

Navigating Ethical Waters in Toilet Training: What all Primary Care Providers Should Consider

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INTRODUCTION

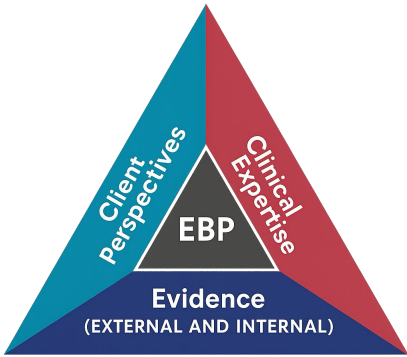
Toilet training is a complex developmental process that can be influenced by anatomical, physiological, and behavioural conditions. Toilet training methods have evolved significantly over the past century, ranging from passive and unstructured approaches (1) to parent-led and deliberate techniques (2). However, the process of toilet training children has received surprisingly little attention in scientific literature, and therefore many primary care providers continue to use outdated toilet training strategies and procedures that could benefit from engaging in a higher level of philosophical doubt.

METHODS

This qualitative study explores the ethical considerations unique to toilet training that must be considered to ensure that treatment is effective, dignified and successful for all stakeholders (3) and focuses on the experiences and perspectives of the children, caregivers, educators, and primary care providers.

CONCLUSIONS

While toilet training has evolved over the years, it remains an underexplored area in scientific literature, leaving many primary care providers reliant on outdated methods or making recommendations without considering the full breadth of ethical, medical and behavioural implications. By adopting best practices, such as individualised approaches and mindful consideration of medical, behavioral, and emotional needs, providers can ensure that toilet training is not only effective but also respectful and dignified for all involved.



DISCUSSION

Strategy	Benefits	Drawbacks
Selecting appropriate undergarments (e.g., cotton, continence underwear, nappy, pull-up)	Encourages awareness of wetness; promotes independence; helps discriminate between wet/dry	May lead to increased laundry; hygiene concerns; poor tolerance from educational setting; carer burnout; continence underwear may delay toilet learning if too absorbent
Conducting undergarment checks (“dry pants”)	Helps track progress; increases awareness of dryness; opportunity for praise	Can be intrusive or embarrassing if not done sensitively; time-consuming; not rewarding desired behaviour
Sit schedule (timed and progressive)	Teaches routine; increases opportunities for success; reduces accidents	Can be rigid or stressful if not individualised; may lead to resistance
Urine alarms	Effective in detecting urination; helps develop bladder control awareness	May cause sleep disruption (if used at night); some children find alarms aversive
Reinforcement (positive and negative)	Highly effective when individualised; promotes motivation and learning	Can be hard to fade; may lose effectiveness if not varied or meaningful
Increasing fluid intake	Promotes more frequent toileting opportunities; helps with constipation	May lead to more accidents if not timed with sits; not suitable for all medical conditions; hyponatremia; drink refusal
Punishment or overcorrection	May suppress unwanted behaviours temporarily	Unethical or harmful; increases fear and anxiety; not fair if this is not a mastered skill
Nappy-fading techniques	Gradual and less distressing than abrupt removal; effective in stimulus control transfer. Good for anxiety	Can be slow; may require extra supervision and planning

REFERENCES

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