

Toilet training of infants and children in Australia: 2010

parental attitudes and practices

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Euphemistically named “pull-ups” are a visually engaging and increasingly engineered sanitary product designed to capture a market that less than one generation ago was toilet trained at the age of the girl pictured on the packaging.

This product is aimed at children 3-4 years of age (average weight/age charts show only the largest 3 year olds to reach 17 kilos).

It is right that excessive taboos about sanitary products should be avoided, but nappy advertising and packaging like this appear to be advocating the fun, confidence building and lifestyle advantages of the products. The claim that they are “training pants” in any way is unsupported.

The child is portrayed as happy.

In effect, the product symbolises the abandonment of toilet training in Australia today.

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1. Introduction

1.1 Background story

The background of this survey lies in previous research funded by the Australian Research Council under The Restraint Project, an investigation into personal virtue and self-control led by Professor James Franklin, UNSW. The research consisted of a worldwide English language literature review on the subject of toilet training of infants and children entitled “Abandonment of potty training in Australian society: Environmental, social and health issues” and a position paper published in February 2009 entitled “Parental expectations: how they shape toilet training outcomes”.

The literature review confirmed the well observed phenomenon of delayed toilet training in Western countries. Data on toilet training from the US, Switzerland and Belgium showed that in all of those countries, children were achieving urinary and bowel control noticeably later than any previous generation. This trend was also observed in other Western countries where, from the 1970’s and onwards, affluence and the ready availability of disposable nappies (known in US literature as “diapers”) converged with emerging child-rearing philosophies in favour of “laissez-faire” parenting, to prove a disincentive to toilet training.

The epicentre of this abandonment of active toilet training was the United States, where popular child psychology encouraged parents of small children to abandon routines in feeding, sleeping and toilet training in favour of the so-called “child-led” approach.

The present enquiry grew out of my work in the waste management industry from 1997-2003, during which time I was involved in recycling programs and waste education for the Waste Recycling and Processing Corporation of New South Wales, a state owned corporation that owned and operated almost all of the solid waste and recycling facilities for greater Sydney. There, I became aware of the waste crisis affecting families with small children.

In conducting kerbside bin inspections, we came across the stories of the waste crisis befalling some young families, particularly those with two or more children in nappies. Two infants using 5 nappies each per day (70 nappies per week) amounts to 35 litres in volume – 29% of the average wheely bin allowance which today is 120 litres.

It is a scenario that continues today. In the meantime, the debate over the merits of cloth vs disposable nappies also continues, mainly focusing on their relative environmental impacts.

Life cycle assessments, including a major UK Government study conducted in accordance with the International Standard ISO 14040, have repeatedly pronounced the environmental impacts of both types of nappies to be roughly comparable overall, taking into account their full life-cycle of production, usage and disposal.

“A Life Cycle Assessment of Disposable and Reusable Nappies in the UK” was published by the UK Environment Agency in May 2005, and met with vigorous opposition from environmentalists who challenged the methodology.

Frustrated with this seemingly interminable debate, I observed young families around me and asked why some 3 year-olds are in nappies at all. Compared with my parenting experiences which began in the 1980's, it seemed that parents had dropped the process of “potty drill” as a means of toilet training. Simply, it seemed, children were not being toilet trained as early, if at all.

The worldwide English language literature review conducted for The Restraint Project in 2008 revealed that, indeed, this was not my personal perception but a massive social change that had occurred in the past generation. The research was dominated by doctors who were examining the rise of dysfunctional bladder, constipation and dysfunctional voiding behaviours in the US, Sweden, Switzerland and Belgium.

This was a suitable subject for further enquiry under The Restraint Project.

1.2 Why do we care whether toilet training is occurring later?

1.2.1 Epidemiological concerns such as the rise in lower urinary tract dysfunction

Overseas research confirms that there is a rise in lower urinary tract dysfunction and infection in children¹. In Australia, researchers at the Centre for Kidney Research, New Children's Hospital, Westmead found that urinary tract infections (UTI) are an important and increasing health problem for Australian children, particularly pre-school children and called for prospective population based studies to assess more completely the frequency with which UTI occurs in children.²

Bakker and Wyndaele questioned whether changes in the toilet training of children over the previous 60 years could be linked with this epidemiological observation. Hellstrom, in her 2000 article "Influence of Potty Training Habits on Dysfunctional Bladder in Children" in *The Lancet* posited that the abandonment of “potty drill” might be causing the rise in dysfunctional bladder.

Urinary dysfunction is often associated with an inability to completely empty the bladder, resulting in residues which can become infected. Primary treatment is in the form of long-term antibiotic use, with all of the negative health impacts on the individual as well as the broader environment.

¹ Refer Appendix 3 Bibliography to details of research by Bakker and Wyndaele et al (Belgium), Hellstrom and Jansson (Sweden), RH Largo, and W Stutzle (Switzerland), Blum et al and Taubman et al (US)

²Craig, JC, IM Irwig, JF Knight, LP Roy “Trends in the health burden due to urinary tract infection in children in Australia” *J Paediatric Child Health* (1997) Oct; 33(5): 434-438

It is important to note that many children suffer from UTI due to congenital, structural, physiological problems. The Restraint Project does not purport to comment on these children, being solely concerned with healthy children.

1.2.2 Waste and environmental concerns

Disposable nappies not only create a problem of waste volume, but due to their infiltration into domestic recycling bins, can contaminate post-consumer paper and container streams, rendering them unfit to recycle. Disposable nappies are also a litter problem on beaches, and in public areas where there are few or no public rubbish bins.

1.2.3 Philosophical and ideological factors

Control of bodily elimination is a crucial aspect of socialisation of human beings. Once, it was the earliest form of self-control learned by small children. Today, some children learn to use complex electronic devices before they achieve continence.

In less than one generation the systematic toilet-training (or potty training, or elimination training) of infants and toddlers has been abandoned in western societies like Australia, the US, UK, and Europe. This has coincided with the rise of “child-centred” child rearing, popularised in the 1960’s and thereafter by Dr Benjamin Spock, Dr T. Berry Brazelton and others such as Penelope Leach, William Sears and Pinky McKay. Authorities such as these favoured the view that it is OK to delay toilet training until unprecedented ages - over 3 is OK to some of the child-centred proponents.

In terms of toilet-training, this philosophy endorses the view that *children themselves* should determine when they stop wearing nappies and start using the potty or toilet, *not parents or carers*.

However, the term “child-centred” may be regarded as inaccurately used when talking of a philosophy that offers less structure, less support and less autonomy to children, all the while acting as an agent for their slower development.

1.2.4 Phenomenon now spreads to newly developed countries

Scarcely, just as we are about to address the problem in affluent first world countries, the abandonment of traditional toilet training among the emerging middle-classes of China and other newly developing countries has commenced in full-force. As observed by one Restraint Project survey participant of Chinese ethnicity:

“In Hong Kong, people try to avoid nappies. In China they still have a desire to avoid nappies, because they’re still very expensive there. But now that Chinese people are getting richer, they want to use more nappies, but they still use less than us here in Australia.”

1.3 The Restraint Project survey of parents, 2009-2010

In 2009, The Restraint Project commenced a study of parental attitudes and practices, based on interviews with 53 primary carers, 52 of whom were mothers, and one grandmother.

The study consisted of a 32 question survey, and free-form interviews in which participants spoke at length about their own experiences with toilet training. Necessarily, this involved discussions with pre-school managers and child care workers, all of whom added valuable contextual commentary.

This was not a longitudinal study, but conducted in one point-in-time, relying on parental self-reporting. All participants had children up to 6 years of age who were the subjects of the survey.

As the survey was primarily focused on parental attitudes and practices, rather than child outcomes, only one child per family was counted in the survey, although a number of participants spoke about their experience with other siblings and these disclosures formed part of the interview notes.

To our knowledge this is the only such enquiry conducted in Australia to date. Not only does it have a contribution to make to Australian early child care, but also adds to the body of international enquiry surrounding extended childhood incontinence.

1.4 Key questions we asked

Q 1. Is toilet training in Australia delayed to a similar extent as the United States?

Yes

Q 2. Are working mothers more likely to put off toilet training?

Yes, if they are working full-time. No, if part-time.

Q 3. Are there any particular demographic factors that are associated with early or late toilet training?

Yes, lower socio-economic group mothers more likely to commence toilet training earlier with the exception of "EC" parents.

Q 4. Is there any evidence of a "window of opportunity", and if so, when does it close?

Yes. The Restraint Project survey suggests that there is a window of opportunity from 18-24 months of age. If toilet training is commenced during this age span, achievement of independent toileting is likely to be achieved more quickly, and with less risk of the child developing resistance and difficult behaviours.

2. When is daytime toilet training being completed?

2.1 Average age toilet training achieved

28.7 months

2.2 Age toilet training achieved boys (day)

Average age boys achieving toilet training 30.2 months of age.
Median age 30 months.

2.3 Age toilet training achieved girls (day)

Average age girls achieving toilet training 27.5 months of age.
Median age 26.5 months.

2.4 Difficult or undesirable behaviours

2.4.1 Hiding while pooing*

23% of sample

*Note: this is known in medical literature as “hiding while stooling”

2.4.2 Insisting on wearing nappy while pooing

13% of sample

2.4.3 Refusal to use potty

24.5% of sample

2.4.4 Refuse to use adult toilet

26% of sample

2.5 Night-time toilet training a different story

Although The Restraint Project survey collected data on night-time toileting, nocturnal enuresis (bed-wetting) is not a focus of this study. 41% of the participating children were not yet toilet trained at night, but it is to be noted that the children ranged in age from 2 to 6.

Of those who were, the average age of completion of night-time toilet training was 31.7 months.

Of those who were toilet trained at night, 61% were female as opposed to 39% male. This is in keeping with all known research: females are consistently more advanced than males in all aspects of toilet training.

There is a large proportion of children who continue to bed-wet beyond 6 years of age, regardless of daytime toilet training strategies and achievement of daytime dryness.

This may be sporadic or regular. Many strategies exist to manage this problem, which can be extremely stressful for the child and parents alike.

The Restraint Project does not wish to appear to be commenting on this phenomenon.

3. Analysis of survey findings

3.1 “Only 40%-60% of children are completing [daytime] training by 36 months of age”

This was the finding of Blum et al (2003)³, referring to the results of Schum et al⁴ and Taubman⁵. One of the central questions sought to be answered in this survey is if the Australian experience matches the US.

The Restraint Project found close a correlation, with 51% of study sample day toilet trained by 36 months of age. It is a substantial social change since Brazelton’s 1950’s-early 1960’s investigations which revealed >97% achieved this milestone by age 36 months⁶.

Average of daytime completion, boys and girls, was 28.7 months of age.

3.2 Lower income mothers more motivated to toilet training

Largo and Stutzle, in their 1977 publication a “Longitudinal study of bowel and bladder control by day and at night in the first six years of life. II: The role of potty training and the child’s initiative”, observed that there were “no significant correlations” between the socioeconomic status of parents and the start and intensity of toilet training, the onset of the child’s initiative or the development of bladder and bowel control.

However, this was contradicted by Horn et al (2005), according to whose research upper income parents reported that toilet training should begin at 24 months, six months later than lower income parents. The authors posited that the cost of disposable nappies and pull-ups may play a role in determining when parents initiate toilet training, because if parents cannot afford the cost of sanitary products they are more likely to be motivated to initiate toilet training at a younger age.

³ Blum, Nathan J, Bruce Taubman, and Nicole Nemeth. "Why Is Toilet Training Occurring at Older Ages? A Study of Factors Associated with Later Training." *The Journal of Pediatrics* 145, no. 1 (2004): 107-11.

⁴ Schum, Timothy R, TM Kolb, Timothy L McAuliffe, Mark D Simms, R L Underhill, and Marla Lewis. "Sequential Acquisition of Toilet-Training Skills: A Descriptive Study of Gender and Age Differences in Normal Children." *Pediatrics* 99 (2002).

⁵ Taubman, Bruce. "Toilet Training and Toileting Refusal for Stool Only: A Prospective Study." *Pediatrics* 99 (1997): 54-58.

⁶ Brazelton, T B. "A Child-Oriented Approach to Toilet Training." *Pediatrics* 29 (1962): 121-28.

The respondent group consisted of women between early 20s and mid-40s, and fairly represented the level of attainment of that group in the broader community⁷.

In testing the proposition that lower income mothers are more likely to commence toilet training earlier than higher income mothers, The Restraint Project did not specifically enquire into the income of the participating families, but asked what was their highest level of educational attainment: high school, TAFE/college or university. As there is “a substantial body of empirical research” showing a positive correlation between earnings and educational attainment⁸, The Restraint Project is relying on education attainment as a proxy for the income status of the participants.

Together with recorded interviews, the investigation yielded support for Horn et al’s supposition. Respondents who had completed only high school were more likely than mothers of higher educational attainment to commence toilet training before the child reached 18 months of age.

38% of high school attainers commenced toilet training before the child was 18 months, compared with 25% of university completers.

Why higher income parents are more willing to leave their children in nappies for longer was not specifically asked of participants, but given that the costs of nappies was raised by numerous parents, it can be reasonably inferred that the cost of nappies is more worrying for low-income parents.

Parental determinism is a strong factor in the commencement of toilet training.

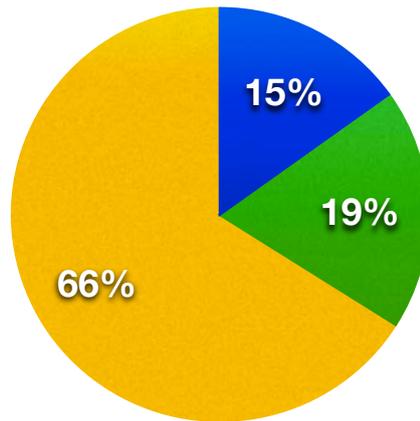
As The Restraint Project has affirmed, parents who desired the outcome of a clean, continent child, both commenced a structured toilet training process earlier on average, they also achieved the desired outcome sooner than higher income mothers.

See diagrams below.

⁷ According to the Australian Bureau of Statistics Survey of Education and Work (2006), 59% of Australians aged 25-64 had a non-school qualification.

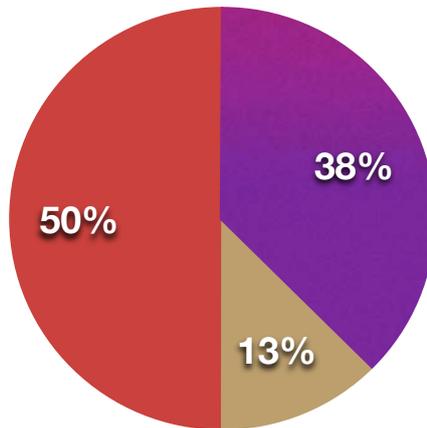
⁸ B O’Reilly, Dept of Education, Training and Youth Affairs “Education and training: how does Australia compare internationally? ABS 1301.0 Year Book Australia, 2002

Education level of mother



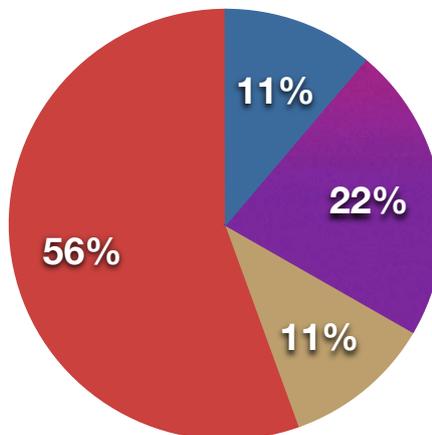
● High school ● Tafe or college ● university

High school completers commenced toilet training of child

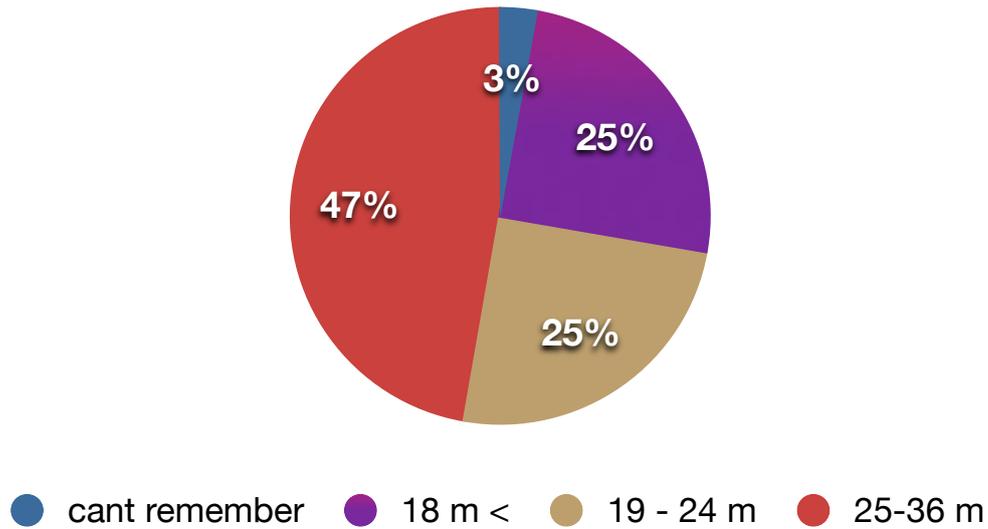


● 18 m < ● 19 - 24 m ● 25-36 m

TAFE/college completers commenced toilet training of child



● cant remember ● 18 m < ● 19 - 24 m ● 25-36 m

University completers commenced toilet training of child

NOTE: The statistics relating to university completers and under 18 months training, is being skewed by the participation of a small group of highly educated mothers practising “EC”. Without them, figure of 25% commencing toilet training prior to 18 months would likely have been considerably less.

