



**“A STUDY TO ASSESS THE EFFECTIVENESS OF STP ON KNOWLEDGE REGARDING
TOILET TRAINING AMONG THE MOTHER OF TODLER AT SELECTED HOSPITAL
NMCH JAMUHAR SASARAM ROHTAS BIHAR.”**

Prof. Dr. K Latha¹

Dean cum principal Narayan Nursing college, Gopal Narayan Singh University,
Jamuhar, Rohtas, Bihar

Ms. Monika phillip²

Nursing Tutor Narayan Nursing College Jamuhar, Sasaram

MR. VISHAL RAJ³, MR. HARERAM CHOUDHARY⁴, MR. BUNTI SINGH⁵, MS. APARAJITA⁶

Student of Narayan Nursing College, Gopal Narayan Singh University, Jamuhar, Rohtas, Bihar

ABSTRACT

Childhood is a crucial stage in human development, characterized by rapid physical, cognitive, and psychosocial growth. Among the various aspects of early childhood development, toilet training represents a significant milestone in a child's journey toward independence and self-care. Toilet training is not merely the act of teaching a child to use the toilet; it encompasses a broader developmental process that requires understanding, patience, and guidance from care-givers, particularly mothers. The mother's role in this process is pivotal, as she often serves as the primary caregiver responsible for the child's daily routines, hygiene, and emotional support. Toilet training is a structured process through which toddlers learn bladder and bowel control, eventually acquiring the ability to use the toilet independently. It typically begins between 18 months and 3 years of age, although the exact timing can vary based on the child's developmental readiness, cultural context, and family practices. Successful toilet training not only contributes to a child's physical health by promoting proper elimination patterns but also enhances cognitive, emotional, and social.

INTRODUCTION



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Childhood is a crucial stage in human development, characterized by rapid physical, cognitive, and psychosocial growth. Among the various aspects of early childhood development, toilet training represents a significant milestone in a child's journey toward independence and self-care. Toilet training is not merely the act of teaching a child how to use the toilet; it encompasses a broader developmental process that requires understanding, patience, and guidance from caregivers, particularly mothers. The mother's role in this process is pivotal, as she often serves as the primary caregiver responsible for the child's daily routines, hygiene, and emotional support.

Toilet training is a structured process through which toddlers learn bladder and bowel control, eventually acquiring the ability to use the toilet independently. It typically begins between 18 months and 3 years of age, although the exact timing can vary based on the child's developmental readiness, cultural context, and family practices. Successful toilet training not only contributes to a child's physical health by promoting proper elimination patterns but also enhances cognitive, emotional, and social development. Children who achieve early independence in toileting are often associated with higher self-esteem, a sense of accomplishment, and reduced dependency on caregivers.

Despite its importance, toilet training remains a complex task for many mothers. Challenges include lack of knowledge about the appropriate age to start training, incorrect methods, unrealistic expectations, and inconsistent practices. Studies indicate that improper toilet training practices can result in physical problems, such as constipation or urinary tract infections, as well as psychological issues, including anxiety, frustration, and behavioral disturbances in toddlers. The mother's knowledge, attitude, and confidence play a significant role in determining the effectiveness of toilet training. Research suggests that mothers who are well-informed about developmental milestones and toilet training strategies are more likely to implement successful training programs and achieve better outcomes.

Structured Teaching Programs (STPs) are recognized as effective interventions to enhance knowledge and skills among caregivers in various domains of child care. An STP is a systematic approach designed to provide mothers with essential information, practical strategies, and guidance to perform specific care giving tasks effectively. In the context of toilet training, an STP can help mothers understand the developmental stages of toddlers, recognize readiness cues, implement positive reinforcement techniques, manage resistance or setbacks, and establish a consistent training routine. The primary goal of an STP is to empower mothers with evidence-based knowledge and practical skills to improve their child's developmental outcomes.

Globally, several studies have highlighted the impact of educational interventions on maternal knowledge



and childcare practices. For instance, research shows that mothers who receive structured education on child development and hygiene practices demonstrate

OBJECTIVES OF THE STUDY

1. To assess the pre-intervention knowledge regarding toilet training among mothers of toddlers.
2. To implement the Structured Teaching Program among mothers of toddlers in the selected study setting.
3. To assess the post-intervention knowledge regarding toilet training among mothers of toddlers.
4. To develop a Structured Teaching Program (STP) focusing on age- appropriate toilet training, methods, hygiene, and behavioral management.

HYPOTHESES

1. (H1):- There will be a statistically significant difference in the mean pre-test and post-test knowledge scores regarding the appropriate age of initiation of toilet training among mothers of toddlers after the Structured Teaching Program (STP).
2. (H2):- Mothers who attend the Structured Teaching Program will demonstrate a significant improvement in knowledge regarding prevention of toilet training-related complications (such as constipation and urinary tract infection) in toddlers.
3. (H3): The Structured Teaching Program will significantly improve mothers' knowledge regarding positive reinforcement and avoidance of punishment during toilet training.

