographic areas.
- A similar research project work can be carried out with the different research approach or design.

INTRODUCTION

The modern society is intricate and dynamic. Kids are like budding flowers. They are a valuable national resource. As kids get older, they need to learn how to deal with today's demands as well as how to get ready for all the unforeseen events that tomorrow's advancements in techniques and technology will bring about. We anticipate that children will develop and learn to the utmost extent possible. In order to address the needs of all children for access to education and health care, parents act as champions for their offspring.

Every stage of a person's life is filled with challenges, setbacks, and successes. The toddler stage is one such stage. It's the enchanted period of childhood. It is a new, intriguing, and exciting time in life. As a youngster seeks autonomy and explores the environment, fundamental learning processes occur in them. It gains knowledge of how things primarily start tolerating, expressing desires, and forming relationships.

Toilet training, or potty training, is the process of teaching a young kid to urinate and defecate in a toilet, albeit the process may begin with a smaller toilet-bowl-shaped device. It is commonly begun and finished between the ages of 12 months and 3 years in Western countries, with boys typically being at the older end of the age spectrum.

The best potty training methods emphasize consistency and positive reward over punishment, making it pleasurable for the child. Most experts advise that toilet training is a shared effort requiring cooperation, agreement, and understanding between the child and the career.

Background of the study:- According to several articles, toilet training a child is simpler when they are at least 18 months old, and it is preferable to wait even longer with boys as they typically lack the requisite language and fine motor skills. Due to the child's desire to please his or her parents, this time frame is much simpler to use.

The process of teaching a young child to control their bowel and bladder and use the bathroom for elimination is known as toilet training. When a child takes the initiative to use the restroom and can modify their clothing to urinate or have a bowel movement, they are said to be toilet trained. A youngster typically gains control before being able to sleep dry at night throughout the day. Some children develop some control over bladder and/or bowel motions as early as nine months of age and are able to cooperate in managing themselves to some degree by the age of 12 to 15 months.

Most experts agree, however, that toilet training should only be undertaken when a kid demonstrates certain indicators of readiness that normally appear between the ages of two and three years of age. Toddlers, unlike infants, are aware of when they are urinating or defecating, and they may adopt particular stances or go quiet before doing so. Additionally, they have picked up the language their family uses to describe elimination. Another indication of this period of development is a sense of fastidiousness and a need for order.

Children frequently request that their dirty diapers be changed right away, and they exhibit a general interest in organization that can be used to benefit toilet training. A child of this age also exhibits a strong desire to imitate the parent of the same sex, a characteristic that can be exploited to get her to use the restroom. Last but not least, the child will start to exhibit abilities to

postpone urination or bowel movements, such as waking up from sleep dry or delaying urination or bowel movements for longer periods of time while not donning a diaper.

A kid needs develop both physical and mental self control in order to successfully complete the many phases of toilet training, which can be thought of as a gradual process. It includes talking, getting dressed, going, wiping, flushing, and washing your hands. It is a task that is specific to each child. It should start and end in accordance with the child's capacity to complete it, not on a predetermined timeline.

The child may hold back bowel movements as a result of resistance, which could have the unfavorable effect of constipation. This leads to discomfort and even pain during elimination, which increases the child's resistance and unwillingness. Fecal soiling (encopresis), painful anal fissures, and expansion of the rectal cavity can all be symptoms of severe constipation. Regressions to soiling or unusual delays in toilet training typically signify family stress and/or underlying emotional issues, which may require counseling to be handled.

Need for study:- The growth of a child involves several facets, such as the physical, social, emotional, and cognitive/mental. Children must be encouraged to grow in all areas if they are to develop fully, and the mother is the one who most frequently provides this assistance. In both traditional and single-parent families, mothers are typically the primary caregivers, spending the most time with their kids.

Therefore, mothers have a special opportunity to shape their children's development in all spheres, starting with the bonds and attachments they typically form with them. The initial cycle of bonding is finished when babies grow into toddlers because they realize that their mothers are the ones who should be taking care of all of their needs. However, toddlers are now starting to recognize their independence and have the mobility to test the limits that their mothers have set for them. However, toddlers are now starting to recognize their independence and have the mobility to test the limits that their mothers have set for them.

Toilet training requires significant parental involvement. Toilet training is a process, but how the parents go about it matters more than the process itself. Children's self-esteem and attitudes towards others can be influenced by their laid-back and upbeat attitudes

and behaviors. For a child to succeed, parents or other caregivers must have the proper knowledge and awareness. Sometimes they may have either inadequate or inappropriate knowledge regarding initiation, readiness process and hazards of toilet training.