3.3 What are some of the drivers of earlier commencement of toilet training?

Certain factors play a role in some families being more highly motivated to commence toilet training.

3.3.1 The economic incentive

The economic incentive to stop nappies was made clear by the following response:

“From a financial point of view it was an incentive to stop nappies. We used to buy them in bulk -- packets of 60 -- and go through them quickly. At one point it would have been maybe \$30 a week on nappies.”

3.3.2 Hygiene

For mothers in the early commencement group, concerns about handling excrement were a motivating factor:

“I started researching online before he was born and the thought of wiping poo and having pooey nappies was so horrible, when I heard it was possible to start toilet training them early I thought yes this is definitely for me.”

- “It was cleaner and more comfortable for him to train him early.”

3.3.3 Encouraging the child’s autonomy and independence

Although many parents were more emphatic about the intellectual development of their children and less concerned about the child still being in nappies, some mothers associated continence learning with the overall healthy development of their child.

“I was keen to get them out of nappies as soon as possible. I think it’s good for their independence. And also from my observations, once they start doing it [using the toilet], and they assume that level of autonomy, it has a knock on effect on other aspects of their development.”

3.3.4 Fringe movement: “EC” or “Elimination Communication”

It emerged from interviews that a number of highly educated women in the sample were pursuing the approach known as “elimination communication” or “EC”. This practice, which is identical to that traditionally adopted by almost the entire human population throughout history, relies on the carers predicting and responding to the infant’s movements and sounds, combined with a close awareness of the infant’s bodily functions, to remove the need to wear nappies in most circumstances. Where co-sleeping is practiced, it is even possible to alleviate the need for sanitary products at night. These parents tended to use washable trainer pants, as

distinguished from the “pull-up” type of sanitary product, as the undergarment of choice.

EC is criticised by some as being not toilet training at all, as it relies on a very high degree of support from carers. This is how one mother explained it:

“I prefer not to use the expression “toilet training”. I prefer to use the word “learning”. Part of this is the parents learning the child’s communication. The child learning process starts with physical discomfort, which turns into wriggles and squirms, they make small sounds and words -- this is communication, pre-language.”

EC practitioners, who included a medical doctor, a woman with a PhD and a computer systems analyst, reject claims (by those who wish to debunk EC) that the child is merely a passive player in the toileting process:

“She was out of nappies completely at nine months ... at nine months she had reached the stage where, when we travelled on a plane one time, she refused to poo into a disposable nappy -- she already was so used to pooing into the potty.”

Critics say it is not the child who is being toilet trained, but the parent who learns the child’s queues and responds accordingly. EC practitioners do not dispute that parents are also required to become trained.

They are focused on what they perceive as quality of life outcomes, which include hygiene and earlier achievement of autonomy of their child.

They prefer to take their infants to the toilet than to have to deal with soiled nappies. They repeatedly expressed a wish to keep the excreta away from the child’s body as much as possible.

4. Age toilet training achieved working / nonworking mothers

There is an oft-quoted rationale for parental reluctance to toilet train: that parents are “too busy” due to mothers working, and the demands of modern family life.

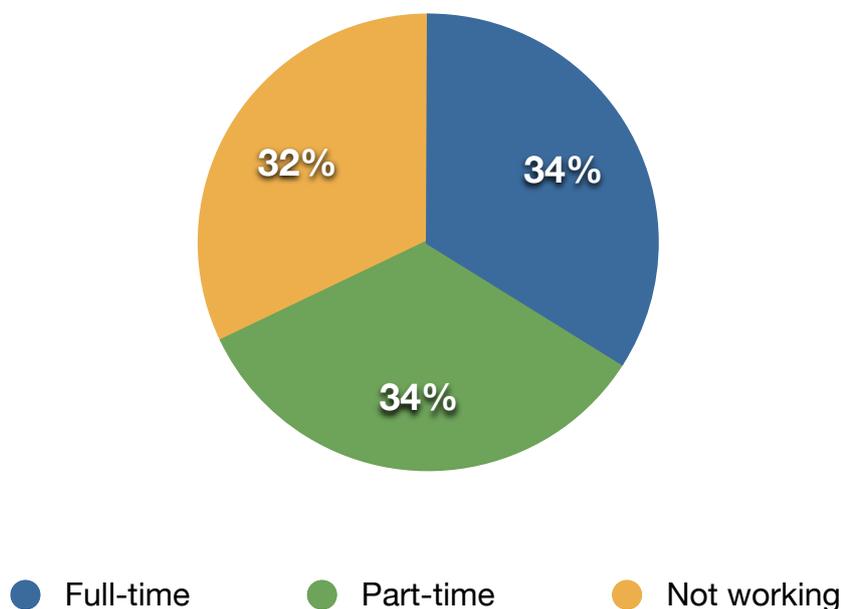
Full-time working mothers were the least likely employment category to commence toilet training before the child reached 24 months of age. This finding is not in conflict with the parallel observation of this investigation that higher education (and by inference, more affluent) mothers are considerably more likely to start toilet training later.

Working women ranged from low-income employees to highly-performing professionals such as a senior lawyer, software systems analyst and one assistant head of a government department.

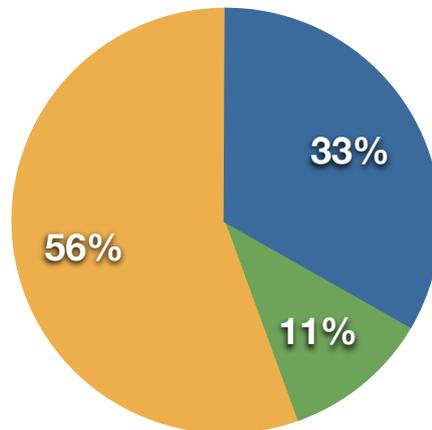
A number of part-time working mothers were self-employed, and tended to be working from home, which offered them equivalent opportunity as the non-working mothers to pursue a toilet-training program. It is likely that this is why part-time mothers scored almost equally with non-working mothers in pre-18 month commencement, but closer to the full-time workers in the 25-36 month category. Part-time working mothers who chose to toilet train earlier enjoyed the benefits that flowed from this decision. They who did not attempt to toilet train earlier did not enjoy the benefits.

Part-time working mothers included a number of the “EC” practitioners, a small but growing group of parents who offer their children a higher level of attention and support in order to dispense with nappies. Working part-time allows them the same opportunity as non-working mothers to devote the attention and support, while still working.

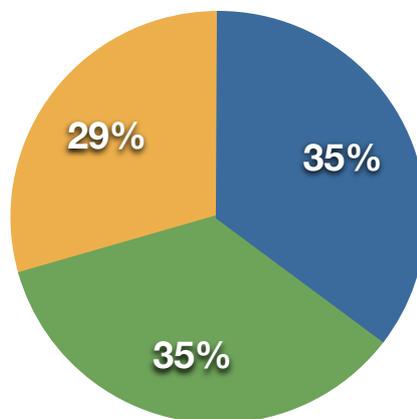
Mother's employment status



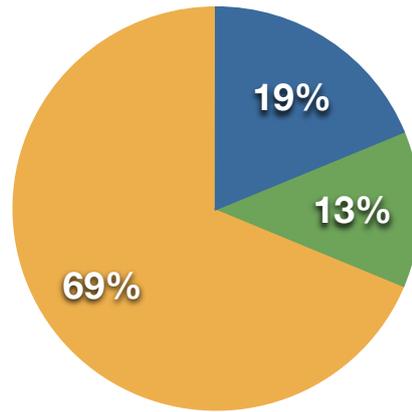
Part-time working mothers commence child's toilet training



Non-working mothers commence child's toilet training



Full-time working mothers commence child's toilet training



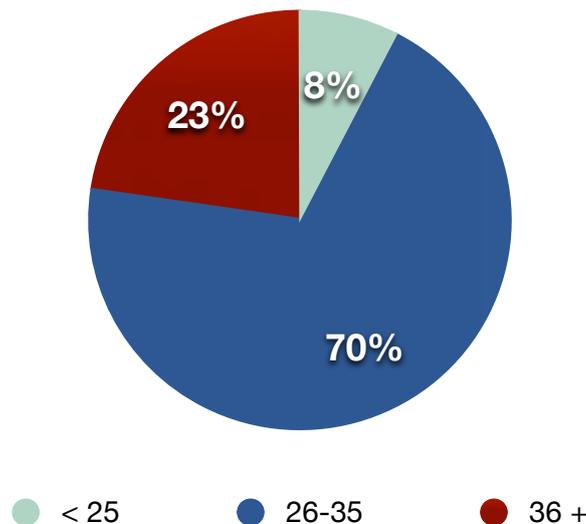
● < 18 m ● 19-24 m ● 25-36 m

5. Age of mother when child born

The Restraint Project sought to ascertain if age at child's birth was an indicator of likelihood to toilet-train earlier. Within the restrictions of the sample size, there appears to be some association between age of mother at child's birth, and age of commencement of toilet training. Older mothers are more likely to commence early, and least likely to commence toilet training late.

This was the age distribution of mothers:

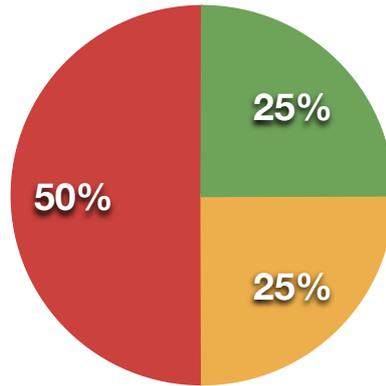
Age of mother at child's birth



The following charts show there is some difference in the child's age of commencement of toilet training, based on mother's age. The main difference is that the over 35s mothers have a higher rate of early (ie under 18 months) commencement of toilet training. Conversely, this cohort also had a high rate of mothers isolated from other parents due to high-status employment who reported problems with difficult toilet trainers.

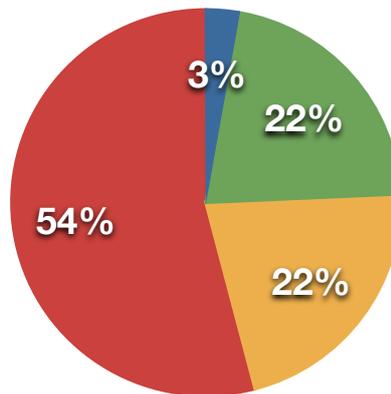
It is suggested that these aberrations would be ironed out with a survey of a larger sample size.

Mother < 25 years old



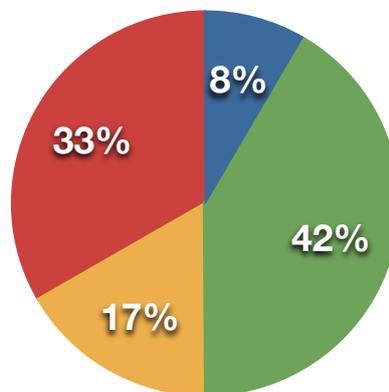
● can't recall ● <18 m ● 19-24 m ● 25-36 m

Mother aged 26-35



● can't recall ● <18 m ● 19-24 m ● 25-36 m

Mother aged over 35



● can't recall ● <18 m ● 19-24 m ● 25-36 m

6. There is a “window of opportunity” between 19-24 months

In previous papers I have written, I referred to the statements of several experts, including US Drs Nathan Blum, Bruce Taubman and duBose Ravenel, that there is a “window of opportunity” for toilet training, after which children can become attached to nappies, develop problem behaviours, or at least reject toilet training.

One of the key areas of enquiry for The Restraint Project was to determine if the age of commencing toilet training affects the age that the child achieves independent toileting. If so, this would provide valuable guidance and structure for parents with which to focus their efforts. If an objective age span can be demonstrated to be a “window of opportunity” during which the opportunity must be seized to shorten the duration of the toilet training process, surely this would be valuable for a generation of parents who are swimming in an information vaccum.

This was variously suggested by experts to be starting at 18 months (Robin Barker, Australian child and family health care nurse and author), 2-2 ½ (Dr Taubman), 15-18 months and closing at 24 months (Dr Ravenel), the window closes at 27 months (according to Dr Blum).

Many parents repeatedly complained they did not know how to detect the signs of child readiness (refer to detailed discussion of this subject in Annexure 1 below).

At first blush it may appear intuitive that the earlier a child is exposed to the routines and practices of toilet training, naturally they will achieve the self-toileting ability sooner than the child who commences later.

However, this is by no means an accepted assumption, by the medical profession, many contemporary child care experts, nor in the community at large. On the contrary, prevailing assumptions are widespread that:

- Children cannot achieve independent toileting until certain physical maturation takes place - the “myelisation of the sphincters” - and attempts to toilet train before this time will be futile
- That “all children end up getting toilet trained anyway - did you ever see an adult who is not toilet trained?”
- “They will toilet-train themselves eventually”

The enquiry about window of opportunity was structured as follows.

Participants were asked the age at which they commenced toilet training the child. Four age bands were available - under 18 months, between 19-24 months, 25-36 months and 37 months and over.

The investigation looked at the latest age in months that children, within a given commencement band, achieved toilet training. The findings are somewhat constrained by the size of the sample and the definition of the commencement age bands. Two respondents commented that they felt it would have been useful to have split the 25-36 month age band into two six month bands. Indeed, this may

well have been advantageous. Notwithstanding this, certain observations can be made.

	Latest age achieve toilet training	Average completion age
Commenced toilet training		
< 18 m	30 months	22.4 months
19-24 m	31 months	25.1 months
25-36 m	44 months	34.5 months

The results reveal that on average there was little benefit in commencing toilet training before 18 months in terms of achieving independent toileting. In no way is this intended to negate the obvious hygiene and empowerment benefits claimed by the early toileting proponents who offered their infants a high degree of support and communication and consisted largely of EC practitioners and mothers with an ethnic background of early toileting, eg Indian and Chinese.

The data strongly suggests that the average lag in achieving independent toilet training is lowest when toilet training is attempted between 19-24 months.

Looking at the “latest age to achieve toilet training”, we see again that the commencement band 19-24 months has the best results, with 7 month lag outside the upper limit (24 months) compared with 12 month lag for under 18 month commencement and 8 months for the 25-36 band. Furthermore, we suppose on the basis of interviews that the maximum lag for latest age to complete is understated due to the self-selection of participants, and the absence of any completers after 44 months. Had we been able to capture this supposed cohort, which we understand to exist from observation and repeated anecdotal reports, the achievement lag for 25-36 month commencers would have been greater.

The inclusion of 25-30 month old children in the oldest commencement band even further distorts the achievement lag because we can now assume that cohort would be toilet trained more quickly than children in the 30-36 month age pan.

The conclusion is that there is a window of opportunity during which it is recommended that toilet training is commenced, unless there are negating circumstances such as illness or household disruption.

That window of opportunity is between 19-24 months. From 24 months and thereafter, the risk of problem behaviours - insisting on a nappy for pooing, refusing the potty and the toilet - increases. Attachment to nappies may be observed.

Both the questionnaire responses and the interviews confirmed that there *is* an association between problem behaviours and the age commenced toilet training.

As observed in 1971 by Dr Thomas S Ball⁹:

“Problems frequently associated with toilet training at age two or later stem from the fact that considerable maladaptive learning has already taken place. In a special sense, by age two the child has long since passed through an important state of readiness for training...’a child that eliminates in a diaper for two or three years does not feel comfortable on the pot, but wants a diaper’.”

