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'Bursting' to go, and other experiences: Children's views on using the toilet in the first school year

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Children's use of the toilet at school, although rarely explored, is an important facet of school experience with consequences for physical and psychological health. A mixed methods study investigated views of 25 children (4-5 years) regarding potential stressors in the first school year, including views of toileting, in Dublin, Ireland. Despite very positive responses to school, most responses to toileting (15 of 25) were mixed or negative. Although some liked to go, or noted the toilets were clean, most indicated delayed toilet use ('bursting' to go) and ambivalent or negative experiences such as fear of not identifying the right toilet; fear of being alone; lack of privacy; and potential bullying. Many children did not expect to receive help from the teacher. As delaying toilet use can have lasting health consequences, teacher-nurse collaboration could be used to develop whole-school policies to support children's early adjustment in this sensitive area of functioning.

Keywords: School transitions, early school adjustment, continence, bladder health, bowel health, toileting, school nursing

Starting school is one of the most significant transitions in childhood, and early school adjustment can have a long-lasting influence on wellbeing (see Ramey & Ramey, 2010). A substantial body of research has explored factors relating to young children's early development and successful transition to school, typically focusing on teacher/parent reports of individual child factors such as disposition, social skills, language, and self-regulation (Ladd, 2009; Murray, Murray & Waas, 2008).

Beyond individual child factors, school and community environments have been identified as factors that support early school adjustment. Children who adjust well typically have families and communities that support developing their cognitive, social, and self-regulation readiness skills, as well as a positive orientation to school and learning; have

wider family, educator, and community networks; and are welcomed into high quality educational settings (Blair & Raver, 2015; Educational Transitions and Change Research Group [ETC], 2011; Rimm-Kaufman, 2009). Schools are encouraged to support strong home-school connections, peer friendships, caring and authentic teacher-child relationships, academic efficacy, self-determination, and behavioral self-control (Doll, Brehm, & Zucker, 2014).

In comparison with cognitive and social factors, which have been the focus of early school adjustment research to date, the role of physical wellbeing and self-care is under-examined (Hair, Halle, Terry-Humen, Lavelle & Calkins, 2006). Within this domain, children's experience of toileting remains largely unexplored. Yet toileting is an important consideration, as early difficulties such as holding behaviors and continence accidents can negatively affect children's bladder and bowel health, quality of life, and psychological adjustment (Bower, 2008; Burton, 2013; Butler, 2008; von Gontard, Niemczyk, Wagner, & Equit, 2016; Lukacz et al., 2011).

At age 5 years, between 10-20% of children reportedly still experience some daytime urinary incontinence (Figueroa, 2014; Sureshkumar, Craig, Roy, & Knight 2000). Indeed a condition of urinary incontinence (involuntary voiding more than twice a month) is not usually diagnosed until the age of 5 or 6 (Figueroa, 2014). At age 7, nearly 8% of children still experience some daytime wetting and nearly 7% some soiling (Butler, Golding, Northstone, and the ALSPAC Study Team, 2005). However, children's toileting is absent from leading surveys of parents' and teachers' views of school readiness (e.g., Lin, Lawrence, & Gorrell, 2003 [Early Childhood Longitudinal Study]; Piotrkowski, Botsko, & Matthews, 2000 [Community Attitudes on Readiness for Entering School]; Rimm-Kaufman, Pianta, Cox, 2000 [National Center for Early Development and Learning's Transition Practices Survey]).

For children transitioning to school, avoiding incontinence and being able to use the toilet when needed is important for bladder and bowel health and is influenced not only by the physiology of their individual bodily control, but also by a range of individual, social, and contextual factors. Young children's toileting and continence is likely to be affected by their immersion in school and play activities, desire for personal privacy and social anxiety, ability to negotiate physical and social environments, teachers' classroom management practices, and the quality of toilet facilities including cleanliness and toilet accessibility (proximity to the classroom (see von Gontard et al., 2016 review on voiding postponement). For example, in Sweden, England, and Wales, primary and secondary school children (in mixed-age studies of primarily late childhood and beyond) have discussed poor toilet hygiene, quality, and

security, and have described toilets as spaces of bullying and intimidation (Barnes & Maddocks, 2002; Lundblad & Hellstrom, 2005; Mayall, Bendelow, Barker, Storey, & Veltman, 1996; Norling, Stenzelius, Ekman, & Wennick, 2015; Vernon, Lundblad & Hellstrom, 2003). Among younger children, kindergarteners in Vietnam who experienced incontinence in school despite remaining dry at home, postponed toileting in school due to a desire for privacy and low levels of toilet cleanliness (Nguyen, Vernon, Bengtson, & Hellström, 2013). Continence accidents may also result where young children find rules around toileting confusing (Dockett & Perry, 2007).

