

Toilet Training in First Children

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Parents of 266 children were queried about the process they used to toilet train their first child. Results showed that they learned the training process most frequently from intuition, from their parents, and from friends with small children. Most children were put on the potty chair and were praised when successful. About three fourths of the parents responded that readiness of the child prompted initiation of toilet training. The largest number of children (42.6%) were 24 to 29 months old when training began and 30.5% were 18 to 23 months old. The mean ages for completion of training were between 24 and 27 months.

The process of teaching toilet training to children is a universal task that parents accomplish with varying degrees of stresses and successes. There are few opportunities for parents to learn the fundamentals other than from someone who has gone through the process. Lay publications provide little information, and the scientific medical literature contains only a few references on the subject, most of which are outdated.

There is general agreement in the literature that there must be a psychological readiness on the part of the child to control the impulses to defecate and urinate. Brazelton¹ sees three factors as being most important:

1. Security and gratification in the relationship with parent figures resulting in a desire to please them
2. Identification with a desire to imitate parents and important figures in the child's environment
3. The wish to develop autonomy; the mastery of self and one's primitive impulses

Since the late 1950s there has been a trend toward allowing children to set their own toilet-training pace. This change—together with the increased use of automatic washers and disposable diapers—has contributed to extending the age of onset and completion of toilet training. Martin et al² reported in 1984 that nearly one half of the families in the United States began toilet training before

18 months. Two thirds of the girls and fewer than one half of the boys completed training by 33 months. In contrast, Sears et al³ reported data from 1947 showing that before the age of 18 months 92% of children started toilet training and 60% had completed training.

Roberts and Schoellkopf⁴ studied 783 children aged 2½ years and found that at this age 92.2% of the girls and 77.5% of the boys were taking the responsibility for going to the toilet for bowel movements, either on their own initiative or in response to mother's reminder. A second paper by the same authors⁵ reported that by the age of 2½ years 91.4% of 418 girls and 78.8% of 358 boys were generally responsible for making known their need to urinate. Boys needed to be reminded four times as often as girls, 11.7% of the time compared with 2.9%. Differences between boys and girls taking responsibility were statistically significant (*t* test, $P < .05$) and paralleled the findings for bowel movements as well.

The purposes of this study were to elucidate how parents learned to train their child, and to discover what methods were used, which methods worked well, and at what age children were trained. Finally, parents were asked to give advice to other parents.

METHODS

This study examined 120 male and 146 female children. Of the parents answering the questionnaires, 251 were female and 8 were male; three other nonparents (babysitters or day care persons) answered questionnaires, and the demographic data were missing for four of the subjects. The age of the parents ranged from 14 years to 38 years, the mean age was 24 years, and the most frequent age was 25 years.

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TABLE 1. SOURCES USED TO LEARN HOW TO TOILET TRAIN

Sources	Number of responses
Parents' own intuition	195
Parents' parents	120
Friends with small children	106
Magazines or books	71
Friends with older children	47
Physician	24
Day care provider	21
Other	16
Total	600

Research subjects were recruited over a 3-month period in 1985 at five clinics in Minnesota and Wisconsin. Subjects were parents or day care persons with first children who were 3 to 5 years old. A total of 266 persons were recruited—95 from a suburban metropolitan pediatrics practice, 74 from a family practice in a town of 1500 persons, 62 from a family practice in a town of 2600, 24 from a suburban metropolitan family practice, and 11 from a partially subsidized inner-city practice. All eligible persons participated in the study.

The clinic receptionist or a nurse gave the questionnaire to the individuals as they waited in the waiting room or in the examination room. All replies were anonymous. Subjects were asked to supply information about (1) demographics, (2) where toilet training methods were learned by parents, (3) how and when toilet training was initiated, (4) when it was completed, (5) what methods were used, and (6) what methods worked best. *t* Tests were done on the results, and those reported as significant were at least at the $P < .05$ level.

TABLE 2. METHODS BY WHICH TOILET TRAINING WAS INITIATED

Methods	Number of Responses	Male Children	Female Children
Put on potty chair	212	92	120
Prompted by child	205	95	110
Praised child	180	79	101
Rewards	100	47	53
Imitated parent	96	41	55
No fluid at bedtime	51	20	31
Punished for dirty pants	15	5	10
Other	22	8	14
Total	881	387	494

TABLE 3. REASONS FOR INITIATING TOILET TRAINING

Reasons	Responses No.	(%)	Male Children	Female Children
Child seemed ready	234	(74.3)	102	132
Frustrated with diapers	44	(14.1)	24	20
New child on the way	21	(6.6)	11	10
Pressure from others	9	(2.8)	3	6
Child initiated	7	(2.2)	1	6
Total	315	(100.0)	141	174

RESULTS

The ways in which the parents learned how to toilet train the child are shown in Table 1. Many respondents learned from more than one source. Parents learned from their own intuition and from their parents and friends much more often than they did from health care providers.

The methods by which training was initiated are shown in Table 2. *t* Tests comparing the parents of boys and girls showed no significant differences at $P < .05$.

Respondents were asked about factors that prompted them to initiate toilet training. These data are shown in Table 3. Readiness of the child was the impetus in 74.3% of cases; examples of readiness are understanding such words as "pee" and "poop," knowing the function of the potty, preference for clean, dry diapers, and ability to recognize a full bladder and the urge to have a bowel movement. Again, there is no significant difference (*t* test, $P < .05$) between male and female children in the various groupings.