Schum et al said that there are ¹⁰:

“2 broad categories of readiness skills: global readiness skills, which include achievement of motor milestones (eg sitting, walking), understanding and use of words for elimination, positive relationships with caregivers and the desire to please, identification with and imitation of parents and significant others, and the desire to be autonomous and master primitive impulses; and specific toileting readiness skills, which include bladder control (eg, staying dry for 2 hours), physical awareness (eg, appearing uncomfortable in soiled diapers), and instructional readiness (eg, indicating a need to urinate). Several authors have stated that these skills are present by 18 months to 24 months in normally developing children, yet normative data are lacking.” (Citations omitted)

Thus, The Restraint Project has confirmed what many authors have observed about the ideal age span within which to commence toilet training and the fact that most, not an unusual minority, are capable of success with few or no difficulties .

See Appendix 1. “Parental expectations: How they shape toilet training outcomes” February 2009, Anna Christie, The Restraint Project

⁹ TS Ball, "Toilet Training an Infant Mongoloid at the Breast," *California Mental Health Digest* 9 (1971). *Note: apologies for the outdated use of the term “Mongoloid” which was still in use at the time of writing Dr Ball’s paper - Dr Ball’s comment is equally applicable to healthy children and infants. Dr Ball was referring to the toilet training of Down’s Syndrome children, but this is not surprising as toilet training of disabled children comprises a relatively large proportion of the total medical literature on the subject of toilet training.

¹⁰ Timothy R Schum et al., "Sequential Acquisition of Toilet-Training Skills: A Descriptive Study of Gender and Age Differences in Normal Children," *Pediatrics* 99, no. 3 (2002). Electronic article

7. Trainer pants have negative effect on toilet training success

“Pull-ups” are pseudo trainer pants. The claim that they assist in the toilet training process is unsupported by any evidence. They have long been derided by some on the grounds that they prevent the child from sensing moisture from accidents, thereby delaying toilet training.

This is what some survey respondents said about “pull-ups”:

- “I never used pull ups during the day once he was toilet trained, because I find them counter-productive. In pull ups, they can’t feel when they are wet -- I would rather he had the sensation of being wet.”
- “I had exactly the same experience with my oldest son, who was still wetting at night until over six, and would refuse to be woken and angry if I tried. I had him in pull ups until after six, then took him to a specialist because we were worried about his progress. I decided to stop using pull ups and he had an accident every night for a few weeks and suddenly stopped. I’m not sure where I got the idea of doing this, maybe on the Internet.”
- “I felt that pull ups were the easy, lazy option.”
- “A big thing that many people don’t realise is that pull ups don’t help. We prefer the cold turkey approach, and it worked for us.”
- “When I was toilet training her, I started using pull ups, but she was using them just like nappies. They were no different than nappies to her. After a few weeks of this I realised I was going to have to get rid of the pull ups. I don’t think pull ups work at all. And they always leak -- around the bottom area. They’re not as absorbent as a nappy, so what’s the point?”

In fact, there was not one survey participant who spoke positively about pull-ups. Not only were they derided for delaying toilet training and confusing children, as sanitary products they were criticised because they are less absorbent than nappies.

8. More parental “support” needed to achieve toilet training

Largo et al¹¹ described an “abandonment of maternal control” that occurred in Switzerland in two successive generations. They described the 16 month delay in bowel control which had occurred was not due to lack of training, but abandonment of maternal control.

This is not only observable in Australian parenting today, but was specifically discussed by one mother in The Restraint Project interview:

“Until they are independently toilet trained, a lot depends on how vigilant the parents are. If you’re extra vigilant, you’ll have less accidents. The whole point is you’re supposed to be training them. People have taken the idea of child readiness too far. They’re waiting for the child to initiate training, but the child can’t explicitly express it.

Some people are saying ‘they’ll be done by the time the four years old’. Parents like that are slaves to their child’s butt. They say ‘wait until their 3 ½ then it’s easy, they train themselves’. I’m not so sure about that, judging by the number of 3 ½ and four-year-olds who are not properly toilet trained. Parents who are that way minded don’t take an active role in helping their child, even when the child is able to verbalise.”

Charndra, mother who practices “EC”.

¹¹ Largo, R H, L Molinari, K von Siebenthal, U Wolfensberger, “Does a profound change in toilet-training affect development of bowel and bladder control?” *Dev Med Child Neurol* 38(12) (1996): 1106-16

9. Parental expectations are key

Broadly speaking, parents were split into 3 expectation profiles:

9.1 “Common sense” parents

These were lower education (we infer, also lower income), Chinese or Indian ethnic background parents who commenced toilet training roughly around 2 years of age, not because of any driving ideology, but because they felt it was cleaner, cheaper and promoted the independence and autonomous development of the child.

These parents did not intellectualise the process, but commenced potty drills without stress or fuss when they discerned the child was ready.

Their expectation was that toilet training would not be difficult, and they took the lead in initiating and supporting the child.

9.2 “EC” practitioners

This group consists of highly educated parents, motivated similarly as the “common sense” group by economic, hygiene and autonomy factors. However, they have a more ideological approach.

Even if they did not refer to this practice by the name “EC” or “Elimination Communication”, they believe in the infant’s ability to communicate it’s elimination needs through non-verbal means. These were parents who chose to offer a high level of support to infants by taking them to the potty as early as a few weeks old. They regarded the investment of time as well-rewarded by the fact that they no longer needed to handle faeces.

They felt that society had taken a backward step by confining western children in nappies.

Their expectation is that the infant needs constant close contact and communication with its carer, in order that hygienic toileting takes place without the use of nappies.

9.3 The mainstream

University-educated women in the peak child-bearing years are the dominant group of mothers. They invest in their child’s personal development, but toilet training is not a priority.

This group had:

- High expectations of child’s ability to juggle multiple tasks - for example, many described accidents occurring when the child was concentrating on a cognitive task - they knew the child was concentrating but did not interrupt him/her to facilitate a visit to the toilet or potty

- High expectations of the child's awareness of time.

Mothers in this group were more likely to enter into negotiations with the child, reward charts and other strategies or bargains. On a number of occasions they reported "I asked him/her whether he/she wanted to go to the toilet before we left, and he/she said 'no', then wet him/herself soon after". This approach of giving choice to the child being toilet trained is contrary to the potty drill method favoured by the "common sense" parents.

They had a low expectation of child's ability to be independently toilet trained, and this influenced their commencement time.

There is a knowledge vacuum which shapes the expectations of parents. In the words of Dr DuBose Ravenel:

"Parents in general are not aware that it is desirable or good or even possible, to train children early, and the reason is that they have been taught.... a complete myth that psychological damage will occur if they train early."

However, not one respondent in any way mentioned psychological damage as being a factor in delaying toilet training. Although the philosophical or psychological motivation for dropping structured toilet training was once associated with fears (founded in Freudian theory, but with no empirical basis) that it would harm the emotional development of the child, this does not appear to be a conscious motivation of any parents.

One mother who commenced toilet training her son before he was 24 months reported that people were very critical of her for doing so, saying it was "too early".

10. Abandonment of potty drill

The Restraint Project has found that, rather than an abandonment of toilet training at all, there has been an abandonment of structured, endpoint-oriented training using what is often known as “potty drill”, a method that consists of actively teaching several independent toileting behaviours. This approach has been replaced by the child oriented, negotiation style of training.

A number of participants reported that the latter method worked (see Interview notes below). However, it was also linked with strained, excessive bargaining between parent and child and served as the locus of defiance, particularly with some highly verbal, otherwise developmentally advanced females (the “defiant girl” profile). And in the case of disinterested children, bargaining was unsuccessful.

Is it a decline in parent skills or just a difference of style?

Clearly, there has been a decline in the range of parenting skills in relation to toilet training. Some parents were lacking even the most basic awareness of the procedures, preparations and factors associated with toilet training (see Appendix 1 below). The willingness of a large body of young parents to stockpile soiled nappies in their rubbish bins from week to week -- or in some local government areas, fortnight to fortnight -- also showed that concern for hygiene may be lacking.

There was an element of derision by parents who had used the structured approach successfully to those who were floundering with older children who were still in nappies. Although there are always differences of opinion in relation to all aspects of child rearing, some regarded the lack of success of others as a measure of parental competence. A number of others regarded it as “lazy”.

The constant advice of modern child care advisers to “wait until the child is ready” is vacuous and empty advice because in most cases parents do not have the skills to identify when the child is ready.

This is what one mother said:

“At about 24 months, she was pulling off her nappy, and weeing on the floor. I confided to my girlfriend who had older children and she said ‘she is trying to tell you something’. I hadn’t even thought she was ready to toilet train and I admit I wasn’t attuned to the signs but after I spoke to my friend I started toilet training and it happened very quickly.”

Mothers tended to wait for verbal signs of readiness, but were not attuned to non-verbal or pre-verbal cues.

11. Two profiles of children resistant to toilet training

Two difficult child profiles emerged from the survey, and from wider enquiry, that were linked with resistance to toilet training: the disinterested and/or absorbed male child who does not respond to any encouragement, incentives or disincentives to assume independence in relation to toileting, and the defiant female child who uses toileting as a way of forcing her will against parental wishes.

11.1 The “disinterested boy” profile

These were children of high achievers, boys who were prone to deep concentration in games or activities. Once in training, the mothers reported a high level of expectation as to the child’s ability to initiate the visit to the toilet. Concomitant with this, was a relatively low level of support from the mother, particularly at a time when the child is supposedly in training. One mother described her experience:

“He was starting Montessori at three, and all the pre-commencement literature said it was compulsory for children to be toilet trained when they are in the over three years. But three weeks out from turning three years old, he was still having lots of accidents -- at least one a day at school and on a bad day, three accidents, some of them wee and some poo. But I still did not put nappies on him.

I can’t explain his disinterest in training -- maybe it was an attitude that ‘Mum will clean me up’. He didn’t mind soiling himself.”

Given that boys are well-known to be more difficult, on average, than girls to toilet train, the disinterested boy should have more support from his carer to help to learn the sensations of needing the toilet, and prevent delays in toilet training.

11.2 The “defiant girl” profile

Also children of high achievers, these little girls were verbally advanced and apparently intelligent, although much delayed in toilet training.

Mother of a 39 month old girl still having trouble toilet training said:

“She’s clever enough that if she’s wearing clothes she doesn’t want to wear and asks me to change her, if I say no, she replies ‘I will wee all over my clothes then you will have to change me’. She is also threatened to do a wee to get her own way. She said ‘I’m going to wee all over this sofa’.”

Even if a nappy is dry, she still asks for a fresh one because it’s more comfortable.”

Another said:

“She had very strong views about the whole process and actively resisted them weeing on the toilet until 3 1/2 and would demand a nappy for pooing until 4.”

Clearly in these cases there is a battle of wills going on, one which is warned against by Dr Ravenel (referred to elsewhere in The Restraint Project report) if toilet training commences too late, after the child has learnt the word “no”.

12. Is there an abandonment of toilet training in Australia?

This is not exactly the case, because many parents believe they are toilet training, when in fact all they have done is to remove the nappies and to offer some directions to the child.

In its most laissez-faire manifestation, this is a considerable dereliction of parental responsibility, but one nonetheless which is condoned by modern Australian society which sees nothing wrong with children being in nappies with no endpoint.

There were many different approaches along the continuum, from almost complete laissez-faire, to traditional potty drill training which involves regular parent-led offering of the potty or toilet.

The Restraint Project enquiry suggests that rather than an abandonment of toilet training, there has been:

1. Delay in commencing toilet training, which misses the “window of opportunity” that exists between 18-24 months, resulting in majority of children unnecessarily delaying achieving independence in self-toileting
2. Abandonment of structured end-point focused toilet training in favour of an osmotic, child focused, no end-point, negotiation style

The latter approach to toilet training is not “training” at all.

Modern so-called toilet training is based on guesswork, with no structure and little attention to the child’s cues.

Subjectively, parents applying this approach think they are toilet training, but their actions probably would not qualify as “training” by the usual indicia of the word.

13. Can and should this situation be reversed?

For all of the reasons which first prompted The Restraint Project to enquire into toilet training, the medical profession and child care educators must resolve to reverse the dramatic rise of childhood incontinence that has occurred over the past generation. The difficulties of the training process have been overstated, and are mostly experienced by those who commence training after 24 months and particularly after 30 months.

Apart from the obvious benefit of cost saving which - unsurprisingly - was only mentioned by lower-income, non-professional families, there are many other potential advantages in reversing the trend towards ever later toilet training. This includes *possibly* to reduce the incidence of lower urinary tract infection and dysfunctional bladder - a medical and epidemiological matter which Swedish researchers Hellstrom and Jansson are investigating.

Parents should decide for themselves whether the acceleration of their children's early learning is complete when a perfectly capable and healthy child is still unnecessarily in nappies. So, too, can they decide whether it is rational to invest in early childhood education while at the same time depriving infants of the structure and assistance needed (via the simple routine of potty drill) to achieve success in what The Restraint Project refers to as "the first locus of control" - ability to control one's bladder and bowels.

A confluence of factors led to the situation we now face - the rise of Freudian influenced theory post-WWII and its application to child psychology, and the widespread availability of disposable nappies.

What is needed now is a campaign to raise awareness among parents that it is desirable to start toilet training between 18-24 months, and that this is usually a smooth and uneventful process. Later commencement risks colliding with "terrible twos" age, when children are trying to assert their identity and use toilet training as a focus of defiance against their parents' will.

As Dr Dubose Ravenel has stated:

"The idea has never even occurred to them... that it is even feasible to do that. I think if you that it would be an easy thing I think if you gave them some well-written hand-out that earlier toilet training was possible, and described the advantages and the historical evidence that it used to be the norm, I think they would all be pretty excited about it ... they just don't know."

There will have to be a reskilling of parents. These are not complex skills, and much falls within the category of awareness and observation.

However, before this can happen, parental expectations must change.

14. Research methods

14.1 Definitions

“Toilet-trained” was defined as being “independently able to use the toilet” but there were variations between parents as to how much assistance a child received. From the interviews, it is apparent that some parents adopted a laissez-faire approach while others are more pro-active in supporting the child’s attempts at independence. This is consistent with a premise of this study, that parental attitudes are driving up the age of achieving toilet training, rather than child psychology, physiological or biological causes.

14.2 Methodology

53 primary carers (52 mothers and 1 grandmother) undertook the questionnaire, primarily via a telephone interview which included discussion and notes, and some face-to-face. The 32 question survey has been recorded and is now the source of this analysis. The original intent was to survey 100 primary carers. This has proved to be impossible to achieve due to the difficulty of recruiting participants. There are several reasons for this:

- Parents of infants and small children are typically extremely busy, often juggling work and parenting
- There is considerable resistance to talking about the toilet training of children, with the possible inference that parents are embarrassed to discuss the subject
- The way the survey was planned, there were no financial or other incentives for parents to participate other than goodwill
- There was resistance from child-care centres to burdening themselves or their clients with a survey
- The pool of respondents therefore was sourced from the investigators own networks and several child-care centres whose directors were willing to facilitate the participation of their clients

The number of participants compares with:

- 267 studied by Schum et al (2002)¹²
- 406 studied by Blum, Taubman and Nemeth¹³ (2003)
- 320 children in Zurich longitudinal study by Largo and Stutzle (1977)¹⁴

¹² Schum, Timothy R, TM Kolb, Timothy L McAuliffe, Mark D Simms, R L Underhill, and Marla Lewis. "Sequential Acquisition of Toilet-Training Skills: A Descriptive Study of Gender and Age Differences in Normal Children." *Pediatrics* 99 (2002)

¹³ Blum, N J, B Taubman, and N Nemeth. "Relationship between Age at Initiation of Toilet Training and Duration of Toilet Training: A Prospective Study." *Pediatrics* 111 (2003): 810-14.

¹⁴ Largo, R H, and W Stutzle. "Longitudinal Study of Bowel and Bladder Control by Day and at Night in the First Six Years of Life: Epidemiology and Interrelations between Bowel and Bladder Control." *Dev Med Child Neurol* 19 (1977): 598-606

15. Interview notes

Olga, mother of 3 ½ year old girl, from Sydney

Out of all my friends, everybody has a different experience. Boys seem to be later in training. It depends on the child's co-operation. If it gets too frustrating with lots of accidents, parents give up trying and stick with nappies for longer.

Tracey, mother of Darcy 22 months, Redfern

Many people were trying to discourage me from training Darcy so "early". I felt he was "ready" as he has excellent communication skills and still quite ready to please -- not too set in his ways at this age. The main barrier was emotional -- he found it stressful (so did I) the first week but soon relaxed and no looking back. I took him out of nappies at night too the first week and he was dry about half the time but would wake early to use the toilet and not go back to sleep. So for my own convenience I went to pull ups at night. Two months later he wakes dry about three out of seven nights, so we'll go nappy free in the next few months at nights too.