Methodology

There search approach was descriptive approach and research design is one group. The study was conducted on NMCH hospital jamuhar, Sasaram regarding knowledge of toilet training among mother of toddler. Randomized sample technique adopts. Number of samples is 60. Data collection was done by the survey by there searcher. Data was analyzed with descriptive and inferential statistics came up with following findings.

Setting and sample

The present study was conducted to assess the effectiveness of a Structured Teaching Programme



(STP) on knowledge regarding toilet training among mothers of toddlers at NMCH Jamuhar, Sasaram, Rohtas, Bihar. The study included 60 mothers and followed a pre-test and post-test design to evaluate their knowledge levels. Conclusion of the Study

Inclusion Criteria:

- Mothers having toddlers aged 1–3 years
 - Mothers who were willing to participate in the study
 - Mothers who were available at the time of data collection
 - Mothers who could understand Hindi or English
- Scope for Further Research

Tool

The data collection tool consisted of two sections:

- Demographic Variables
- Knowledge Questionnaire

Result:

The present study assessed the effectiveness of a Structured Teaching Programme (STP) on knowledge regarding toilet training among mothers of toddlers. A total of 60 mothers participated in the study.



Demographical variables of the patient's data

Table no -1

1.Ageof mother	Frequency	Frequency in percentage(%)
Below 20 years	4	6.66%
21-25 years	14	23.3%
26-30 years	24	40%
Above 30 years	18	30%

Table no - 2

2.Religion	Frequency	Frequency in percentage(%)
Hindu	42	70%
Muslim	15	25%
Christian	3	5%
Other	00	00



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Table no: - 3

Knowledge score categories	Pre-Test		Post-Test	
	Frequency	Percentage%	Frequency	Percentage%
Poor (0-7)	28	46.6%	4	6.6%
Average(8-14)	22	36.6%	16	26.6%
Good (15-20)	10	16.6%	40	66.6%

Table no: - 4: Effectiveness

TestType	Mean	Median	Standard deviation
pre-test	9.8	10	3.2
post-test	16.4	17	2.5



Chi-Square Association Between Demographic Variables and Knowledge (Pre-Test and Post-Test)

1. Age vs knowledge Level (Pre-Test)

Demographic Data	Poor knowledge	Average knowledge	Good Knowledge	χ^2	DF & P - Value
Below20(4)	3(75%)	1(25%)	0(0%)	5.12	DF-6 P- 0.53
21-25(14)	8(57.1%)	5(35.7%)	1(7.1%)		
26-30(24)	10 (41.6%)	10 (41.6%)	4(16.6%)		
Above30(18)	7(38.8%)	6(33.3%)	5(27.7%)		
Below20(4)	1(25%)	2(50%)	1(25%)	4.82	DF-6 P- 0.56
21-25(14)	1(7.1%)	5(35.7%)	8(57.1%)		
26-30(24)	1(4.1%)	6(25%)	17 (70.8%)		
Above30(18)	1(5.5%)	3(16.6%)	14 (77.7%)		



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2. Religion vs knowledge Level (Pre-Test)

Hindu(42)	20 (47.6%)	16 (38%)	6(14.2%)	1.48	DF-4 P-0.83
Muslim(15)	7(46.6%)	5(33.3%)	3(20%)		
Christian(3)	1(33.3%)	1(33.3%)	1(33.3%)		
Hindu(42)	3(7.1%)	11(26.1%)	28 (66.6%)	0.42	DF-4 P-0.98
Muslim(15)	1(6.6%)	4(26.6%)	10 (66.6%)		
Christian(3)	0(0%)	1(33.3%)	2(66.6%)		

3 .Education vs knowledge Level(Pre-Test)

No formal(12)	8(66.6%)	3(25%)	1(8.3%)	8.42	DF-6 P-0.20
Primary(18)	9(50%)	7(38.8%)	2(11.1%)		
Secondary(22)	8(36.3%)	10 (45.5%)	4(18.1%)		
Graduate+(8)	3(37.5%)	2(25%)	3(37.5%)		
No formal(12)	2(16.6%)	6(50%)	4(33.3%)	14.36	DF-6 P-0.026
Primary(18)	1(5.5%)	6(33.3%)	11(61.1%)		
Secondary(22)	1(4.5%)	3(13.6%)	18 (81.8%)		
Graduate+(8)	0(0%)	1(12.5%)	7(87.5%)		



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4. Occupation vs knowledge Level (Pre-Test)

Housewife (28)	16 (57.1%)	9(32.1%)	3(10.7%)	6.27	DF-6 P-0.39
Govt. Employee (12)	5(41.6%)	5(41.6%)	2(16.6%)		
Private Employee(6)	3(50%)	2(33.3%)	1(16.6%)		
Self-employed (14)	4(28.5%)	6(42.8%)	4(28..5%)		
Housewife (28)	3(10.7%)	10 (35.7%)	15 (53.5%)	11.54	DF-6 P-0.07
Govt. Employee (12)	0(0%)	2(16.6%)	10 (83.3%)		
Private Employee(6)	1(16.6%)	2(33.3%)	3(50%)		
Self-employed (14)	0(0%)	2(14.2%)	12 (85.7%)		

DISCUSSION

This chapter deals with the detailed discussion of findings of the study interpreted from statistical analysis. The findings are contrasted with the findings of similar studies conducted in different settings. The present study was conducted to assess the effectiveness of a Structured Teaching Programme (STP) on knowledge



regarding toilet training among mothers of toddlers. The findings of the study clearly indicate that the STP was effective in improving the knowledge level of mothers.