The greatest numbers of children began toilet training in the 24- to 29-month age group (42.6%), with the 18- to 23-month age group second (30.5%). The mean age was 23 months, and the most frequent age was 24 months. The range was from 10 months to 40 months.

Training was initiated by the parents in 211 cases (74.5%), by the child in 68 cases (24%), and at day care in 4 cases (1.5%).

The average age when children were toilet trained, whether for urine or bowel movements or both, for day, night, or nap time, or all three, was just over 2 years. Mean times of all combinations were within 3 months of each other (24.2 to 26.9 months). Paired *t* tests were performed on each combination, and the only statistical difference at $P < .05$ was between bowel training at night and at nap time. All other mean values were found to be statistically the same.

Table 4 shows parents' suggested reasons for accidents

TABLE 4. SUGGESTED REASONS FOR ACCIDENTS AFTER THE CHILD WAS TOILET TRAINED

Reasons	Responses No.	(%)	Male Children	Female Children
No apparent reason	52	(48.6)	28	24
New child in family	19	(17.8)	10	9
Busy day for child	12	(11.2)	3	9
Child angry at parent	10	(9.3)	3	7
Family moved	9	(8.4)	6	3
Child ill	3	(2.8)	1	2
Cold day outside	2	(1.9)	2	0
Total	107	(100.0)	53	54

after the child was trained. There is no significant difference in male and female children in this series using *t* tests ($P < .05$).

Various people were involved in the training process: the mother was involved in 247 (92.8%) of the cases, the father in 171 (64.3%), day care people in 62 (23.3%), and grandparents in 57 (21.4%). Again, no significant difference was found between male and female children (*t* test, $P < .05$). In 129 cases (52.0%), respondents said that the toilet-training process was less difficult than expected, 88 (35.5%) said it was about the same as expected, and 31 (12.5%) said it was more difficult than expected. There were twice as many girls as boys in the less-difficult-than-expected category.

The final two questions on this survey were open-ended: (1) What methods did you find to be successful? and (2) What advice would you give to others regarding toilet training for their children? Answers were grouped and rank-ordered. Tabulations are shown in Tables 5 and 6. The high total number reflects that many respondents used more than one method.

The "frequent prompting of child" category had twice as many girls as boys (55 girls and 28 boys); otherwise, there was no statistical difference using *t* tests ($P < .05$) between the number of boys and girls in each category.

Respondents were asked what advice they would give to parents regarding the toilet-training process. These are rank-ordered in Table 6. The first two categories are statistically the same ($P < .05$) and are actually closely related in their philosophy and meaning. There was no significant difference for male and female children.

Several people found that rewards were helpful in the toilet-training process; food was given to 52 children (19.5%) and hugs and praise to 24 children (9%). Prizes and gifts (stickers, stamps, toys, and clothes), a fun event, and money were given less frequently.

Other data were noted in the results of the study. There

TABLE 5. METHODS IN TOILET TRAINING THAT PARENTS FOUND TO BE SUCCESSFUL

Methods	Number of Responses	Male Children	Female Children
Frequent prompting of child	83	28	55
Praise	53	21	32
Wait until child is ready	34	18	16
Rewards	27	11	16
Child initiates	25	11	14
Child imitates parent	24	9	15
Do not pressure or punish	18	10	8
Anticipate when child needs to go, put on potty chair	15	5	10
Training pants	10	4	6
Try later if unsuccessful	6	3	3
Scold	2	0	2
Total	297	120	177

were 84 girls (65.1%) and 45 boys (34.9%) in the less-difficult-to-train category. Even though girls need more prompting, they were easier to train.

In cases in which the child initiated training, it was initiated by 47 girls (69.1%) and 21 boys (30.9%). All four of the cases in which training was initiated at day care were boys.

Boys learned urination while sitting in 68.6% of cases and while standing in 28.0% of cases.

TABLE 6. ADVICE PARENTS WOULD GIVE OTHERS REGARDING TOILET TRAINING

Methods	Number of Responses	Male Children	Female Children
Relax, be patient	102	51	51
Wait until child is ready	94	40	54
Praise	31	14	17
Be consistent	22	10	12
Do not punish	18	8	10
Let child initiate	15	6	9
Start when child has dry diapers consistently	8	2	6
Ignore pressure from others	8	3	5
Try later if unsuccessful	7	1	6
Other	16	8	8
Total	321	143	178

Ninety-three people (35%) would have liked more information on toilet training from their physicians.

DISCUSSION

This study compiled information from 266 parents and others who have been active in the toilet-training process and updates findings on the subject. The impetus for initiating training in about three fourths of cases was found to be the readiness of the child, which correlates with findings in the literature. Schmitt⁶ states, however, that readiness does not just happen; it comes from promotion by parents. Thus, parents would do well to initiate the subject of toilet training starting when the child is about 18 months of age.

The process of toilet training children—a task in which almost every parent participates—has received surprisingly little attention in the medical literature. Many parents could use guidance from their physician and, in fact, would welcome help on how best to carry out this impor-

tant parental duty. Physicians can provide valuable assistance by introducing the subject to parents before the child reaches the age of 18 months.

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