J, mother of R 4 ½, Redfern

She had very strong views about the whole process and actively resisted them weeing on the toilet until 3 ½ and would demand a nappy for pooing until 4. She still wears pull ups at night, as we have tried doing without but she was wetting the bed at least once a night for over a week - so we have gone back to pull ups.

If the child doesn't want to do it, it's very difficult to force the issue.

How does the child show they are ready to be toilet trained? When they will voluntarily sit on the potty and do it!

Jenny, mother of daughter 3 yrs 8 months, Byron Bay

We were visiting with my sister and I cared for my niece for a week when my niece was being toilet trained. This involved stickers on a board -- she received a sticker every time she used the toilet, with the prize of a truck promised when the sticker board was full.

As to how many nappies we used, it's hard to remember. Obviously it depends on the age. When we used cloth nappies, we could use up to eight per day. We quickly decided to use disposable nappies at night and sometimes when going out.

We were living in Broome, Western Australia, up until Esther was 15 months old, where we used mostly cloth nappies: there was a strong and supportive culture of using cloth nappies. It was a small town, so you weren't caught in situations where you needed to be as well presented; and it was hot, so cloth nappy and a singlet

was all that was needed. Trying to wrangle warm clothes over a cloth nappy, to then take them off again 10 minutes later to change the nappy, would be a lot more trying.

On moving back to the east coast we were travelling for several months so used exclusively eco-friendly (supposedly) disposables.

We always gave our daughter a lot of time without any nappy.

We put her on a potty from when she was very young, because we could see the signs of when she needed to go to the toilet (this was definitely a sign of the parents being toilet trained). However, there was quite a gap between this and when we waited for her to really understand the process herself, which happened at around 24 months.

We didn't implement any kind of reward system for toilet training, except for praise.

Anonymous mother from Traralgon, Vic, mother of 3 girls

In response to the question "Do you think the parent or the child should initiate toilet training?" this mother responded:

"It depends on the child - from my own experience some children are ready on their own and some need extra encouragement".

She also wrote:

"I have three girls. All were trained from 2 years 4 months. They were all fully trained within one week. The youngest at three years (the latest to train) was trained within 24 hours. It was at my suggestion that she try the toilet (she never used a potty). Provided the stress levels are kept to a minimum (on both the part of the parent and child), training can be achieved without too much fuss."

The mother stated that 3-5 nappies per day was usual per child.

Anonymous mother, Sydney

My child decided she wanted to wear undies and be a "big girl like mummy". She probably could have started a month earlier but it was Christmas time and we had lots of visitors around so we waited until life was a bit more back to normal and she only took two days.

May Loke, Double Bay

Before having my daughter I wasn't told anything about toilet-training. I had a go at toilet training her at 18 months. I left the nappy off and encouraged her to use the potty, but she would announce after the event, not before. I also used drinks to stimulate urination. It was obvious that she knew what was going on but it wasn't until she was over two that I started seriously potty training her with the help of the nanny, who is 45 years old.

I've observed that some parents are too lazy, but they don't seem to know any better. I have one friend whose son age 3 was still in nappies. My friend was embarrassed about it, but she was able to learn from my experience and proceeded to toilet train her son as a result.

Victoria, mother of 3 ½ year old boy from South Coogee

Even before he was two years old, from 18 months, it was easy to put him on potty to do a poo. The potty was next to the toilet and just before bath time he would hop on, and it became a routine with absolutely no stress. We made a bit of a fuss, took a photo and praised him.

I knew his bodily functions, I knew he did one poo per day and I knew when to anticipate it.

Toilet training him was a non-event. It happened in a week, even the bladder control which happened later on, happened very quickly.

I had been told to stay close to home for a week when I am potty training. It's all you need to do, to spend some time and make it a fun thing. You have to focus on it. If you're home, an accident is not a problem.

A lot of mothers can't see it. They're too focused on their busy lifestyles and all of the activities they have to pack in. In some cases, the kid is ready, but the mother isn't, because they have to get to Jamesbaroo, or go to the gym, or shopping. They just don't prioritise it. So the kid stays in nappies for longer.

Also, I had a younger child and I did not want to have two children in nappies at the same time. We were planning to go overseas, and I wanted him to be toilet trained before we left.

Connie, Mother of boy 3 yrs 4 months, Castle Cove

Toilet training him took two weeks. It's all about the parents being ready -- if people don't want to have the bother of changing a few sheets, or changing clothes after accidents, they will delay toilet training. He has been toilet trained at night for 10 months and had about three night-time accidents in that time. I invested in sheet lining pads -- they are a blessing. It takes only a couple of minutes to change all the wet cloths and bedding and then back to sleep again.

He didn't like the potty -- he went straight to the toilet.

The director of our preschool -- it is a Montessori School -- gave me the best advice. She said once you drop nappies, drop them and don't go back. Don't confuse the child by having nappies on when you're wanting them to be toilet trained. If you confuse them, then you will have problems. I think it's true, because I have quite a few friends whose children are older than mine and still in nappies, and proving hard to train.

Jo, Chatswood, mother of boy aged 3 yrs 10 months

He had been dry at night, bone dry, until two months after the new baby came along. Then he developed a pattern of wetting himself at night, two or three days in a row, and has been doing so for the last four months. I then put him back in nappies, if he had wet himself for 2-3 nights in a row. We have talked about it a lot and I've been trying to make him aware, for example, encouraging him to wake up and call out if he senses the need to wee during the night. He really does not want to wear nappies, he wants to be in pants. We have made an agreement that if he can stay dry at night, he won't have to wear a nappy/pull up.

He was very easy to train, and has been dry during the day after the first two weeks of potty training -- with a couple of rare exceptions. Daytime training took one to two weeks. I stayed home with him for the first week, focusing on getting him toilet trained. No pants, close to the toilet, etc the second week we went a little further afield, but still concentrating on toilet training. It's well worth it to take a week out of your life to do this.

If people don't want to spend a little bit of time on it and think that they can and keep going about their normal business, then they will have trouble.

We are so spoilt these days with nappies being so absorbent. I could have started even earlier than I did, which was two years and six months. But I had preconceptions that it was going to be very hard to toilet train him. It seemed too daunting and I put it off. It seemed like there was no real rush.

But then there was a woman who ran the under threes group at our local preschool, and she was encouraging people to start toilet training. She kept telling people "he is ready" and trying to tell people they should start sooner than later.

Now we are trying to get through the night wetting, and it's not too bad with "brolly sheets" they're the most absorbent, not scratchy at all, and they make it so that if he does wet himself at night all it takes is a one-minute change.

It would get on your nerves to have your child having daytime accidents though. I could tolerate the occasional accident, say one a month, but any more than that would be hard to take.

Naomi, mother of 3 year 3 month old girl

When I first toilet trained her at 22 months, it was at her instigation. Unfortunately after being dry for eight weeks, she started regressing and had 6-7 accidents per day. Then I put her back in "Princess pants" -- Huggies Pull Ups. I have no idea why she regressed. She was in day-care, and there were no changes to the routine. There was an incident when she got upset after wetting herself at Kindy and she felt embarrassed and cried. I don't know if this could be what started it.

At three she asked not to wear night nappy and a similar thing happened like with daytime. About 6-8 weeks later, she started having around six accidents per week at night. People have suggested that I stopped her drinking liquids after five. I can't do that. I'd hate that if someone did it to me, and she is very strong-willed. She is very advanced. She is very knowing for her age.

Now she's clever enough that if she's wearing clothes she doesn't want to wear and asks me to change her, if I say no, she replies "I will we all over my clothes then you will have to change me". She is also threatened to do a wee to get her own way. She said "I'm going to wee all over this sofa."

Even if a nappy is dry, she still asks for a fresh one because it's more comfortable.

In the beginning she was really ahead of her age. She has not pooped in a nappy since 17 months of age. She would sign and go to the potty on her own and wait for me. But I'm not worried that she is still in pull ups.

Postscript: after conducting this interview Naomi spoke to her husband who reminded her of some relevant circumstances associated with the child's regression:

"For the day training last year, she was good for about 8 weeks as we discussed then regressed, he reminded me that this coincided with her speech leaping ahead. She has always been a great talker (I think again from the sign language) but started using words like 'actually' and 'possibly' which was amazing for just over 2. At the same time her toilet training in the day regressed.

As for the night, this regression coincided with two things, firstly her starting Montessori school and secondly, L. lost one of her friends at the same time. The little girl was aged 3 and they used to play at least a couple of times a week. However this little girl died and L. was very much aware of the whole thing and attended the funeral etc."

Estelle , mother of 5 year old boy

He goes to bed about 7 to 7:30 PM and I had to get him up at 10 PM to have a wee otherwise he won't make it through the night. If I overlook to do this, by 11 PM he will have wet himself.

I never used to pull ups during the day once he was toilet trained, because I find them counter-productive. In pull ups, they can't feel when they are wet -- I would rather he had the sensation of being wet.

In the first week of toilet training, we stayed home -- we never had one through accident but quite a few wee accidents. It took him a full six months to attain full bladder control or ability.

I had exactly the same experience with my oldest son, who was still waiting at night until over six, and would refuse to be woken and angry if I tried. I had him in pull ups until after six, then took him to a specialist because we were worried about his progress. I decided to stop using pull ups and he had an accident every night for a few weeks and suddenly stopped. I'm not sure where I got the idea of doing this, maybe on the Internet.

I felt that pull ups were the easy, lazy option.

He knew when he was wearing a full nappy, but needed to the sensation of feeling wet to make him react.

Now, with my five-year-old, it works very well to take into the toilet around 10 PM, he doesn't wear any nappies but we use broly sheets.

Kasia, mother of 34 month old boy

He was first toilet trained at two years and seven months but then around 3 years and 6 months he started to regress, and was having up to three daytime accidents per week. I am heavily pregnant, I don't know if it's that. He concentrates too much, and then when he runs to the loo sometimes he gets there too late.

Before, he never needed prompting. Now I have started to prompt him. I can't think what I'm doing differently, except that I am much more tired. Maybe I should be prompting him more.

One of my sister's kids has had a lot of problems being toilet trained, at night he was still bedwetting till quite late. She said she thought her son might have been trained too early -- before two years of age -- it was the fashion then.

I expected it to be really difficult toilet training him, but I have taken a very relaxed attitude and I am not stressed out about it.

I think parents should encourage, not wait to the child to initiate toilet training, but wait until the child shows signs of readiness. Wanting to be a "big girl/boy", talking about undies, having continually dry nappies, telling you when they are about to do all we and being aware of bodily functions of their own and other children, are all such signs.

Samantha, mother of 3 ½ year old boy

The whole thing took 12 weeks from nappies all the time to none at all. I had a go at toilet training him at 2 ½, but he wasn't ready and more to the point I wasn't ready. We talked about it for the next six months, at which point I said "sweetheart, enough's enough". [Note: this mother has a very gentle voice and the way she described how she said this, it was not aggressive or threatening at all] He went cold turkey with no nappies. I am very gentle, I never did controlled crying, he sleeps with us, I'm very relaxed, but I got cross with him if he wet his pants. I was very firm on this. I also gave him an incentive -- he would give it a toy car the next day if he didn't wet himself.

I had no idea about toilet training. It was a complete mystery to me. I found it challenging and frustrating -- but it was more me than him.

One thing I am sure of is you need to be consistent, be patient and understanding -- but only to a point. I explained to him "its yucky". I made it clear that it was time to stop weeing and pooing in his nappy or pants. Otherwise it can drag on for ever, and I know one child who is still in pull-ups at 5 and he is at school.

I said to him "mummy and daddy don't poo and wee in their pants, imagine if mummy and daddy were doing that". He could see the point.

Emma, mother of 3 ½ year old twin boy

To train my twin boys I adopted a method of stopping nappies overnight. That meant no nappies day or night, cold turkey. We were fortunate, they didn't need them at all. But we had many accidents during the day for the first two weeks. One twin got the hang of it slightly before the other twin and the one who was a little bit behind the other had more accidents.

Now they wake us up at night if they need to use the toilet, which could happen once in the night, if at all.

Two friends advised me to try this method. They said go cold turkey, day and night, because children can get confused. This was my approach: a few days before, I told them they would stop wearing nappies, I showed them big boy pants and gave them the choice of wearing hats or what I termed "pull up pants". I let them choose. At any time during the three-week toilet training period they could vary which one they would choose. It seemed to work. The twin who had the more accidents also chose more pull ups, but by the end of the period of time I was discouraging him. I would say to him "come on, that's enough now." I made it clear that he had to try harder.

Within 2-3 weeks and both twins weren't using any pull ups any more, which was a bit annoying because I had bought a lot of them, expecting that toilet training was going to take a whole lot longer.

My husband took the same approach and supported me.

The twins were allowed to choose between the potty and the toilet every time they did a wee, they were a bit small for the toilet at the time.

I also offered them an incentive, every time they did a wee in the potty or toilet they got a jelly or a lolly, which they were not used to. They usually only have sweets at parties. I was worried that they might get used to the lollies and then only perform when they got a reward, but it didn't turn out that way.

As they became more toilet trained, we eased off making a big deal of it and stopped the rewards. They seemed to forget about the rewards and didn't ask for lollies after that.

Tanaz, mother of daughter aged 4 years 10 months

I had nothing to do with her successful toilet training. Her preschool teacher, Fern, must be commended. She used to take off the kid's nappies in the under threes group. In the classroom, whoever was interested in sitting on the potty, was exposed to it. My daughter loved it.

At night she asked us very early to stop wearing nappies -- at 13 months! But we kept them on until 15 months. I think she used to watch a lot of kids using the potty and wanted to copy them.

In India, people train kids at about six months -- so for us it was very late! There, they train them to do wee by taking them to the pot and if they do it, fine, if not, try again.

When you train them early, they're more independent. Initially it's a hassle but in the long run its better -- it's not just the cost, it is the convenience. There's never any problem with toilets being too far away anyway.

It's better to help them become independent as it boosts their self-esteem. Sure, you need some patience and you need to persevere at first, just like anything else. I've definitely seen that.

It's a small price to pay, but when it works, it's a dream.

Lucinda, son aged 4

Even though he has been toilet trained in the daytime for nearly a year, his night-time nappies are massively wet. I put him in nappies, not pull ups, as nappies are much more absorbent and he wets a lot. Funny, he doesn't wet himself during his afternoon nap though.

He drinks masses of water all day. At dinner we limit his evening water and he goes to the loo before the bath and before bed.

It was easy training him in the day time, but I haven't pushed the overnight thing yet -- he is a very light sleeper. He sleep walks, talks in his sleep, has nightmares etc and I don't want to interrupt his sleep any more by waking him up to take him to the loo, which is one of the techniques other people use to help their kids stay dry at night. I think his sleep is too important and I don't want to mess with that.

Once he was toilet trained during the day, he had very few accidents.

Before having him I hadn't really observed any other kids being toilet trained. All the kids around us are younger than him, so he had no role models of toilet training. After starting to toilet train him, he wasn't interested in big boy pants for six months, even though he was weeing in the loo.

I knew a little bit -- there was a girlfriend who put a ping-pong ball in the bottom of the toilet and made it a game for her son to hit it.

At the preschool, they never actually said they wouldn't let him go in the over three is group unless he was toilet trained, but I don't know how strict they are. There are no change facilities in the over threes group, but I'm not sure if any over threes still in pull ups.

Angela, new Australian mum from China, daughter aged 3 yrs 10 months

According to her mum, this little girl, although she was toilet trained during the day at two, still wets nappies at night five nights out of seven, at age 3 years 10 months. The mum, who is relatively newly arrived in Australia, watched her sisters in China toilet training children very early and thought it would be easy, but didn't

find it so easy. Although the little girl has been dry during the day since the age of two, almost 2 years later she is wetting her nappy at night regularly.

Bonnie, new Australian mum from Hong Kong, with son 2 years and 10 months

As six months, he did poo in the big toilet using a trainer seat, holding on himself. Every morning when he woke up before his bottle, I put him on the toilet and he did poo. He never did poo any other way after that. Wee wee was different, he was trained about two years. I started to training him at about 1 ½ -- but he was having a lot of accidents, especially when he was concentrating on something.

But he still wears a nappy at nighttime, and it is often wet. He also needs a nappy during his afternoon nap.

In Hong Kong, people try to avoid nappies. In China they still have a desire to avoid nappies, because they're still very expensive there. But now that Chinese people are getting richer, they want to use more nappies, but they still use less than us here in Australia.

It was cleaner and more comfortable for him to train him early. And he still has one or two accidents a week -- that's no problem. He never had an accident of poo, only wee wee.