The excessive and repeated passing of urine is a symptom of enuresis. Both voluntary and involuntary voiding is possible. The minimal mental age is four years old, whereas the minimum chronological age is three. Up to age 4, there is a drastically declining prevalence, and after that, after 82% of children under 2 years old, 49% of children under 3, 20% of children under 4, 7% of children under 5, 3% of children under 10, and 11.2% of children under 19, there is a progressive reduction. The prevalence among adults is roughly 1%. Most kids are potty trained by the time they are 30 months old, but between 2 and 10 percent of kids are still not trained by the time they are 4 years old. Toilet training issues are now a regular behavioral concern for school going children.

Children from Kerala were found to have enuresis and encopresis in 18.6%. These events were linked to the parent's education, the child's various symptoms, and the parent's casual attitude towards potty training. Early toilet training is not advised as it may result in toilet training issues.

Bowel control is predicted to be present in more than 95% of children in affluent nations by their fourth birthday and 99% of children by their fifth birthday. By the time they reach the age of 16, however, it frequently disappears completely.

At age four, functional encopresis is 3–4 times more common in boys than in girls. By age 7–8, the frequency is 2.3% in boys and a 7% in girls. By age 10–12, 1.3% of boys and 0.3% of girls have monthly soiling.

Lack of proper toilet training or insufficient instruction may prevent a child from developing continence. Additionally, there is proof of some encopresis. Children have gastrointestinal motility that is ineffective and unreliable for their entire lives. Toilet training mistakes, also known as potty training focuses, are frequent among toddlers and young children who view the world from a child's perspective. He is enunciating the safety of a diaper. He didn't have to restrain himself till a chance presented itself.

The researcher felt the need to delve deeper into this subject than what was already written and discussed, thus it is critical to gauge mothers' degree of knowledge and practices with regard to bowel and bladder control. The investigator's purpose is to increase the knowledge and behaviors of mothers so that successful mastery of the kid over toilet training may be ensured.

Problem statement:- A Quasi experimental study to assess the effectiveness of structured teaching programme on toilet training among mother's of toddler children in village Chara, Distt. Jhajjar.

Objectives:-

- To assess the knowledge of Pre-test mother's of Toddler children on toilet training.
- To assess the knowledge of Post-test mother's of Toddler children on toilet training.
- To evaluate effectiveness of teaching programme on toilet training among mother's of toddler children in Pre-test and Post-test.
- To associate between the levels of knowledge on toilet training among the mother's of toddler children with selected demographic variables.

Hypothesis

- H_0 - The mean Post-test level of knowledge should be significantly higher than Pre-test.
- H_1 - There would be a significant effectiveness of STP on level of knowledge of mothers of toddler children on Toilet training.
- H_2 - There would be a significant association between Post-test levels of knowledge with the selected socio-demographic variables.

Inclusion Criteria

- Mothers who are having toddler children. Mother who are living in Chara village.
- Mothers who are able to understand Hindi and English.
- Mothers who are willing to participate in the study.

Exclusive criteria

- Mothers of toddler children who were selected for conducting pilot study.
- Mothers who were not present at the time of data collection.
- Mothers who were unable to understand both Hindi and English.
- Mothers who were selected in pilot study.

Operational definitions

- **Effectiveness** – It refers to the capability of producing desired result or any desired output.
- **Teaching programme** - It is systematic and planned teaching programme on toilet training which include meaning, need for toilet training, readiness of the baby for toilet training, age to start toilet training, role of parents in toilet training, fully achieved toilet training signs, what thing is necessary after toileting with the help of audio visual aids.
- **Toilet training** – It is the process by which mothers systematically helps for their children to promote physiological and psychological readiness over his or her bowel and bladder movement.
- **Mothers** – Mothers those who are having toddlers residing in village Chara.
- **Toddlers** – Children between the age group of 1-3 years.

Assumptions

- Mother will have inadequate knowledge about toilet training.
- Teaching program will enrich mother's knowledge in toilet training.
- Demographic variable of mothers may influence the knowledge on toilet training

Delimitations

- The study cannot be generalized.
- The study is limited to 100 samples.
- The sample is limited to the mothers of toddler children.
- The study is limited to Chara village.

Project outcome:-

The findings of the study may be helpful in knowing the effectiveness of teaching programme regarding the knowledge of toilet training which may increase the knowledge of mothers of toddler children on toilet training.

3.1 Population and Sample

Target population: Toddler (1 – 3yrs) mothers and the sample size taken for the study are 100.

3.2 Data and Sources of Data

In the pre-test 47% mothers had inadequate knowledge, 43% of the mothers had moderately adequate knowledge and 10% had adequate knowledge. In the post-test, only 37% have moderately adequate knowledge, 63% had acquired adequate knowledge and no one had inadequate knowledge in post-test. Books and internet are taken as a source for data.

3.3 Theoretical framework

The abstract and logical structure of a study's conceptual framework helps the researcher to relate findings to the corpus of nursing knowledge. It is derived from the current theory and aids in establishing the idea of interests and suggesting connections between them. The model provides guidelines for organizing research design, gathering data, and interpreting findings. The current study is based on the health belief model proposed by Rosen stock and Backer in 1974.

