OP 30 Toilet training in children: are we doing enough?

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INTRODUCTION: Toilet training (TT) is a universal task that parents accomplish with varying degrees of stress and success; with child health implications. Sri Lankan situation hasn't been researched previously.

OBJECTIVES: To assess the knowledge, attitude and practice of the parents regarding toilet training for stool and to identify the association between them and demographic social factors.

METHODS: A cross sectional, descriptive study was conducted among 405 children (205,200) aged 12-60 months without gastrointestinal complaints, admitted to Professorial paediatric units of Lady Ridgeway Hospital Colombo and Teaching Hospital Jaffna medical registration ending with odd number were selected. Data was gathered by an interviewer-administered questionnaire presented in the mother-tongue.

RESULTS: Demography differed significantly. Sample from Colombo was urban (68.3 %), Sinhala (73.7 %) M: F ratio 1.8:1, first-born 41%: Jaffna sample was rural (71.5 %) Tamil (94%) M: F -1:1.2 and first-borns 43%. Nutritional and related health issues were growth failure-63%, 66 %, constipation -18%, 15%, recurrent urine infections 10%, 16.5% in Colombo and Jaffna respectively. Mothers were respondents. Both sets considered TT "as important as weaning" (75%,80%) and a 'milestone' (88.8%,90.5%); TT was perceived as form of discipline by 70% and 58.5% (p<0.05). Only a minority (27%,21%) were satisfied regarding their knowledge on TTand 69% and 62% requested for instructions in CHDR. Majority think training should be 'early', <18 months (68%, 85% P<0.05); Training commenced<18 months in 85.4%, 88.5% with advice from a relative 50%, 69% and potty used by 47%, 57% respectively. Success within 6 months was reported by 62%, 71%.

CONCLUSION: Despite significant differences in demography and culture KAP wasn't significantly different except for perception of TT as a form of discipline. Both populations lacked knowledge on TT but received no assistance from primary health services which is possible with some additional efforts by the prevailing health system.