I have three older children too, but they were not trained so young because I was working and my sister-in-law was looking after them. She had her own children she was too busy to spend time toilet training my children.

Katya, mother of Daniel age 4 yrs 6 months

I tried to toilet train him at 18 months, but I wasn't successful. I just followed what the book said -- stayed at home to two weeks etc, but he just wasn't ready. He was having lots of accidents -- over 15 wee and poo accidents a week.

When he was two years and three months, I tried again, this time it was successful.

Alex, mother of 3 ½ year old boy

Toilet training him took one week from start to finish. He was hiding while pooing only for one week, and it never happened since then.

My daughter, who is older, pretty much trained herself at two. That was when she asked to stop wearing nappies. She had a friend at preschool who had been toilet trained. The big instigator was that this friend started wearing undies to preschool. From that day, my daughter refused to wear nappies.

He took a longer -- but we weren't worried. Our attitude was "it will happen".

A big thing that many people don't realise is that pull ups don't help. We prefer the cold turkey approach, and it worked for us.

Having a laissez-faire attitude is also good because you don't feel under pressure. A lot of people let it get to them, they get caught up with worrying about the mess, the washing, so they keep using pull ups.

Generally, I have a child led approach, but you do need to give them a push.

Most of my friends had no problems with daytime toilet training, but a lot of them have problems with night-time issues. There are quite a few 5, 6 and 7-year-olds still wearing pull ups to bed. I don't think there's any big worry about a four-year-old wearing pull ups to bed, but I'd be concerned after that.

Michelle, mother of 5 year old girl

At about 24 months, she was pulling off her nappy, and weeing on the floor. I confided to my girlfriend who had older children and she said "she is trying to tell you something". I hadn't even thought she was ready to toilet train and I admit I wasn't attuned to the signs but after I spoke to my friend I started toilet training and it happened very quickly.

She was one of the first in her group to show an interest.

Pooing took a bit longer, and because I didn't have nappies on her there were a few accidents. At one point she refused to do poo and held it in for two days. We were in the Post Office and she just started squatting in the middle of the floor. She couldn't hold on any longer and it filled up her pants and fell to the floor. Luckily it was all caught by the pants. We went to a public toilet and she watched me empty the poo in the toilet, and about then she got it -- poo goes in the toilet. From then on she was okay about it. There were about five poo incidents in total.

From the time she was toilet trained she was dry all day including during her naps. But during the night we kept nappies on for another three months, even though she was always dry.

June, grandmother of "N" aged 6

Before I had my own children (in the 1950s) I didn't know a thing about toilet training or anything, and my mother lived far away. When my first child was born, I was taught by the nurses at the Karitane home, where I had gone to stay because I had problems feeding him. They started me sitting him on the potty right from birth! That's just how they did it in those days, and that's how I did it with my children and then my grandchildren.

From a few months old it became automatic - I gave him a feed and rubbed his back, and put him on the potty and it all just came out. After a feed, when they have a full tummy and can feel the pressure, you just get them into the habit of sitting on the potty.

With N. (granddaughter) I had her on the potty from six months -- but I was only a part-time carer. When she went back to her parents, they weren't doing it. (Her Mum) is a doctor and told me that their muscles aren't ready to be toilet trained until they're three, but I just ignored her. I knew from experience that when you have an intelligent child, they can understand you before then. I think they should be toilet trained between 18 and 24 months at the latest.

N. stopped wearing nappies by the time she was two (during the day) and she never had any accidents. You have to help them too, putting them on the toilet all the time when the time was right. She never wet the bed, but she was wearing nappies at night until about three.

I see big children still in nappies, I think it reflects on the mothers. I think it's laziness on the mothers' parts. No one teaches them anything.

In my time, I went weekly to the baby health clinic or hospital, they taught you everything -- sterilising bottles, everything. I don't know how I would have managed without them. They don't have anything like that now.

I didn't feel under any pressure to toilet train, I just accepted that that's what you do.

Roberta, mother of Lydia aged 6

I got a potty when she was about two, and I had it in the bathroom next to the toilet but she just played with it and used to bath her dolls in it, but I wasn't going to push her, I knew she'd get it eventually. You know what they say, everyone eventually gets toilet trained, you never see an adult who isn't toilet trained. One day when she had turned 3 she came home from preschool and refused to wear a nappy any more, day or night, and from that moment on she was toilet trained. She was watching the other kids going to the toilet at preschool.

Belinda, mother of Taleah aged 35 months, smart little redhead

When I was toilet training her, I started using pull ups, but she was using them just like nappies. They were no different than nappies to her. After a few weeks of this I realised I was going to have to get rid of the pull ups. I don't think pull ups work at all. And they always leak -- around the bottom area. They're not as absorbent as a nappy, so what's the point?

The preschool teachers make toilet training a lot easier -- they were really good, they put her on the toilet all the time and I gave them packets of undies to change her.

It was pretty easy, but I would never have tried it if she couldn't tell me she wanted to go to the toilet.

Mary Ellen, mother of Gabriel, 4 years 4 months, and Dominique, 29 months

I started toilet training him at 2 ½ in summer, like they tell you to do. He was starting Montessori at three, and all the pre-commencement literature said it was compulsory for children to be toilet trained when they are in the over three years. But three weeks out from turning three years old, he was still having lots of accidents -- at least one a day at school and on a bad day, three accidents, some of them wee and some poo. But I still did not put nappies on him.

I can't explain his disinterest in training -- maybe it was an attitude that "Mum will clean me up". He didn't mind soiling himself. Poo was much harder to achieve, and it did start to distress him. I wonder whether it's just his personality. I seem to recall my mum said I was quite late too. I remember when I was a child, I was lazy about certain milestones, for example reading. I've got a PhD now, so obviously I've caught up, but when I was small I waited until my little sister was nipping at my heels before I thought I had better start reading.

We put him straight on the big toilet rather than the potty, because he was quite tall at 2 ½-3. I offered him the toilet before going out, and all the usual times.

About us as parents, we are more instinctive, some people think us laissez-faire.

I don't think he would have ever initiated being toilet trained, even though he was feeling peer pressure. At some point there has to be some negotiation.

He is quite a deep sleeper and I take him to the toilet before I go to bed -- he would do a wee and stay asleep.

Also when he was little he always had nappy leaks and accidents. I was using Huggies for a long time, until people started telling me that they were better for chubby kids, and he is a very tall and bony little kid.

He has been toilet trained at night for about four months now, but he still wets, twice a week occasionally, then maybe go for a month dry, and then maybe every night for awhile. I just don't know why.

He gets minded by two sets of grandparents. Even though he wasn't wearing nappies, my in-laws would insist on putting a nappy on him for the afternoon nap and going out shopping etc. They lay down the rules, they said "we are looking after him so he has to wear a nappy".

I found toilet training very hard, I wasn't expecting it. All the other milestones happened so easily.

My daughter, who is almost 2 years younger was toilet trained much earlier. She was toilet trained during the day at 22 months and at night, 29 months. Two nights ago we took her out of nappies.

She completely initiated it. She wanted to be involved when she saw us trying to train him. We had a little potty in the bathroom, and she would sit on it with a nappy on and fully clothed from 18 months. Then we took the nappy off and she did a wee, it was great.

At night, one day she just said “no nappy”. That was a couple of days ago, and we haven’t had any accidents from two nights.

I don’t mind doing the washing when they have accidents, I have waterproof bed liners.

Bed times are not rigid and can be later 8/8:30pm sometimes, especially since I work four days and my husband five. We find the together-time very important after a day at work where the children haven’t seen us for long. We also are not rigid about the number of stories we read – if we are up to it we will read quite a few. How many is open to negotiation to the parent and the child on the night. We often lie with them quite a while while they are settling. The rigid system of 7/7:30pm lights-out two stories has been tried (we even used a night nurse to help us get the routine right at one stage for Domini when she was younger) but it generally doesn’t suit us as parents and therefore wasn’t something we could commit to following up.

Other routines are pretty established – meals, cleaning teeth, bathing, toileting (regularly through a day) and their childcare/preschool attendance routines. The children are both good eaters. We do swimming on Sundays and my son does athletics on Saturdays. They are interested in their routines and how they change with the days and generally participate in activities willingly.

We haven’t had problems with any of the transitions around sleep routines or bottles etc. and if anything are open to trying things early or as the children show interest. With the toileting it was probably just a surprise that Gabriel wasn’t interested, which took a while to get our heads around.

The children are fairly opinionated and let you know what they think and we generally give them plenty of space for their self expression. We’ll negotiate to a degree, but there are always boundaries.

Jennifer, mother of Ursula, aged 2 years and 3 months

We pretty well started toilet training her at birth by putting her on the potty and giving her nappy free time regularly. Five months ago - say when she was about 22 months - she was still having a lot of accidents when we stopped nappies altogether during the day. By the age of 2 she was having about three accidents per week. We haven’t had any accidents for a month. In the beginning there were too many to count.

She has been taking herself to the toilet and not wearing nappies at home since one year and five months, and maybe to the shops or on a short outing. In the car she sits on a piece of blanket and nappy, just in case. For longer outings, she still worn nappies during the day till before she was two.

Our approach to toilet training was staged and gradual, and we didn’t push her if she wasn’t keen. But she is a second child and we were more relaxed. We made all our mistakes on our first child!

Fleur, Marrickville, mother of 4 ½ year old boy

Once he mentally made the decision to stop wearing nappies during the day he had no accidents at all. The most that would happen was that we would get into the toilet just in time and he was on the floor. At nighttime it was different we stopped using nappies around the same time as during the day, at 24 months, but he kept wetting the bed on and off so we would put nappies back on. Then he started getting embarrassed about wearing nappies and would pull off and reject them. He shares a room with his older sister so that was a factor. He is conscious decision not to wear nappies was a notable factor. My experience with my daughter was that I was very anxious, but I was much more relaxed with him. Before training my daughter, I was very anxious about toilet training because I viewed it as a milestone that would be a daunting task -- but it wasn't really.

If there is a lot of stress at home or developmental problems, then it's harder.

I've really had a view that they need at least a year at completely out of nappies before going to school.

I was keen to get them out of nappies as soon as possible. I think it's good for their independence. And also from my observations, once they start doing it, and they assume that level of autonomy, it has a knock on effect on other aspects of their development.

I have met some parents who don't believe that though. I had observed other neighbours, and parents at day-care going to the toilet training process and families are so different. Even though I wanted to have the children out of nappies as soon as possible, I wouldn't make a judgement on families that don't.

I definitely think parents have to initiate toilet training, taking cues from the child, but don't wait them to initiate it.

Julie, Redfern, mother of 4 year old boy

My son was ready to stop using nappies when he was telling me he was already pooing, or telling me he needed to go to the toilet to wee. He hated feeling wet.

I know some kids who are seven and still in pull ups at night. Day is different than night and that's usual.

Dianne, mother of girl aged 4 ½ from Redfern

I don't believe it's a question of whether it's a boy or a girl, and those saying that boys are always slower than girls. My son, who was the first born and a male, was toilet trained earlier than my daughter. Some children comprehend and understand earlier than others. There's a lot more to toilet training than meets the eye. There are so many differences in the child, but not only that, you don't know what's happening at home. If there are marriage problems or family break-ups, children are affected.

There are all kinds of factors that might make them not want to use a potty or a toilet. For example, my kids were too scared to walk down the hallway to the bathroom at night. If it's a big house and they're scared, it could cause problems because they're too scared to go to the toilet. I decided to put a potty in my children's bedroom, and it's been a brilliant idea. A lot of people were disgusted and said how could you put potty in the bedroom -- big deal, you can worry too much about things like that. It's been a solution, and it's better than the kids being in nappies. It's a potty with a lid, and quite clean.

When you have kids you've got to try and put yourself in their place, you've got to try and get into their mind and think how they feel.

Some people don't help their kids enough because they're not thinking about the way the kid is experiencing things.

Amanda, mother of Alexander aged 4 ½

Parents need to be aware of the child's readiness, but parents create the environment for the child to initiate toilet training. Alexander started wanting to go himself about 18-20 months. I responded by encouraging him. We had moved to a house with a big backyard and the environment helps. I let him go naked -- he weed on himself a couple of times and that was it. He was a dream to toilet train he really didn't like wetting himself. There was a period of two months where he rarely went himself, and often was in no nappy, before he completely became toilet trained.

It was a lot different to my oldest son who is now nearly 15. It was a battle with Nick. I didn't start until he was about 2 ½. There is 11 years between the kids and theories have changed. For example back then I was using cloth nappies only. I was a first-time mother and it was a case of waiting for the signs that he was ready to stop wearing nappies, but I was listening to so much advice from what everyone said, that there was a lot of pressure.

I was more encouraging of Alexander as early as possible. From a financial point of view it was an incentive to stop nappies. We used to buy them in bulk -- packets of 60 -- and go through them quickly. At one point it would have been maybe \$30 a week on nappies.

I question whether the same would have happened if we hadn't moved away from the city, where we didn't have as much space. Having a garden made it so easy. If he was outside, he would say he needed to do a widdy and run inside to the big toilet. Sometimes he would go in the garden.

For poo, he always went to the toilet from about the same time as he weed in the toilet.

At night, he stopped nappies at 36 months and had a couple of accidents over the three-month period after that.

This time I used only disposable nappies. First time round there was a lot of pressure to use cloth nappies. My days were spent washing -- there were buckets

everywhere with nappies in different stages of soaking. I was less prone to pressure this time round and toilet training went much better than with my first child.

I tried to tell other mothers about my experience, but some people have their own beliefs and believe them very firmly, so other opinions are always wrong. I do know parents who don't want to actively toilet train their children because they are "waiting for the child to be ready". They have no idea when the child is ready, don't know what the signs are, but they don't seem to be willing to learn either.

Marnie Holmes, mother of 6 year old girl

She was out of nappies completely at nine months and in two cloth training pants -- not disposable training pants. At nine months she had reached the stage where, when we travelled on a plane one time, she refused to poo into a disposable nappy -- she already was so used to pooing into the potty.

Unlike some, I did not do baby signing. I could tell from her body language and face when she needed to go to the toilet. Her sister, who is three years old, also could tell.

She had no poo accidents since six months of age. That was only possible with a high level of support either from myself or my husband.

She never had many other carers, because most of my family lives eight or nine hours away or is overseas. We have now extended family taking care of our children, but there were close friends who occasionally looked after her and would ensure that she was taken to the potty when necessary.

Even before six months, she was on the potty from about three weeks. Many people, when they hear about this, say "I wish I had known about this".

She was in cotton undies by one year, having between one and three wet accidents. Every time she had an accident it was because I was busy and couldn't respond quickly enough, not because she had not let me know. By the time she was 15 months she was using one pair of undies a day. She was independently dry from 18 months. However, if she had had optimal support ie my husband or myself more responsive to the messaging and not distracted by telephone calls, computer or other adult activities, I am sure that she would have been fully toilet trained at 13 months.

I prefer not to use the expression "toilet training". I prefer to use the word "learning". Part of this is the parents learning the child's communication. The child learning process starts with physical discomfort, which turns into wriggles and squirms, they make small sounds and words -- this is communication, pre-language.

Other children have been trained to excrete into a nappy, they have lost the sense of discomfort that they had, because they have been learning to ignore it.

For me, training pants are for accidents, not to be relied on to collect waste -- cloth training pants collect enough for one accident only.

At playgroup, people didn't realise that I had been toilet in my children so early -- they never knew my children were wearing nappies. It's surprising, it think they'd notice but no one ever even asked. And I didn't tell them.

Most parents don't support their children in becoming independent in this way.

Most of what I learnt I got online, in chat groups and support groups. Also I learned from my older daughter. A lot of it is intuitive but you still benefit from sharing of information with other parents. Taking part in these support groups, they are not in real time, they are by e-mail, and you get a very wide range of participants and feedback.

My daughters were both earlier in toilet training than their peers. I do think this is linked with other forms of development.

At 14 months, she got bored and became fussy about which potty she would use -- i.e. Rebelling about whether she would use the red or the blue potty or go outside to pee. I think it was a case of wanting to exercise choice.

Charndra, mother of son Maven aged 4 ½

I started researching online before he was born and the thought of wiping poo and having poeey nappies was so horrible, when I heard it was possible to start toilet training them early I thought yes this is definitely for me. When I was still in hospital and he was one half days old I put him over the sink and he peed. I was into attachment parenting and co-sleeping and I was also breast-feeding him throughout the whole time. By 1 ½ years old, when we were out of the house he didn't have any accidents at all.

