



EFFECTIVENESS OF AZRIN AND FOXX METHOD OF TOILET TRAINING ON THE SIGNS OF TOILETING AMONG CHILDREN BETWEEN 1½ - 3 YEARS OF AGE IN SELECTED AREAS AT BANGALORE

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ABSTRACT

Background: Toilet training is the mastery of skills necessary for urinating and defecating in a socially acceptable time and manner. In many cultures, parents regard the achievement of independent toileting as a significant accomplishment and a step toward self-sufficiency. In India there are no empirical research evidence available on structured toilet training method for children. It is important to provide anticipatory guidance to all parents on different methods of toilet training of the toddlers. So a structured training programme will help the parents to be better prepared to train the child and achieve success in toilet training. The present study is aimed to assess the effectiveness of Azrin and Foxx toilet training method on the signs of toileting among children

Methods: A quantitative, experimental approach with Quasi-experimental Pre-test Post-test with control group research design was used for this study. The study recruited 114 children between 1½ -3 years of age and their parents using purposive sampling technique from Arekere, Bangalore. The tools for the study was developed based on the toilet training caregiver manual published by NYS Office for People with Developmental Disabilities (OPWDD) 1. Modified Structured questionnaire for parents to assess child's readiness for toilet training 2. Data sheet which includes number of times child voids/defecates in toilet, diaper condition such as dry or wet, soiled and self-initiation of toileting 3. A Graphsheet to track the number of accidents during baseline and intervention. The parents in the experimental group were trained to use Azrin and Foxx method of toilet training. No intervention was done for control group and the parents trained the child in the method they had adopted.

Results: In experimental group, using Azrin and Foxx method the accidents median was 5.3 in experimental and 2.9 in control group before intervention. After intervention in experimental group, the accidents median was 3.00 and in control group using Parent adopted toilet training, the accidents median was 3.1. There was significant reduction in accidents per day (p value 0.000 <0.05) and significant improvement in success per day (pvalue 0.000 < 0.05) among children after Azrin and Foxx method as compared to before intervention. There was a significant association with both accidents and success and demographic variables such as age of the child, breast feeding status and initiation of toilet training by parents.

Conclusion: The study explored the effectiveness of Azrin and Foxx method of toilet training on the signs of toileting among children. Azrin and Foxx toilet training method was effective in reducing the accidents per day and improving the success per day. Therefore the study emphasizes the need for a structured toilet training program to be an essential component in parent education and the importance of anticipatory guidance to parents on appropriate age for initiating toilet training as a part of normal growth and development.

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INTRODUCTION

Toilet training is a developmental task that impacts families with small children. All healthy children are eventually toilet trained, and most complete the task without medical intervention. Most research on toilet training is descriptive, although some is evidence based. Toilet training is the acquisition of skills necessary for urinating and defecating in a toilet at a socially acceptable time and age. It is a heterogeneous process influenced by many physiological, psychological, social, and cultural factors¹. As children develop, they gain the ability to recognize that their bladder is full and to retain urine until it is appropriate to void.

By the time the toddlers reach 3 years of age, they begin their journey to independence in self-care, achieve control of bodily functions and develop the self-esteem. Toilet control over defecation and urination are two personal phases of toddler learning closely related to their sensory and motor control².

Each child and family are unique and the ideal age for toilet training varies. Various readiness skills are associated with successful training. Most parents want to know the quickest, easiest approach to toilet training that does not result in adverse outcomes. There are several different toilet training methods. The two primary toilet training methods used in Western societies are the child-oriented method and the Azrin and Foxx method. Both methods suggest that toilet training commence at approximately 18 months of age and that the child should be successfully toilet trained between 2 to 3 years

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of age. Additional toilet training methods include early elimination toilet training and Spock’s toilet training methods.³

A review of comparative randomized, controlled studies between Azrin and Foxx and alternative potty training methods found Azrin and Foxx method to be significantly more effective as kids were more successful and had fewer accidents as well as parents rated that toilet training in less than a day as the more helpful potty training method³.

Toilet training strategies have not changed over recent decades, and there is no consensus on the age at which children are trained. Structured toilet training methods are rarely used. Starting toilet training prematurely and stressful events during this period can extend the training process and can have adverse effects such as enuresis, urinary infection, voiding dysfunction, constipation, encopresis and refusal to go to the toilet more frequently. Incorrect training can be a causative factor for bladder and bowel disorders, which in turn cause problems for children and their families. Use of a structured toilet training programme will help the mothers to be better prepared to train the child and achieve success in toilet training.