For parents of young children, toileting is a prime concern and at school commencement about 10% express concerns about their child's toileting (Dockett & Perry, 2007; McIntyre, Eckert, Fiese, DiGennaro, Wildenger, 2007). From the school's perspective, a recent UK survey reports more children starting school without adequate toilet training, yet most teachers reported receiving no information on incontinence and wetting/soiling, and only one-third of teachers cited school policies on these issues (ATL/ERIC, 2012). Similarly, in the US, teacher surveys indicate that many teachers used strict protocols regarding toilet access, encouraged children to hold urine, and had never received professional development on this topic (Cooper, Abousally, Austin, Boyt, & Hawtrey, 2003; Ko, Chuang, Champeau, Allen, & Copp, 2016). This suggests that schools and teachers may be inadequately equipped to deal with a key feature of children's early adjustment to their school settings.

In general, despite substantial research on transitions to school and early school adjustment, the views of children joining school settings for the first time remain poorly understood. This oversight is notable given that children's perspectives are essential in understanding and informing matters that affect their lives according to the UN Convention on the Rights of the Child (United Nations General Assembly, 1989). Indeed, children's perspectives often differ from proxy reports given by teachers and parents, and this has been the case in relation to toileting experiences: in an urban US study of the characteristics of safe and welcoming schools, elementary school children (9 to 11 years) emphasized toilet facilities more than teachers and parents did (Maxwell, 2000). Crucially, the need to consult with children to understand their perspectives extends also to young children who are often overlooked (United Nations Committee on the Rights of the Child, 2005) despite having the developmental capacity to make choices, express feelings and preferences, and demonstrate an understanding of their environments (Lansdown, 2010). Studies investigating the validity and reliability of young children's responding have shown that

young children can provide meaningful and useful information in a range of contexts including clinical and courtroom settings, provided that appropriate tools and practices are employed (Brown & Lamb, 2015; Luby, Belden, Sullivan, & Spitznagel, 2007; Ringoot et al., 2015).

The few existing studies of children's school toilet experience cited above have almost exclusively considered this issue in middle/late childhood and adolescence, or they have employed parent or teacher proxy reports. Occasionally, qualitative studies of children's transition to school have reported brief references to toilets: children have mentioned the importance of procedural knowledge for starting school, and early toileting fears and challenges (Brooker, 2008; Dockett & Perry, 2005; Margetts, 2013; Peters, 2010). However, to our knowledge, studies have not yet explored this issue in detail with young children themselves.

Purpose of study

This study was conducted within a broader study taking an ecological and child-centred perspective to identify children's early overall school experiences in a disadvantaged community. In a primarily qualitative study of the experiences of 25 children (4-5 years) in the first school year in a disadvantaged community in Ireland (Tatlow-Golden, O'Farrelly, Booth & Doyle, 2016), the majority of children associated using the toilet with ambivalent or negative feelings. Children's descriptions of the school toileting scenario were particularly vivid, matched only by the range and extent of responses to a bullying scenario, suggesting toileting was highly salient. As toilet experiences have potential physical and mental health consequences, the purpose of this paper was to identify children's views on early school toileting experiences in order to inform training curricula for school professionals, and key stakeholders including teachers, nurses, and school personnel.

METHOD

This study forms part of the mixed methods *Children's Thoughts about School Study* (CTSS), a study of children's overall experiences of the first school year in a disadvantaged community in Dublin, Ireland. As children's responses in the CTSS indicated positive experiences of their first school year, yet many negative responses to using the toilets, a more detailed secondary analysis of their responses about toilet use was conducted. The study was fully reviewed and approved by the University College Dublin Human Research Ethics Committee.