Around 2 he regressed because in a short space of time we moved house, had a new baby, and then there were lots of family problems including relatives being hospitalised and my pet cat died, all of which lead to depression. I was taking on antidepressants and one of the side effects was that you could experience incontinence. I never mentioned it to the doctor because I figured that he would just think I was mad, but I really wonder whether my medication also affected him and contributed to his regression.

Once I made that possible connection between my medication and his regression, I told him "it's mummy's fault, it's mummy's pill that she is taking" and from that moment, he stopped wetting. It's as though my telling him that his accidents were my fault gave him confidence that it wasn't his fault. After that, if he did have an accident he would say "it's mummy's pill". But he never went back to poo accidents.

He was toilet trained at 16 months independently for poos and 2 ½ finally for wee. He was out of nappies as six months. When he was born we had a cloth nappy service for the first four months, and then we stopped it. At six months he moved to cloth training pants during the day, or nothing at all. I would take him for a

winning break whenever he would wriggle. At night he stopped wearing nappies at two months, and I had him on a rubber mat. From 6-7 months, he stopped having accidents at night. Then from seven months he didn't even use a mat.

Until they are independently toilet trained, a lot depends on how vigilant the parents are. If your extra vigilant you'll have less accidents. The whole point is you supposed to be training them. People have taken the idea of child readiness too far. They're waiting for the child to initiate training, but the child can't explicitly express it.

Some people are saying "they'll be done by the time the four years old". Parents like that slaves to their child's butt. They say "wait until their 3 ½ then it's easy, they train themselves". I'm not so sure about that judging by the number of 3 ½ and four-year-olds who are not properly toilet trained. Parents who are that way minded don't take an active role in helping their child, even when the child is able to verbalise.

Some mums say to the child, who is wearing nappies, "have you finished?" -- while watching the child who in the nappy. That's a child who shouldn't be pooing in a nappy.

I think wet nappies are awful and I can't understand how parents can let their kids sit in them.

I was also motivated by cost saving. I had found a book on line called "how to save money with babies" by Laurie Boucke.

There are a lot of resources online to help people with toilet training. The trouble is most of the e- courses are for four-year-olds with problem behaviours. By four they have been trained to use nappies, not the reverse.

Liz Davison, Sunshine Coast mother of boy aged 3

Toilet training happened fairly quickly for him, When he turned up at kindie at age 1 ½ wearing nappies he was somewhat of a curiosity, as we were living in a Third World country at the time. No one actually condemned it, there was no stigma, as they tend to regard with respect anything that westerners do such as feeding babies with formula etc Other mothers in the Solomon Islands couldn't afford a washer woman to wash the nappies, and also may have had water access problems.

He hadn't done a poo in a nappy since three months of age. As soon as he could hold his head up, I held him over the toilet -- not a potty. My feeling is that if you have to wash potty out, it's not much better than washing nappies. I only used cloth nappies. He never wore a disposable. I don't think kids should wear pull ups at all.

Parents should be more aware of what their child is doing, and learn the child's cues. They should know which cry means what.

It's a myth that people can't toilet trained before three because they're not ready. In Australia, people are probably too lazy. They're also told it's not possible.

It leads to the situation where children are being taught to wee and poo in a nappy, and then having to be re-taught a little later not to do it in the nappy.

It's a common misconception that it's going to be hard to toilet train, that you have to have potties all over the house and that you have to bribe children.

In a hot climate, it's easier because children can just pee outside or against a tree.

After he stopped wearing nappies, he would occasionally pee deliberately, to be defiant, or funny, it's hard to say, it depended on his mentality at the time. It didn't happen much, and soon stopped.

Ama, Bannockburn Victoria, mother of 6 year old girl

She stopped wearing nappies at 26 months, day and night, and was toilet trained pretty well overnight. She had a couple of accidents the first time we went out, but none really at home.

It was similar, pretty much exactly the same as my experience with her older sister. My third daughter toilet trained herself before I had considered starting her. At 20 months she went in and used the potty that was in the bathroom and came to tell us -- "look what I did".

For most people I know, it hasn't been like this. It's been a long, drawn out process. I don't know why they make it so drawn out, and such a big process. I would say they should strip it back to basics. I worked it out for myself, I didn't use any particular sources of information. Everything I read about toilet training was too complicated -- a lot fussing and reward charts. There was too much explaining to the kids, whereas I didn't give them an option. It's a case of "now we are going to stop wearing nappies".

You have to wait until they are ready, of course, but when they are ready you have to show them. I strongly recommend an "all or nothing approach". Don't ease them into it, because it only confuses them. Pull ups would definitely confuse them -- they're just nappies really.

There is too much explaining, and too much asking, the kids.

Maitha from Brisbane, mother of 4 year old girl

I started toilet training her at 25 months -- it took a few months. By 30 months, she was toilet trained but still needed help getting on and off the toilet. There were months with lots of accidents. From 25 months to 28 months she was still in nappies during the day -- occasionally I would put a pull up on when we would travelling or out of the house. After stopping nappies, in the first month there were many accidents sometimes up to seven a day, and some weeks none. The accidents would occur when she was engrossed in something, or concentrating. She stopped wearing nappies during the night at about 45 months.

I've found toilet training really difficult -- in particular, really stressful going out of the house.

The child-care centre started her toilet training, when she was two they started taking her to the toilet. She responded well -- they reported she was going well. They suggested I don't, and I probably shouldn't have, put her in a nappy to do the shopping. Next time round, with my son, I wouldn't do that again. I can see why she would be confused.

Even so, she would rarely do a wee. She never took the potty seriously. She thought it was a game to sit on it, and we never made any progress toilet training until we got the seat for the big toilet. From the day we put on the big toilet she always did poo there. How it happened was that she was halfway through a poo one day, and my husband just picked her up and put her on the big toilet. It was a gamble, but it worked.

With wee, we said to her that if she stopped weeing in a nappy for one week, she could stop wearing nappies. She was keen to stop wearing nappies because she had some friends who had stopped wearing them. She didn't really have an appreciation of how long a week was, but if she reached the week we would tell her.

Then, when she was three she started kindi and started having regular accidents there are. I had just had my second child, and she had broken her arm and was recovering, maybe she was just absorbed in what she was doing, but possibly all of the changes were possibly a bit too much for her. This lasted one or two months and only at kindi, not at home.

All this time she was still wearing a nappy at night. At three years and nine months, she started waking up and coming to our bed every night, it may have even been for longer than that. I had not wanted to night train her while I had the new baby. However at this point I started taking her to the toilet at night and found that when I did so, she would not wake up and come to our bed. This makes me think that the reason she was waking up and coming to our bed was that she wanted to go to the toilet and was looking for us to help her.

I thought it would be liberating to have a toilet trained child, but they are more portable when they're in nappies. When you're in a shopping centre and you have to get them to the toilet in 10 seconds, it puts you under a lot of stress.

I found toilet training her very frustrating, but I tried not to show it, especially when she was having lots of accidents.

I definitely think that parents should take initiative to toilet train their children and not wait for the child, because I don't think most children would toilet train themselves without some information or guidance.

“S” of Chippendale, mother of boy aged 2 years 6 months

I have been feeling under a lot of pressure about toilet training. My experience is, one of the reasons we haven't done it is my own fear.

Because other aspects of parenting were so scary, toilet training was the big black hole.

The timing was bad - we went to England during the northern winter so we missed the summer here, when everyone said was the best time to train them. I didn't want to try doing it before we went. Now it's winter here.

There is a lot of pressure to achieve developmental milestones earlier, including toilet training, but maybe it is pressure from within.

As an older and more isolated parent you just don't know what you're doing or to ask for help. With something like toilet-training it's hard. It's hard to tell the signs. I had no background with children, or a large family.

I'd like to have it done before he is 3. I tried introducing him to the paraphernalia, but so far...

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APPENDIX 1 “Parental expectations: How they shape toilet training outcomes”

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Euphemistically named “pull-ups” are a visually engaging and increasingly engineered sanitary product designed to capture a market that less than one generation ago was toilet trained at the age of the girl pictured on the packaging.

This product is aimed at children 3-4 years of age (average weight/age charts show only the largest 3 year olds to reach 17 kilos).

It is right that excessive taboos about sanitary products should be avoided, but nappy advertising and packaging like this appear to be advocating the fun, confidence building and lifestyle advantages of the products. The claim that they are “training pants” in any way is unsupported.

The child is portrayed as happy.

In effect, the product symbolises the abandonment of toilet training in Australia today.

Introduction

Apparently, in Australia today, children are encouraged to achieve greater intellectual and competitive achievements at ever-younger ages but there is nowhere near comparable pressure on them to control their bodily elimination.

It is ironic that, while pre-schoolers are encouraged by popular culture to be precocious, concurrent forces in today's society are causing them to lag behind in one crucial aspect of personal development: toilet training.

The Restraint Project recently published a review of research findings from around the world which confirms the uncomfortable fact that children in affluent western societies are wearing nappies for at least one year longer than a generation ago.

The report, titled "Abandonment of potty training in Australian society: Environmental, social and health issues" (February 2008), surveyed the limited English language literature on the subject from around the world. There were observed environmental and public health risks brought about by the extended wearing of nappies (or diapers, as they are referred to in the US literature). The social and psychological ramifications were rarely considered by the literature, although the prevalence of certain behaviours was noted and examined, including "hiding while stooling" and "stool toileting refusal". The incidence of these linked behaviours is increasing, and contributing significantly to the trend towards later completion of toilet training¹⁵. However, the psychology and physiology of children yields only some of the answers to the questions about toilet training.

In a conversation with Dr Nathan Blum¹⁶, a leading pediatrician at the Children's Hospital of Philadelphia, he posited that there is a "completely neglected" area of enquiry: parental expectations.

Indeed parental expectations shape their aspirations for their children's elimination behaviours, but also their attitudes to soiling, environmental impacts of prolonged nappy-wearing, and the personal development and autonomy of their offspring.

Parental expectations even shape the very definition of "toilet-trained". This study attempts to advance our understanding of these neglected aspects of child rearing, in the face of strong cultural forces that have disempowered parents and rendered them, effectively, onlookers, rather than facilitators of this important developmental milestone.

Some statistics about age of commencement and completion of toilet training

Only one generation ago, the commencement of toilet training was a significant milestone in child development. It is observed anecdotally in Australian society,

¹⁵ Nathan J Blum, Bruce Taubman, and Nicole Nemeth, "Why Is Toilet Training Occurring at Older Ages? A Study of Factors Associated with Later Training," *The Journal of Pediatrics* 145, no. 1 (2004).

¹⁶ Dr Nathan Blum, Telephone conversation, 12 March 2008.

and has been quantified in US¹⁷, Belgian¹⁸ and Swiss¹⁹ studies, that the commencement and completion of toilet training is considerably delayed. Moreover, the prevailing norm has not been to “train” infants and children in any systematic way.

Like children who were the subject of those studies, Australian children can expect to spend an additional one year or more in nappies than children born pre-1980’s.

The overseas studies may not compare directly with Australian circumstances, because Australian families were later in converting to disposable nappies (the link between disposable nappies and later toilet training will be addressed below). However, observation suggests that once Australian families made the change from regarding disposable nappies as a “back-up” to cloth, the trends have been remarkably similar.

In 1970, 95% of parents expected to begin toilet training before 24 months of age²⁰. In 1962, by 36 months, 98% of Brazelton’s sample group was *daytime* toilet trained by 36 months and by 36 months 80% was *night-trained* (meaning failure occurred less than once a week).²¹

By 1997, Blum, Taubman and Nemeth found that “recent studies suggest that only 40% to 60% of children are completing training by 36 months”²². In 2008, the percentage of children over 3 still confined to nappies all day and night is inching progressively higher.

The prevalence of sanitary products euphemistically called “trainer pants” or “pull-ups” is an indication of the strength of the market for such products. That they are given such names despite being just disposable nappies with a slightly different design, suggests that in some way there is still a stigma associated with older children wearing nappies, and the manufacturers know it.

“Readiness skills” theory - skewed in favour of late toilet training

One of the key principles underpinning the dominance of prolonged nappy wearing is a widely-held view in the pediatric community that the ability to master

¹⁷ N J Blum, B Taubman, and N Nemeth, "Relationship between Age at Initiation of Toilet Training and Duration of Toilet Training: A Prospective Study," *Pediatrics* 111 (2003).

¹⁸ E Bakker and JJ Wyndaele, "Changes in the Toilet Training of Children During the Last 60 Years: The Cause of an Increase in Lower Urinary Tract Dysfunction?," *BJU Int* 86 (2000).

¹⁹ R H Largo and W Stutzle, "Longitudinal Study of Bowel and Bladder Control by Day and at Night in the First Six Years of Life: Epidemiology and Interrelations between Bowel and Bladder Control," *Dev Med Child Neurol* 19 (1977).

²⁰ J A Stehbens and DL Silber, "Parental Expectations in Toilet Training," *Pediatrics* 48 (1971).

²¹ T B Brazelton, "A Child-Oriented Approach to Toilet Training," *Pediatrics* 29 (1962).

²² Blum, Taubman, and Nemeth, "Why Is Toilet Training Occurring at Older Ages? A Study of Factors Associated with Later Training."

elimination processes is dependent on the sequential acquisition of readiness skills²³.

Schum et al, who have written the seminal and much-cited report on the sequential acquisition of toilet-training skills, began their investigations with the premise that²⁴:

“The medical literature on toilet training is woefully deficient. Toilet training is a universally acquired skill for normally developing, yet there is no information about the requisite skills that children learn sequentially, beginning with the signs of readiness and ending with the successful completion of toileting.

Current pediatric literature stresses the importance of the child’s readiness before initiating toilet training. Despite this perceived importance, a commonly used developmental screening test in general pediatrics does not reference any specific toilet-training skills. A critical review of the literature reveals 2 broad categories of readiness skills: global readiness skills, which include achievement of motor milestones (eg sitting, walking), understanding and use of words for elimination, positive relationships with caregivers and the desire to please, identification with and imitation of parents and significant others, and the desire to be autonomous and master primitive impulses; and specific toileting readiness skills, which include bladder control (eg, staying dry for 2 hours), physical awareness (eg, appearing uncomfortable in soiled diapers), and instructional readiness (eg, indicating a need to urinate). Several authors have stated that these skills are present by 18 months to 24 months in normally developing children, yet normative data are lacking.” (Citations omitted)

Schum’s research team concluded that the following skills are achieved sequentially, culminating in the successful toilet trained status of the child:

- Stays bowel movement free at night
- Understands potty words
- Has potty chair/seat available
- Shows interest in using the potty
- Tells during or after having bowel movement
- Has regular bowel movements
- Stays dry for over 2 hours
- Indicates the physical need to go to the bathroom
- Sits on potty when placed for 5 minutes
- Flushes the toilet by oneself
- Tells during or after peeing
- Knows how to urinate in the potty
- Washes hands by oneself
- Pulls training pants or underwear up by oneself
- Urinates in potty with help
- Pulls training pants or underwear down by oneself
- Wears training pants or underwear
- Tells before having a bowel movement
- Uses regular toilet without a potty seat
- Stays bowel movement free during the day

²³ Timothy R Schum et al., "Sequential Acquisition of Toilet-Training Skills: A Descriptive Study of Gender and Age Differences in Normal Children," *Pediatrics* 99, no. 3 (2002). Electronic article

²⁴ *ibid*

- Tells before having to urinate
- Wipes urine effectively by herself
- Stays dry during the day
- Enters bathroom and urinates by oneself
- Wakes up dry overnight
- Enters bathroom and has bowel movement by oneself
- Wipes poop effectively by oneself

However, the above “skills” have received heavy criticism from some quarters of child care and pediatric professions. As a skill set, they are inconsistent. They include an amalgam of parent-initiated prerequisites, indications of physical development but not skill, and some demand a level of autonomy that is often not achieved even by much older children. Many parents will recognise with a wry smile that some children of six can hardly be described as “wiping poop effectively”. Others of the so-called skill-set rely on linguistic attainment. As for “staying dry for over 2 hours”, this has been criticised as being arbitrary and incorrectly posing as a standard.

Robin Barker, author of “Baby Love” and “The Mighty Toddler” (Pan Macmillan) is one of Australia’s foremost early childhood authorities. She is one who disputes the “stay dry for over 2 hours” criterion, claiming that even healthy, trained children vary in how long they can hold their bladder.

Even so, “readiness skills” theory is widely accepted by the medical profession. At medical school, students are taught about physical maturation, such as the myelination of the sphincters. Under this approach, doctors are taught to believe that it is not useful to attempt potty training before the physical maturation is complete. But Dr Sarah Buckley says that “they have the ability to hold on, and they have the ability to let go” even at an age when myelination is incomplete²⁵.