Aim: The study aims to assess the effectiveness of Azrin and Foxx method of toilet training on the signs of toileting among children between 1½ - 3 years of age.

MATERIALS AND METHODS: Quasi-experimental group pre-test post-test with control group research design was adopted for the study. The population of children between 1½ - 3 years of age in Devarachikkanahalli, Vivekanagar and Giddenahalli areas of Arekere Primary Health Centre was 137. Fifty seven children for whom toilet training had been initiated by the parents and who fulfilled the eligibility criteria were assigned to the control group. For the remaining 80 children for whom toilet training was not initiated, readiness for toilet training was assessed using Modified Structured questionnaire from OPWDD Toilet training trainer Manual for parents⁴ and 57 children who showed readiness and fulfilled the other eligibility criteria were selected to the experimental group. The parents of both experimental and control group were trained individually to fill the data sheet for the assessment of signs of toileting per day and plotting the Graph sheet to track the number of accidents per day.

Pre Intervention Assessment: The children selected for experimental group and control group were assessed for the signs of toileting for 10 days before the intervention.

Intervention: The parents in the experimental group were trained individually on Azrin and Foxx method of toilet training using pretend play and practice drills. Parents were encouraged to use positive reinforcement such as praising, clapping, according to individual child preference, correcting the mistakes in a neutral voice and cleaning up in case of accidents. The parents of the experimental group toilet trained their child through pretend play until child understood the steps of Azrin and Foxx toilet training method following which the parent trained the child for 4-6 hours a day using practice drills. The parents in the control group continued the training of their child using the methods they had adopted and no specific training was given to the parents.

Post Intervention assessment: the Parents of both experimental and control group used a data sheet to assess and

record the signs of toileting per day and Graph to track the accidents per day from 21st day to 30th day for 10 days.

RESULTS: A total of 114 children between 1½ - 3 years of age were assessed on the signs of toileting before and after intervention.

Table 1 Pre-test comparison of signs of toileting in experimental and control group

Signs of toileting per day	Experimental Group Median	Control group Median	Mann-Whitney U value	Z-value	p-value
Total Success	0.200	3.1	0.00	-	0.000*
Total Accidents	5.3	2.9	1.000	9.209	0.000*

*Significant at 0.05 level

A pre-test comparison of the experimental and control group on the signs of toileting showed a significant difference between the experimental and control group before intervention.

Table 2 Post-test comparison of signs of toileting in experimental and control group

Signs of toileting /day	Azrin and Foxx Median value	Parent adopted Median value	Mann Whitney U value	Z-value	p value
Total Success	3.4	3.3	1589	-0.202	0.840**
Total Accidents	3.00	3.1	1451.5	-0.983	0.326**

*Significant at 0.05 level ** Not significant

A post-test comparison of the experimental and control group showed no significant difference in signs of toileting among children after intervention in both experimental and control group.

Table 3 Pre and post-test comparison of signs of toileting in experimental and control group.

Signs of toileting /day	Experimental group		Control group	
	Wilcoxon Signed ranks Z value	p-value	Wilcoxon Signed ranks Z value	p-value
Success	-6.570	0.000*	-3.834	0.000 *
Accidents	-6.569	0.000*	-1.709	0.087**

*Significant at 0.05 level ** -Not significant

A Wilcoxon Signed ranks test for the experimental group indicated that the post test ranks for total success per day was significantly higher than the pre test ranks Z -6.570 p <0.000 and the post test rank for total accidents per day was significantly lower than the pre test ranks Z -6.569 p <0.000 at 0.05 significance level.

A Wilcoxon Signed ranks test for the control group indicated that the post test ranks for total success per day was significantly higher than the pre test ranks Z -3.834p <0.000, however there was no difference in the post test ranks and pre test ranks for total accidents per day Z --1.709p >0.087 at 0.05 significance level. After intervention, the maximum number of accidents per day ranged between 4 – 4.2 and the minimum number of accidents ranged between 2 – 2.2 after the intervention. It is also noteworthy that all the participants in the experimental group showed decrease in the number of

accidents per day after intervention. The findings are consistent with the findings of a systematic review on effectiveness of toilet training methods wherein Azrin and Foxx method of toilet training performed better than other methods⁵.

CONCLUSION: The study explored effectiveness of Azrin and Foxx method of toilet training on the signs of toileting among children. After adopting Azrin and Foxx toilet training method the toileting accidents were comparatively lesser and mean successes was slightly higher. Therefore the study reinforces the need to adopt a structured method of toilet training the children. This study also brings to light the need for assessing the child's readiness for toilet training before initiating it.

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