Participants

Participants were 25 children (4-5 years; 16 boys), from seven Junior Infant classes, (the first year of formal primary school in Ireland), in two schools based in communities designated disadvantaged by the Irish Department of Education. Nearly two-thirds of participants' parents had not completed secondary school, were unemployed, and received social welfare payments. Classes had 14-18 children. Teachers, all female, had teaching experience averaging approximately 4 years.

Instrument

The Pictorial Measure of School Stress and Wellbeing (PMSSW, Murray & Harrison, 2005), developed in Australia, presents line drawings to children to assess their views of potentially stressful school situations, including a toileting scenario. The drawings were adapted, with permission from the original authors, to reflect typical Irish primary schools. The revised nine scenarios were: waving goodbye to a parent; lining up outside the classroom; telling news to the class; sitting listening to the teacher; doing work at a desk; going to the toilet; entering the playground at lunch; watching other children play; and seeing a child being pushed by other children. Our adapted toilet image depicted two cubicles near the classroom, to reflect typical Irish primary school practice and the toilet settings in participating schools (see Figure 1).

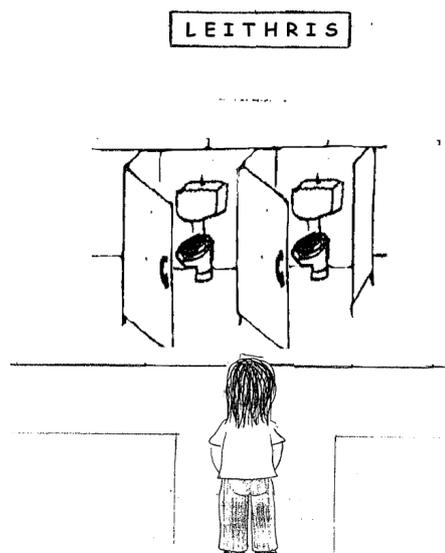


Figure 1. Going To the Toilet (*Leithris* is Irish for toilet). Adapted from the PMSSW (Murray & Harrison, 2005) for the Irish Primary School Context

For each of the nine images in turn, children were asked five questions: *How does the child in the picture feel? Why do they feel that way? Would they tell the teacher how they are feeling? Why would they [not] tell the teacher? What might happen next?*

Procedure

A researcher visited each classroom to introduce the study to the children, who were approximately 7 months into their first school year. As part of the larger CTSS study (Tatlow-Golden et al., 2016), teachers distributed information and consent materials to parent/guardians: a children's booklet with images of the study activities and researchers, and an information and consent form with detailed information about the study. Written consent for their child to participate was received from 40% of eligible parents. Interviews (approximately 45 minutes) were conducted on a one-on-one basis in schools, with two interviews concurrently in the same room but out of earshot of one another. Interviews were audio recorded with permission. Children's assent was considered provisional; researchers were alert to fatigue or disinterest, reminding children that they could take breaks or end participation as they wished.

Data analysis

For analysis of the full PMSSW (Tatlow-Golden et al., 2016), qualitative thematic analysis was first conducted, followed by frequency analysis of themes. The first three authors coded transcripts inductively in an iterative process; meaning codes were identified, commonalities and differences explored, and themes were created in 'ongoing reflexive dialogue' (Braun & Clarke, 2006, p. 82) to concur they reflected the meaning of the data. Negative, ambivalent, vivid and detailed responses to the image about using the toilet were identified; therefore, these were analysed in greater depth in a further iteration, and are the focus of the present study.

RESULTS

Six themes addressed children's views about going to the school toilet. One consisted of positive responses. The remaining five addressed ambivalent or negative experiences, in which children described concern about identifying the right toilet; 'bursting' to go; fearing being alone; lack of privacy; potential bullying; and telling the teacher.

Feeling good

Just 10 of the 25 participants felt 'happy', 'great' or 'good' about the toilets (compared to 20 or more who had responded positively to other school scenarios such as saying goodbye to a parent, lining up to go in, telling their news to the class, or sitting and listening to the teacher). Those who described positive feelings about toileting said they felt good about going, or about being able to manage this task themselves. One liked the clean school toilets: 'cos they are very clean, cos the people don't like the toilets when they are not very clean'. Two described pride in independence, 'she goes to the toilet by herself and she doesn't need any help'.

Which is the boys and which is the girls?