Critics such as Dr Samuel DuBose Ravenel argue that “the prevailing emphasis on ‘readiness skills’ is unwarranted”. According to Dr Ravenel’s posting in *Pediatrics* (the official journal of the American Academy of Pediatrics) Post-publication Peer Review (P³R), an online forum for ongoing peer review:

“It is illogical to believe that later acquisition of toileting skills stems from later physical maturation, when most other indices of such maturation have shown acceleration. I submit that the problem is persistence in the belief of the importance of toileting ‘readiness skills’ rather than expecting and encouraging parents to teach their children toileting skills at an earlier age when it can be done much more readily and with far fewer problems.”

Dr Ravenel further states of Dr Schum’s thesis:

“Although he correctly points out the absence of a controlled trial supporting earlier versus later training, neither has there been one demonstrating an advantage of the current later training compared with the earlier training described... The data cited in my letter and clinical experience strongly suggest that the earlier training is likely associated with substantially fewer problems than is later training.

It is further observed that the study was funded by a grant from Kimberly-Clark. As a manufacturer and marketer of pull-ups this might be interpreted by some as suggesting a

²⁵ Dr Sarah Buckley, Telephone conversation, 10 October 2008.

possible bias for preferring later training and influencing the interpretations expressed by the authors.”

This highlights the conflict of interest inherent in the sponsorship of early childhood education by disposable nappy manufacturers. Similar criticism has also been leveled against Dr Brazelton, who was the head of education for Proctor and Gamble (manufacturers of “Pampers”). In response to such accusations, Dr Brazelton has been quoted as saying of his relationship with Pampers: “I’m certainly not doing it to keep kids in diapers. It’s just the opposite: Pampers is willing to go along with me to make it easier for mothers to let kids be open to toilet training when they are ready”²⁶.

The competing approach: emphasising parenting skills

While readiness skills focus on children’s attainment of skills, some experts prefer to focus on the acquisition of skills by parents. The following procedures recommended by Foxx and Azrin form part of the parental skill-base²⁷:

1. Provide distraction-free environment
2. An increased frequency of urination by increased fluid intake
3. Continuous practice and reinforcement of the necessary dressing skills
4. Continuous practice and reinforcement in approaching the toilet
5. Detailed and continuing instruction for each act required in toileting
6. Gradual elimination of the need for reminders to toilet
7. Immediate detection of accidents
8. A period of required practice in toilet-approach after accidents as well as
9. Negative reinforcement for the accident
10. Immediate detection of correct toileting
11. Immediacy of reinforcement for correct toileting
12. A multiple reinforcement system including imagined social benefits as well as actual praise, hugging and sweets
13. Continuing reinforcement for having dry pants
14. Learning by imitating parents and older siblings
15. Gradual reduction in the need for immediate reinforcement and
16. Post-training attention to cleanliness

Some may view these steps as no more than “common sense”, but as the adage goes: “common sense is not always very common at all”. This is illustrated by a toilet training case study posted on the internet on a popular parenting website²⁸:

Monsters in the Potty

I am currently toilet training Liam, who’s 2 ¾ years old. Someone once advised me to “wait until he is ready”, but recently I started to wonder how would I know when

²⁶ Erica Goode, “Two Experts Do Battle over Potty Training,” *The New York Times*, 12 January 1999.

²⁷ RM Foxx and NH Azrin, “Dry Pants: A Rapid Method of Toilet Training Children,” *Behaviour Research and Therapy* 11, no. 4 (1973).

²⁸ online Contributor, *Monsters in the Potty* (2008 [cited 16 February 2008]; available from <http://www.sydneychild.com.au>).

he was ready. I worried that this summer would come and go without a sign. Luckily one morning a few weeks back Liam gave me an unequivocal sign – he said “I want to wear undies, Mummy”.

Luckily a well-meaning Nana had already provided us with undies and two potties, so we were ready to go. On went the undies, and I gave him some brief instructions on what the potty was and how to use it. I then hoped for the best. Well, that day was a disaster. He wee’s and poo’d all over the house. However, the next day it clicked for him and he started using the potty for both number ones and number twos.

“This is easy”, I thought to myself. Unfortunately we then had a couple of spectacular poo accidents, including one particularly memorable one when Liam was wearing overalls. Since then Liam has become convinced that there are monsters in the potty, and he won’t poo in it. He tells me that he wants to do a poo, and that he wants to wear a nappy. So I guess that he is toilet-trained, in that he wakes up dry and doesn’t have accidents, but he just chooses to poo in a nappy. I guess he’ll be ready for the potty again eventually...

Case analysis

The above example is typical of the toilet training trajectory of many children today, due the following:

- Even though the child’s grandmother, presumably an experienced parent herself, had provided underwear and potties for the mother to initiate toilet training, the mother chose instead to listen to the advice of “someone” unnamed in the story, possibly someone not well known to the mother, and probably with no more expertise than the grandmother. The Nana is described as “well-meaning” – she is regarded as well-intentioned but not to be taken seriously. (Note: Trailblazing Dr T Berry Brazelton’s seminal paper “A Child-Oriented Approach to Toilet Training” demonised grandparents, at the time of his writing being a generation who had themselves been parents during the pre-WWII era. Young parents needed to “withstand” these “outside pressures”²⁹. Parenting experience was devalued in favour of theory.)
- The mother says she gave the child “brief verbal instructions on what the potty was and how to use it”. This is not how children learn, Foxx and Azrin point out in their “steps” (above) that continuous practice and reinforcement are needed potty training.
- “I then hoped for the best” – suggests the mother did not support the child in any systematic way.
- The mother immediately assumed a high expectation of performance from the child, hence dressed it in overalls, a type of garment notoriously difficult to put on and off as it usually has buckles on either shoulder, and one or two button on each hip. The mother presumed, just because the child has

²⁹ Brazelton, "A Child-Oriented Approach to Toilet Training." P 123

successfully used the potty for a few days, that instantly it had achieved a high level of control. She did not realize that her continued support was needed, including “detailed and continuing instruction for each act required in toileting” (Foxy and Azrin).

- Unsupported, the child has regressed into pooing in a nappy even though he had previously demonstrated a desire and ability to use the potty.
- The parent is willing to continue using nappies, despite the cost, the burden on the environment in the form of sanitary waste, and the hygiene issues about handling a 3 year-old’s excrement (scraping the nappy contents into the toilet, disposable of the soiled nappy in the household rubbish bin, and cleaning faeces from the child’s body) on a daily basis.

Today, parental skills have been eroded to such a degree that most do not have any structured approach to toilet training at all, nor are they able to interpret the signs of readiness. Today’s parents are advised to wait until the child is “ready” to commence toilet-training, but the indications of readiness are open to a wide range of interpretations.

Robin Barker argues that parents need more structured advice on how to toilet train their children, and is attempting to correct this deficit in her forthcoming child care publications, such as the new edition of *The Mighty Toddler*. [Note: this is a reference to the (2009) new edition of *The Mighty Toddler*]

A further factor in the diminution of parental skills is the reluctance of western societies to recognise that parenting requires competency, not just love and good intentions. To do so would be to accede that some parents are more competent than others, which is tabou in the relativistic post-modern world.

The knowledge vacuum shapes the expectations of parents. In the words of Dr DuBose Ravene³⁰

“Parents in general are not aware that it is desirable or good or even possible, to train children early, and the reason is that they have been taught.... a complete myth that psychological damage will occur if they train early.”

The role of parents was fleshed out more fully by Swedish researcher Ulla-Britt Jansson in the continuation of a series of studies on the relationship between delayed toilet training and the accompanying increase in incidence of dysfunctional bladder. A connection between the two was postulated by Anna-Lena Hellstrom in 2000³¹. In the following lengthy quotation, Jansson applies Erikson’s theory of life’s stages to the role of parents in toilet-training³²:

³⁰ Ibid.

³¹ Anna-Lena Hellstrom, "Influence of Potty Training Habits on Dysfunctional Bladder in Children," *The Lancet* 356, no. 9244 (2000).

³² U. B. Jansson, "Urinary Bladder Function and Acquisition of Bladder Control in Healthy Children" (Goteborgs University, 2007).

“According to Erikson the personality develops stepwise after a predetermined pattern but also under influence of important adults. He described the psychosocial development in eight stages during the human lifespan. Three of the stages may be connected to the development of urinary bladder function. The first stage, the most fundamental in life, takes place between the birth and 1.5 years of age. During this stage the infant is completely dependent on its caregiver and consequently on the quality of care given. If the caregiver acts consistently and is emotionally available and able to include the child, the child will feel safe and secure and develop basic trust. The second stage of Erikson’s theory of psychosocial development takes place during the period 1 to 3 years of age and focuses on developing a sense of personal control. Erikson believed that toilet training was an important part of this progression. *To learn to control one’s body functions leads to a feeling of control and a sense of independence. If the child successfully completes this stage she or he will feel secure and confident.* The third stage takes place between 3 and 5 years of age and is when the child achieves a sense of initiative. During this stage children learn intensively. If the child is not able to accomplish what the parents expect, the child will experience a sense of guilt and feelings of anxiety and fear. It is easy to see how important the parents are in Erikson’s theory and that they must be confident enough to support their child during the achievement of bladder control. It is also important for health professionals to support parents in their efforts to help their children become dry.” (Emphasis added, citations omitted)

The question is, just how much help and “training” do the parents have to do? Is it enough to show the child the potty and obtain some signs of vague interest? Are these prompts literal enough for small children?

The lengthy delays experienced by parents who have adopted the less literal, less structured, toilet training approaches suggest that these are not successful approaches.

The “window of opportunity”

In addition to understanding the procedures of toilet-training, there is other knowledge that parents are missing out on. An aspect of the information vacuum is the lack of awareness that there is a “window of opportunity” after which toilet training is likely to meet with far more difficulties. The existence of a window of opportunity is rarely alluded to in popular media or academic literature. This is another symptom of the child-centred approach, because it refuses to designate any ideal or preferred times to start or complete toilet training.

Several experts expressed views about what age this window of opportunity occurs. Dr Ball’s comment (above) alluded to it. Dr Blum suggested that the window of opportunity might close at 27 months or thereabouts³³. His colleague Dr Bruce Taubman has suggested “a window of opportunity, perhaps near the age of 2 or 2 ½ ‘when kids really want their parents to get excited if the kids poop’. If this opportunity is missed, toilet training may take much longer”³⁴.

³³ Blum. Telephone communication

³⁴ Goode, "Two Experts Do Battle over Potty Training."

Robin Barker too has offered some age milestones to guide parents, stating (in one of numerous personal communications) that no healthy child should be in daytime nappies after 3. She suggests, if the conditions are right, starting training at 18 months.

Dr Dubose Ravenel states that the ideal is “15 to 18 months beginning, and the window pretty much shuts by the time the child gets to be two and the child discovers the whole phenomenon of ‘no’.”³⁵

Clearly there is an information gap between what is empirically observed by these experts, and the information publicly circulating for the parenting audience.

Today’s new parents of typically rely on public sources of information and doctors for advice on toilet training, rather than older family members who have living memory of successful, stress-free toilet-training earlier than 2 years of age, they often do not even think it is possible to start at that age.

Cross-cultural comparisons and elimination communication vs the case for delayed toilet-training

Cross-cultural examples³⁶ make it clear that children can be toileted much earlier than the majority of parents believe. Similarly, in our own society many documented examples of assisted early potty training – also known as “elimination communication”, or “infant hygiene training” - exist which tell us it is possible to be nappy free under one year of age³⁷.

Nevertheless, “readiness skills” proponents, and “child-centred” advocates, stick to their belief that children are developmentally unable to be toilet-trained until 20 – 24 months, and often much older, arguing that it is physically impossible for children to have autonomy over their excretion processes before the completion of certain physical maturation processes.

But if maturation is a gradual process, then some control is possible way earlier. The physical maturity argument is incomplete and unsatisfactory.

A common objection to early potty training is that the parents being trained to “catch” the excrement, not the infant being trained to use the potty. That it is not the child who is being trained, but the parents, has been propagated by supporters of the child-centred toilet-training lobby. It is a flawed argument against starting early potty training. As Laurie Boucke writes³⁸:

³⁵ Dr Samuel DuBose Ravenel, Telephone, 10 October 2008.

³⁶ MW deVries and MR deVries, "Cultural Relativity of Toilet Training Readiness: A Perspective from East Africa," *Pediatrics* 60 (1977).; Laurie Boucke, *Infant Potty Training* (Lafayette, Colorado: White Boucke Publishing, 2002), Pt 4 “Cross-Cultural Studies”

³⁷ Boucke, *Infant Potty Training*.; Min Sun and Simone Rugolotto, "Assisted Infant Potty Training in a Western Family Setting," *Journal of Developmental & Behavioural Pediatrics* 25, no. 2 (2004). See also www.diaperfreebaby.org

³⁸ Boucke, *Infant Potty Training*. p 184

“Does the fact that a baby cannot feed himself mean we should not feed him? Does the fact that a baby cannot dress himself mean we should not keep him in clean clothing? Does the fact that a baby cannot change a diaper mean we should let him be soiled and wet? The answer to these and similar questions is, of course, no. Then why should a willing parent be criticized for taking care of baby’s toilet needs at a young age?”

Newborns and infants cannot be viewed as independent of their caregivers since without them they would not survive. The fact that infant potty training is not necessary for survival does not mean it is without foundation.”

The claim that it is socially inappropriate in our society to expect caregivers to dedicate such a high level of hands-on attention is also made, citing the fast-paced lifestyle, where many mothers work. This would presumably predispose stay-at home mothers to toilet train earlier. Apologists for delayed toilet training also argue that financial pressures cause women to have to leave their children to return to work, making hygiene training impossible. Available US research counters these arguments to some extent³⁹. Horn et al reported that:

“Interestingly, in our study family income was also independently associated with beliefs regarding the age at which to commence toilet training, with upper-income parents (\geq \$50,000 per year) reporting that toilet training should begin at about age 2 years, compared with age 18 months for lower-income parents... it is possible that the cost of disposable diapers and underwear (“pull-ups”) may play a role in determining when parents initiate toilet training. If parents cannot afford the cost of disposable diapers and underwear, they are more likely to be motivated to initiate toilet training at a younger age.” (Citations omitted)

The authors also confirmed that African-American children are toilet trained at an earlier age, even though the subject group was of a lower income.

Observations of Australian society do not bear this out, although admittedly there is no research yet. More influential factors than race and income, it is suggested, are whether the parents have lost their intergenerational skill base, and whether they are more attached to the consumerist lifestyle and the substitution of skills for products.

“Child-centred toilet training” – a creature of the mid 20thC

“Child-centred toilet training” is the catchphrase used to define the philosophy of our time, which is that exogenous forces in favour of toilet training the child must be sublimated in favour of endogenous ones. One of its premises is that the child’s autonomous development should have priority over external motives in achieving a state of urinary and bowel continence. Dr Brazelton stated that “there is little innate in the child that leads him to want to be clean and dry” or to give up the “instinctual method of wetting and soiling”⁴⁰.

³⁹ Ivor B Horn et al., “Beliefs About the Appropriate Age for Initiating Toilet Training: Are There Racial and Socioeconomic Differences?,” *The Journal of Pediatrics* 149, no. 2 (2006).

⁴⁰ Brazelton, “A Child-Oriented Approach to Toilet Training.”p 123

Cleanness may not be a quality appreciated by toddlers, but the comfort of a dry bottom most certainly is, as is evidenced by the disposable nappy industry which prides itself on developing ever more comfortable sanitary products.

Furthermore, many experts such as Dr Ravenel, Ms Barker and others, assert that teaching a child to have control of its bladder and bowel movements is working with nature, not against it, because children's development is always towards gaining more control of their world.

Child-centred toilet training, as postulated by Brazelton and adopted almost universally throughout the advanced economies during the 1970's onwards, must be understood in the context of its time. Like all social change movements – which it is now clear that it was – it was a reaction (or over-reaction) to concerns that were prevalent at the time of its inception.

In 1962 when Dr T. Berry Brazelton published "A Child-Oriented Approach to Toilet Training"⁴¹, the landscape was dominated by Freudian theory. This is clear from the literature abounding at the time, which demonstrates a concern that overly stringent toilet training might lead to aberrant character – the so-called "anal" character. There was a wide concern that toilet training experiences – particularly "coercive toilet training" – could lead to an anal character, identified by the cluster of personality traits: obstinacy, orderliness and parsimony⁴². There were also concerns within the medical fraternity that "adverse or punitive toilet training" could lead to constipation, encopresis and urinary incontinence⁴³.