The first component in this model involves the individual perception. In this study the individual is the mother of toddler. The individual perceptions are influenced by the demographic variables such as age of the mother religion, education, occupation, number of child, birth order of child, type of family on toilet training.

Modifying factors make up the model's second component. It involves classifying the level of toilet training expertise among moms of toddlers as adequate, fairly adequate, or inadequate. Toilet training practices are categorized as good, average, or terrible. Beginner's level Mothers are urged to take the appropriate steps to learn about potty training their children. According to the model the third factor is the likelihood of taking action which includes likelihood of taking recommended preventive health action. In this study the likelihood of taking action includes education about toilet training methods and of demonstration of practice on toilet training with audiovisual aids helps the mother to improve their knowledge on toilet training. Seeking guidance and knowledge on time of toilet training methods will help to achieve the ultimate goal, which in turns results in healthy nation.

RESEARCH METHODOLOGY

This chapter deals with the methodology used for Present research project work which aims to assess the effectiveness of STP on the toilet training knowledge among mothers of the toddler children invillage Chara, District Jhajjar.

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3.4 Statistical tools and econometric models

This section elaborates the proper statistical/econometric/financial models which are being used to forward the study from data towards inferences. The detail of methodology is given as follows.

3.4.1 Descriptive Statistics

- Frequency and percentage computed to describe the demographic data.
- Tabulated and graphical representation of the demographic data was done.
- Mean and standard deviations of observation of knowledge scores of pre-test and post-test calculated.

3.4.2 Inferential Statistics

- Z test applied to find out the significance difference between two means i.e. pre-test knowledge and post-test knowledge score mean.
- Non parametric test chi-square test applied to find out the association between the selected socio demographic variables.

3.4.2.1 Description of the tool

The instrument used for the data collection was an interview guide. This was developed based on the objectives of the study and review of literature. The instrument research tool consist of two parts as part A and part B.

• Part A

It consist of information on demographic variables such as age, religion, education, no. of children, birth order, occupation, type of family. This was not scored but used for demographic analysis.

• Part B

It consists of multiple choice questionnaires to assess knowledge on toilet training among mothers of the toddler children.

3.4.2. Validity and Reliability of the tool

• Validity

The tool along with the problem statement, objectives and hypothesis were submitted to Five experts in the field of nursing (5 nursing tutor) for validating the tool. A few changes were made in the tool as per the suggestions (ANNEXURE- IV).

• Reliability

In Order to ensure content validity; the tool was submitted to five experts in the field of child health nursing, community health nursing and department of maternity nursing. Based upon the expert's suggestion the items were modified and tool got its final form. After establishing the validity, the tool was translated into Hindi and again translated into English to validate the language.

3.4.3 Data collection Procedure

Data collection is the process of acquiring subjects and collecting the information needed for the study (Burns and Grooves). Before collecting the data, formal administrative permission was obtained from the principal, PDM College of nursing as well as from the village panchayat officer and also from the participants. The confidentiality of the information given by them was assured. The investigators, before the data collection, ensured that mothers included in the study have toddler in the village Chara.

The data was collected for a period of 15 days [20.02.2023 to 07.03.2023] at before administering the questionnaire, the purpose of study was explained to the mother with self introduction and privacy was maintained, Mothers were made comfortable and relaxed.

The data was collected from (10 AM to 4 PM). The time taken for each mother was 35- 40 minutes. Every day 6-7 mothers were selected based on inclusion criteria and questions were distributed, asked the mother to follow the instructions written on top of the questions. During the data collection period the mothers were very co-operative. On completion of the questionnaire each one was given time to clarify her doubts and ask questions.

3.4.3.1 Plan for the data Analysis

Data analysis is a systemic organization and synthesis of research data and testing of research hypothesis using the data. The obtained data was analyzed by using descriptive and inferential statistics based on objective and hypothesis of the study.

1. To compute the data, a master data sheet was prepared by the investigators.
2. Baseline data was analyzed in terms of frequency and percentage.

3. The knowledge of the mothers of toddler children after conduction of STP was calculated by mean, standard deviation.
4. The significant difference between the mean pre-test and post-test knowledge was calculated by using Z test.
5. Chi square test was used to done to find association between knowledge score and baseline line characteristics. The level of significance would be set at $P < 0.05$ level to test the significance of difference. This level was standard for testing the difference.

RESULTS AND DISCUSSION

4.1 Results of Descriptive Statics of Study Variables

Table 4.1: Descriptive Statics

Variable	Mean	Standard deviation	'Z' test
Level of Knowledge	6.9	5.535	8.78

Table 4.1 stated that the improvement mean and standard deviation in the knowledge aspect the mean was 6.9 with standard deviation of 5.535. The effectiveness of structured teaching programme regarding knowledge was done by 'Z' test comparing the calculated value and table value at ($P=0.002$) $P < 0.05$. It was highly significant.

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