Ten of the 25 participants spent some time wondering which toilet was the 'right' one for their gender: 'but he doesn't know which one it is', one said, and another asked 'how will he know which, which toilet is the boys'? ... we have pictures of a boy and girl'. This concern resulted in holding behaviors: 'That's why she's just there putting her hands like this, ... 'cause she really needs to go, but she doesn't know which is the boys or the girls'.

'Bursting'

Eight of the 25 children (a third) used 'bursting' to describe how they felt regarding going to the toilet. Bursting is a term generally used by children in Ireland when feeling urgency or on the verge of involuntary incontinence, as opposed to 'need to go' which is typically used for bladder fullness. Some were pleased to go ('happy' and 'bursting'); for others it was just how they felt: 'cause when you're bursting, you go to the toilet'. Four explicitly associated bursting with fear of waiting 'cause they waiting too long', 'cause he's been waiting for ages'; holding, a sense of urgency; 'She needs to go right now, she can't hold it any more'; and losing control, 'cause they'll have an accident'.

Alone, unsure or unsafe

Eight of the 25 children (a third) described sad/negative feelings about the toilets. They feared being alone: 'not great... because she's, she's on her own', without a classmate 'because he has no one to play with, he has no one to speak to' or felt unsafe without a teacher 'not safe, em not happy... a teacher has not gone with him'; navigating the school environment, 'because he can't find the toilet'; or lack of privacy: 'cause there's no lock so [inaudible] ... could get in'.

Look at his bum! Look at his bum!

As noted above, one participant described a lack of privacy at the toilet; two further participants indicated potential exposure, either possibly neutral: 'He is going to go to the toilet, on the potch [pot]... Ahhh he is going to pull his trousers down', or clearly indicating potential shaming, teasing or bullying: 'and then ... he might pull up his trousers at the back.... ah I can see his ass... Look at his bum! Look at his bum!'.

Telling the teacher

When asked about telling the teacher about their feelings about going to the toilet, one child said he would not, because the teacher 'won't let him go to the toilet'. Another said the teacher 'might not answer ... she might be busy on her whiteboard'. Five would tell the teacher, describing neutral/positive outcomes; they would tell 'if they're really bursting they need to wee', 'because he's been waiting for too long' or 'if she didn't know which toilet'. Only one specifically said the teacher would solve the problem: he would tell 'because he can't find the toilet [and then] he'll feel happy...'.

DISCUSSION

Going to the toilet was highly salient for children in this study. Aged 4 to 5 years, they were in the first year of formal schooling in Dublin, Ireland, and spoke about this scenario in considerable detail. A minority described feeling good about using the toilet when needed, or pride in managing their toileting independently. However, more dominant themes encompassed 'bursting', holding on, fearing an accident; and feeling unsure or unsafe in going alone, being without a teacher/friend, or conversely not having privacy. Some children indicated feeling exposed in taking their clothing down to use the toilet, and possible bullying. Finally, although some children believed a teacher would help if needed, others were not confident a teacher would be available.

Nearly two-thirds of participants (15 of 25) had ambivalent or negative reflections about school toileting. These should be considered in the context of the very positive views about school in general that were held by children engaging in this study as they responded to the other potentially stressful scenarios presented to them: most, or almost all, of the 25 children responded positively to saying goodbye to a parent or care-giver when going to school; lining up to go in to school; telling news/showing work to the class; or sitting in class listening to the teacher (Tatlow-Golden et al., 2016).

Compared to the other scenarios presented to children, the proportion citing ambivalent or negative emotions about the toilets was equalled or surpassed by only two other scenarios: standing alone, watching others play, regarding which 15 of the 25 children were anxious or feared rejection; or watching a child being pushed by bullies, which was described in negative terms by 19 of the 25 children. This suggests that young children's toilet anxieties may be on a par with anxiety about exclusion or bullying in school.

It was also notable that these interviews took place 7 months into the first school year and therefore are not likely to reflect early adjustment difficulties which might be expected to abate with more familiarity of school routines. Indeed, in a quantitative study of Australian children's responses to the PMSSW scenarios (Harrison & Murray, 2015), positive feelings about the toilets did not increase over the first year of formal schooling, suggesting that, rather than being an initial school adjustment factor, a broader issue regarding school toilets may be at play from the earliest years. This is also indicated by the few existing studies of older children's responses to school toilets.