In 1970, Stehbens and Silver wrote in *Pediatrics* that "aberrant or coercive toilet training" was thought to contribute to a variety of behaviour problems in children, including encopresis⁴⁴. Commencement of toilet training as early as 3 months "as recommended prior to 1935" was labeled "aggressive"⁴⁵. The authors found in their study of "Parental expectations in toilet training" that 50% expected to commence toilet training at 16 months or sooner⁴⁶, an expectation the authors considered "unrealistic" and a "preventable source of parent-child conflict"⁴⁷.

Despite the dominance of the Brazelton view, even in 1971 there were critics, among them Dr Thomas S Ball, who wrote that⁴⁸:

⁴¹ Ibid.

⁴² EM Hetherington and Y Brackbill, "Etiology and Covariation of Obstinacy, Orderliness, and Parsimony in Young Children," *Child Development* 34, no. 4 (1963). p 919. Hetherington and Brackbill described the traits thus: "Orderliness is said to be expressed in bodily cleanliness, propriety, tidiness, punctuality, a preference for symmetry rather than asymmetry, and reliability and conscientiousness in the performance of minor duties. Obstinacy is manifested in stubbornness, passive aggression, and ritualistic persistence. Parsimony is shown through miserliness and irrational attitudes toward money, acquisitiveness, avarice, cupidity, and hoarding".

⁴³ Brazelton, "A Child-Oriented Approach to Toilet Training." p 121

⁴⁴ Stehbens and Silber, "Parental Expectations in Toilet Training." p451

⁴⁵ Ibid. p 452

⁴⁶ Ibid. p 453

⁴⁷ Ibid. p 454

⁴⁸ TS Ball, "Toilet Training an Infant Mongoloid at the Breast," *California Mental Health Digest* 9 (1971).

“Problems frequently associated with toilet training at age two or later stem from the fact that considerable maladaptive learning has already taken place. In a special sense, by age two the child has long since passed through an important state of readiness for training...’a child that eliminates in a diaper for two or three years does not feel comfortable on the pot, but wants a diaper’.”

(Dr Ball was referring to the toilet training of Down’s Syndrome children, but this is not surprising as toilet training of disabled children comprises a relatively large proportion of the total medical literature on the subject of toilet training.)

In another sense, too, child-centred toilet training was a product of its time in that it coincided with rise of consumerism. The availability of disposable nappies was consistent with the rise of the “proprietary product” society in which branded products were developed to replace skills, in this case the skills associated with toilet training children. Many fundamental life-skills have been lost to a large proportion of society since the rise of the consumer society, including food preparation skills (replaced by convenience meals, and fast food), sewing (replaced by throw-away, or “landfill” fashion), repairing anything broken in the home (substituted by the practice of disposing and buying anew) – and now, toilet training.

We have reached the stage where the public has been hoodwinked by unsubstantiated claims that so-called “trainer pants” assist in toilet training. Critical of such claims, Dr Sarah Buckley refers to them as “anti-training pants”, because they play a role in prolonging incontinence rather than the reverse.

The demise of toilet training also coincided with the rise of self-esteem building parenting, whose chief champion was Dr Benjamin Spock. Dr Spock’s seminal publication “*The Common Sense Book of Baby and Child Care*”⁴⁹ was highly influential in the post-WWII years. A reaction against the highly regimented approach to child rearing in the early 20th century, Spock’s advice to parents was to dispense with structure in sleep, eating and toileting.

By the 1960’s, the psychological theory-based approach to parenting attained dominance.

Child-centred toilet training was an attractive antidote to the imagined psychological harms of “coercive” toilet training. The world was changing so fast, that young mothers looked at older generations of mothers and thought what they had to say was not relevant.

Time to move on from “child-centred toilet training”

When the child health profession was stirred up during the mid-20th century to oppose age-old, universal human desire to manage infants’ excrement as early as possible, it did so with the best intentions. One detects in Dr Brazelton’s writing a genuine kindness towards, and empathy with, children when he writes of the “importance of a relaxed, unpressured approach to training” and the benefits of

⁴⁹ B. Spock, *The Common Sense Book of Baby and Child Care* (1946) NY, Duell, Sloan and Pearce, revised in 1958 and 1968 as “Baby and Child Care”

giving children “a more thoughtful environment” in which they can express their “excitement” at attaining autonomy⁵⁰.

However, one may also lament that such commitment to childhood well-being became usurped by the commercially powerful sanitary products industry.

The report “Abandonment of potty training in Australian society: Environmental, social and health issues” published by the The Restraint Project, UNSW in February 2008, surveyed the limited English language literature on the subject from around the world. There were observed environmental and public health risks brought about by the extended wearing of nappies. Social and psychological ramifications were rarely considered by the literature, but their existence cannot be discounted. On the contrary, a number of psychological harms may be postulated.

If the problems associated with over-aggressive and punitive toilet training emanate from parents, would it not have been a better solutions to address the adult behaviours and encourage toilet training without punishment, fear, and other negative factors.

Today it is not unusual to see children of 3 and over walking with nappies full of excrement, waiting for their carer to change them. Alternatively they exhibit the behaviour, described in the case study “Monster in the Potty” above, of requesting a nappy to poo in. The added burden for domestic hygiene management in the home is overlooked by proponents of delayed toilet training. Yet from a hazard identification perspective, nappies are far more open to hygiene risks than potting or toileting the child. Consider the typical procedure of changing a poo-filled nappy, and its handling implications for carers:

- must manually scrape solids into toilet
- wipes bottom with moist cloths
- when excrement is smeared in the folds of child’s skin, universally known – but apparently forgotten in this scenerio – is the warning against bringing excrement into contact with the urethra because of the risks of urinary tract infections
- excrement-covered nappies and wipes are disposed in household rubbish, and subsequently introduced into the general waste stream even though it should be regarded as “sanitary waste”

If support for child autonomy is one of the pillars of the child-centred philosophy (see discussion of Erikson, supra), then this is an ugly, unsanitary side of so-called “autonomy”.

Those who practice early assisted elimination training argue that they are far more supportive of the child’s autonomy because they allow the child to assume control of its excretion when it is ready, and listen to the child’s pre-verbal cues. The imposition of Freudian-influenced theory has diminished childhood autonomy, not nurtured it.

⁵⁰ Brazelton, "A Child-Oriented Approach to Toilet Training."

Conclusion

As author and early childhood expert Robin Barker says, child-centred toilet training was a valid reaction against the overly punitive or coercive culture of the first half of the 20th century, but “the pendulum has swung too far”. Now, a number of harms are being associated with delayed toilet training, to child health, and the environment. Who knows, maybe in hard economic times to come, nappies will also be regarded as an economic burden to be dispensed with.

There will have to be a reskilling of parents. However, before this can happen, parental expectations must change:

“The idea has never even occurred to them... that it is even feasible to do that. I think that it would be an easy thing if you gave them some well-written hand-out that earlier toilet training was possible, and described the advantages and the historical evidence that it used to be the norm, I think they would all be pretty excited about it ... they just don't know.”⁵¹

The Restraint Project is playing a role in creating awareness that the abandonment of toilet training in developed societies is socially determined, undesirable, and reversible.

Parental expectations do shape toilet training outcomes more than any other factor.

In the post-WWII years, parental expectations in the advanced economies were subjected to a confluence of external factors: the availability of disposable nappies and the permissive dogma espoused by child-centred toilet training theory. In this sense “child-centred” is a misnomer - earlier toilet training better realizes the child's physical potential, personal control and autonomy in a way that is more truly child-centred.

Anna Christie
The Restraint Project, UNSW, February 2009

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APPENDIX 2 The phenomenon of extended childhood incontinence: abandonment of toilet-training of today's infants and toddlers

Introduction

My research into this subject arose from my observations of parenting practices, comparing my own experience of toilet-training a child in the late 1980's (and the shared experience of my peer group of parents) with what I saw to be a dramatic change some 20 years later. By then, the influence of popular child care experts in the US had trickled over to Australia. The influence of Dr T. Berry Brazelton's "A Child-Oriented Approach to Toilet Training" (published in *Pediatrics* journal in 1962) admittedly took decades to supplant the age-old tradition of wanting to toilet train children as soon as was physiologically and practically possible. It is now supremely dominant.

But I did not regard it, as the followers of the Brazelton philosophy did, to be a child-care approach that was kinder and more sympathetic to the child. On the contrary, withholding of toilet-training is disempowering to a child who is forced to continue pooing into his "walking toilet" – Brisbane GP and author Sarah Buckley's term for disposable nappies – even though he is old enough not to.

I started to observe children who were able to communicate verbally, who often knew how to control some household electronic appliances, build lego, do puzzles, decide on their outfits and maybe even dress themselves, pooing into nappies.

In the later 1990's, when working for the Waste Recycling & Processing Corporation of NSW I became heavily involved in kerbside waste and recycling education. In conducting kerbside bin inspections, we came across the stories of the waste crisis befalling some young families, particularly those with two or more children in nappies. Two babies using 5 nappies per day (70 nappies per week) amounts to 35 litres in volume – the average wheely bin today is 120 litres.

Control of bodily elimination is a crucial aspect of socialisation of human beings, and traditionally the earliest form of self-control learned by small children. In less than one generation the systematic toilet- training (or potty training, or elimination training) of infants and toddlers has been abandoned in western societies like Australia, the US, UK, and Europe. This has coincided with the rise of "child-centred" child rearing, popularised in the 1960's and thereafter by Dr Benjamin Spock. In terms of toilet-training, this philosophy endorses the view that *children themselves* should determine when they stop wearing nappies and start using the potty or toilet, *not parents or carers*.

The rise of this philosophy coincided with the availability and relative affordability of disposable nappies. Disposable nappies removed an important incentive that parents previously had to toilet train their children: laundering soiled nappies is obviously something anyone would like to avoid doing.

The problem is that since the inception of child-centred toilet training, there has been a dramatic change in the duration of childhood that is spent wearing nappies (or diapers). There is a growing awareness that it is a problem. The extended period of childhood spent in nappies is thought by some to have behavioural, epidemiological and, of course, environmental consequences.

I asked myself: why is this happening?

The new-found phenomenon of 3-4 year olds in nappies, its prevalence and effects

Only one generation ago, the commencement of toilet training was a significant milestone in child development. Since then, it is observed anecdotally in Australian society, and has been quantified in US, Belgian and Swiss studies, that the commencement and completion of toilet training is considerably delayed. Australian children can expect to spend an additional one year or more in nappies than children born pre-1980's.

The overseas studies may not compare directly with Australian circumstances, because Australian families were later in converting to disposable nappies (the link between disposable nappies and later toilet training will be addressed below). However, observation suggests that once Australian families made the change from regarding disposable nappies as a "back-up" to cloth, the trends have been remarkably similar.

In 1970, 95% of parents expected to begin toilet training before 24 months of age. In 1962, by 36 months, 98% of Brazelton's sample group was *daytime* toilet trained by 36 months and by 36 months 80% was *night-trained* (meaning failure occurred less than once a week).

By 1997, Blum, Taubman and Nemeth found that "recent studies suggest that only 40% to 60% of children are completing training by 36 months". In 2008, the percentage of children over 3 still confined to nappies all day and night is inching progressively higher.

The prevalence of sanitary products euphemistically called "trainer pants" or "pull-ups" is an indication of the strength of the market for such products. That they are given such names when they are just disposable nappies with a slightly different design, suggests that in some way there is still a stigma associated with older children wearing nappies, and the manufacturers know it.

I kept hearing, however, that old-school potty training, which involved many variations on "put them in knickers, let them feel the wee run down their legs, have the potty handy, and most kids learn very quickly", was psychologically harmful. There was no hurry, said the child-centred advocates: "they all eventually learn, you shouldn't try to hurry them". But some of them are not learning, and in the meantime, while their extended incontinence drags on, many older children who do not receive bladder training at a suitably early age are developing dysfunctional bladder, with associated incontinence problems.

Disposable nappy manufacturers progressively offer larger nappies, even for school age children, marketing them under the spurious name of “Pull ups” or “training pants” Claims that these products help children to become toilet trained are unsubstantiated in any way.

On the contrary, wearing nappies makes it harder for the child to learn about the processes of elimination because he can't connect the bodily sensations with the consequent elimination. Nor can he feel the wetness, because today's nappies are so effective at drawing moisture away from the skin. But nappy manufacturers are fighting back. Faced with the claim that nappies impede toilet training rather than the reverse, a new product is now available that promises to temporarily give the sensation of wetness, then feels dry again. That is a lot of Research and Development to create a new product that is not even necessary in the first place.

Delayed elimination training: physiology or parental expectations?

Speaking with Dr Nathan Blum a few months ago, he signaled what he believed to be a “completely neglected” area of enquiry and that is the expectations of parents.

Indeed parental expectations shape their aspirations for their children's elimination behaviours, but also their attitudes to soiling, environmental impacts of prolonged nappy-wearing, and the personal development and autonomy of their offspring.

We know from historical and cross-cultural observations, as well as from practitioners of “elimination communication” – a form of early infant toileting growing in popularity within some sections of western society – that even tiny infants have the potential to partially take responsibility for remaining dry. Their physical control may not be perfect, or infallible, but it not to be discounted.

Failure to toilet train at the earlier ages practiced in previous generations is a function of parental expectations, not the physiology of children. Low parental expectations and absence of parenting skills have been said by some leading child care experts to cause parents to miss the developmental “window of opportunity” during which elimination training has the most likelihood of success.

The window of opportunity

The overwhelming majority of parents today are unaware that there is a “window of opportunity” to toilet train, after which they can expect more difficulties, and a more lengthy transition period from nappies to knickers.

The existence of a window of opportunity is rarely alluded to in popular media or academic literature. This is another symptom of the child-centred approach, because it refuses to designate any ideal or preferred times to start or complete toilet training.

Several experts expressed views about what age this window of opportunity occurs. Dr Ball's comment (above alluded to it). Dr Blum suggested that the

window of opportunity might close at 27 months or thereabouts. His colleague Dr Bruce Taubman has suggested “a window of opportunity, perhaps near the age of 2 or 2 ½ ‘when kids really want their parents to get excited if the kids poop’. If this opportunity is missed, toilet training may take much longer”.

Robin Barker too has offered some age milestones to guide parents, stating (in one of numerous personal communications) that no healthy child should be in daytime nappies after 3. She suggests starting training at 18 months.

Dr DuBose Ravenel states that the ideal is “15 to 18 months beginning, and the window pretty much shuts by the time the child gets to be two and the child discovers the whole phenomenon of ‘no’.”

Clearly there is an information gap between what is empirically observed by experts, and the information publicly circulating for the parenting audience.

As today’s new parents typically rely on public sources of information and doctors for advice on toilet training, rather than older family members who have living memory of successful, stress-free toilet-training earlier than 2 years of age, they often do not even think it is possible to start at that age.

A final factor in the diminution of parental skills is the reluctance of western societies to recognise that parenting requires competency, not just love and good intentions. To do so would be to accede that some parents are more competent than others, which is tabou in the relativistic post-modern world.

The knowledge vacuum shapes the expectations of parents. In the words of Dr DuBose Ravenel:

“Parents in general are not aware that it is desirable or good or even possible, to train children early, and the reason is that they have been taught.... a complete myth that psychological damage will occur if they train early.”

As early childhood expert Robin Barker says, child-centred toilet training was a valid reaction against the overly punitive or coercive culture of the first half of the 20th century, but “the pendulum has swung too far”. Now, a number of harms are being associated with delayed toilet training, to child health, and the environment. Who knows, maybe in hard economic times to come, nappies will be regarded as an economic burden to be dispensed with.

There will have to be a reskilling of parents. However, before this can happen, parental expectations must change:

“The idea has never even occurred to them... that it is even feasible to do that. I think if you that it would be an easy thing I think if you gave them some well-written hand-out that earlier toilet training was possible, and described the advantages and the historical evidence that it used to be the norm, I think they would all be pretty excited about it ... they just don’t know.”

The Restraint Project is playing a role in creating awareness that the abandonment of toilet training is socially determined, undesirable, and reversible.

Parental expectations do shape toilet training outcomes more than any other factor.

In the post-WWII years, parental expectations in the advanced economies were subjected to a confluence of external factors: the availability of disposable nappies and the permissive dogma espoused by child-centred toilet training theory. In this sense “child-centred” is a misnomer.

What would realize the child’s physical potential, personal control and autonomy in a way that is more truly child-centred, would be to assist the child in controlling their bodily elimination earlier, rather than later.

Anna Christie
November 2008

APPENDIX 3 Bibliography

This is a partial bibliography on the subject, selecting the most relevant available literature. There is a volume of other - medical - literature which addresses the links between medical problems in children, and toilet training.

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