CONCLUSION

Based on the findings of the present study, it can be concluded that the Structured Teaching Programme (STP) was highly effective in improving the knowledge of mothers regarding toilet training of toddlers. The comparison between pre-test and post-test scores clearly shows a significant increase in knowledge levels after the implementation of STP. Before the intervention, most mothers had poor to average know

Limitations of the Study

- The study was conducted on a small sample size of 60 mothers, which may limit the generalization of the results to a larger population.
- The study was limited to a single setting (NMCH Jamuhar, Sasaram, Rohtas, Bihar), so the findings may not be applicable to other settings or regions.
- The sampling technique used was non-probability (convenient sampling), which may introduce bias in the selection of participants.
- The study assessed knowledge only and did not evaluate the actual practices of mothers regarding toilet training.
- The duration between pre-test and post-test was short, so long-term retention of knowledge was not assessed.

Nursing Implications:-

1. **Nursing Practice:-** Nurses play a vital role in educating mothers regarding proper toilet training techniques. The study shows that Structured Teaching Programme (STP) is effective, so nurses should



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regularly provide health education in hospitals and community settings. They should guide mothers about the appropriate age, methods, and importance of toilet training to promote healthy habits in toddlers.

2. **Nursing Education:-** The study highlights the need to include health education strategies like STP in nursing curriculum. Student nurses should be trained to develop teaching skills and prepare educational materials related to child care practices. This will help them to effectively educate mothers during their clinical postings.
3. **Nursing Administration:-** Nursing administrators should organize regular teaching programmes, workshops, and awareness sessions for mothers in hospitals and community areas. Proper planning, supervision, and evaluation of such programmes should be ensured to improve the quality of nursing services and patient education.

REFERENCE

- 1) Bodrova, E., & Leong, D.j. (2007). *Tools of the Mind: The Vygotskian Approach to Early Children Education (2nd ed.)*. Merrill/prentice Hall.
- 2) Denham, S.A., Blair, K.A., DeMulder, E., Levitas, J., Sawyer, K., Auerbach-Major, S., & Queenan, P. (2003). Preschool emotional competence: pathway to social competence? *Child Development*, 74(1), 238 – 256.
- 3) Bodrova, E., & Leong, D.J. (2015). *Tools of the Mind: The Vygotskian Approach to early childhood education (2nd ed.)*. Pearson Education.
- 4) Vygotsky, L.S. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.
- 5) Denham, S.A. (2006). Social-emotional competence as support for school readiness: What is it and how do we assess it? *Early education and development*, 17(1), 57-89.
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Cosmos Impact Factor-5.86

- 6) Zigler, E., & Bishop-Josef, S. J. (2006). The cognitive child vs. the whole child: Lessons from 40 years of head start. In D. S. Singer, R. M. Golinkoff, & K. Hirsh-Pasek (Eds.), *play = Learning: how play motivates and enhances children's cognitive and social-emotional growth* (pp. 15-35). Oxford university Press.
- 7) Pakistan journal of Humanities and social sciences, 5(2), 2643-2650.
- 8) Frontiers of Educational Review, 5(2), 45.
- 9) International Journal of Research, 11(7).
- 10) International Journal of Research in business and social science, 12(3), 432-400.
- 11) International journal of elementary education, 10(4), 145-151.
- 12) Piaget, J. (1962). *Play, Dreams and Imitation in Childhood*. New York: Norton.
- 13) Vygotsky, L. S. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Cambridge, MA: Harvard University Press.
- 14) Isher, K. R., Hirsh-Pasek, K., Golinkoff, R. M., & Gryfe, S. G. (2008). Conceptual split? Parents' and experts' perceptions of play in the 21st century. *Journal of Applied Developmental Psychology*, 29(4), 305-316.
- 15) Ginsburg, K. R. (2007). development and maintaining strong parent-child bonds. *Pediatrics*, 119(1), 182-191.
- 16) Bodrova, E., & Leong, D. J. (2007). *Tools of the Mind: The Vygotskian Approach to Early Childhood*
- 17) Wood, E. (2010). Developing integrated pedagogical approaches to play and learning. *Early Years*, 30(3), 219-233.
- 18) Han, M., Moore, N., Vukelich, C., & Buell, M. (2010). Does play make a difference? How play intervention affects the social and emotional development of
- 19) Pyle, A., & Bigelow, A. (2015). in Three Canadian Classrooms. *Early Childhood Education Journal*, 43(5), 385-393.
- 20) Zigler, E., Singer, D., & Bishop-Josef, S. (2004). Washington, DC: Zero to Three Press.