Children's holding behaviors in school, and fears of loss of bladder or bowel control, may have multiple causes (Butler, 2008; von Gontard et al., 2016). In other studies, a lack of cleanliness in school toilets has been implicated. However, this did not appear to be the case here, as children mentioned that the toilets were clean, and observations by those engaged in data collection in the schools noted that this was typically the case. An alternate possibility is incomplete toilet training. There is some evidence that families from lower socioeconomic backgrounds may begin toilet training slightly earlier, but it is unclear whether this leads to differences in training outcomes (Horn, Brenner, Rao & Cheng, 2006; Klassen et al., 2006). Moreover, as previously noted, difficulties may be experienced only in school (Nguyen et al., 2013) where children may be reluctant to use the toilets, leading to more school toileting accidents in the early years.

Previous studies also suggest that holding behaviors may result from children's lack of clarity about school routines, or teachers restricting toilet access to limit interruptions and maintain classroom control (Clarke, 2007; Lundblad, Hellström, & Berg, 2010; Molloy, Gandy, Cunningham, & Slattery, 2008). Participants' responses to other scenarios in the structured interview (Tatlow-Golden et al., 2016) indicate children had warm relationships with teachers and a good grasp of school routines. Informal consultation with the teachers of study participants indicated that teachers' classroom practices vary, whereby some teachers require the child to ask permission to go to the toilet, whereas others allow children to go freely. One teacher also noted that children often explain their accidental

wetting by saying they forgot to ask. In this context, it is of interest that some children said they were not sure that their teacher would notice they were trying to ask for permission to go, or that their teacher would help them with toileting. As teachers may have limited understanding about the regularity of young children's elimination needs (Boyt, 2005) and may view more frequent toilet use as a disciplinary infringement, they may implicitly create conditions where frequent toilet use is not supported.

Finally, children's descriptions in this study suggest their negative views or anxiety around toilet use may be linked to their *social* adjustment, regarding which many had described difficulty in the first school year (Tatlow-Golden et al., 2016). References to lack of privacy, being unsure which toilet to use, being laughed at, and being alone, suggest the possibility that, despite teachers' policy that children are free to go as needed, social anxiety or peer factors may inhibit them in doing so.

Parents report that about half of 6 year olds engage in holding behaviours at times (Jansson, Hansen, Sillén & Hellström, 2005). Postponement can cause urinary and bowel continence accidents, and later problems. Therefore, in the transition to school, typically at 4-6 years depending on the local setting, children may need additional supports in recognizing and acting on the need to void, and thus in maintaining continence (Fereday, Kimpton, & Oster, 2011).

This is a time at which children convey pride in their emerging skills and competence (Peters, 2000), including their toileting (Harrison & Murray, 2015). As shame and embarrassment may cause school avoidance (Fereday et al., 2011), addressing toileting may be particularly pertinent, perhaps even more so in settings of socioeconomic disadvantage, where inequalities in competencies and wellbeing are already apparent at school entry (Doyle, McEntee & McNamara, 2012; Lee & Burkham, 2002), and tend to widen further as children progress (Alexander, Entwisle, & Olson, 2001). Allowing children to decide when they would like to go to the bathroom can empower them during school transition (Loizou, 2011). It is critical to scaffold early school experiences so that children encounter success and develop a sense of self-efficacy as competent learners (Stephenson & Parsons, 2007).

Limitations, strengths and suggestion for further investigation

As is typically the case where qualitative methods are employed, this study utilized a small, localized sample and therefore reflects the experiences of a small group of children in one setting. However, its findings are supported by a quantitative study of 101 culturally mixed Australian children in the first school year that found toileting experiences were negative for

half of children (Harrison & Murray, 2015). This study benefited from being conducted in a disadvantaged community, where children's views are rarely elicited (Jackson & Cartmel, 2013). It also benefited from consulting directly with young children rather than relying on adult proxy reports and from seeking children's descriptions in their own words about their early school experience.

Having established that urgency and toilet use in school is an issue of concern to a substantial proportion of this sample of children aged 4-5, it would be of value to engage in further investigation of this topic in a variety of other settings. In addition, observational studies of class time would be of benefit, to document holding behaviors and teacher engagement and practices. Furthermore, observational studies could draw on standardized measures of the quality of toilet environments in early childhood settings such as the Early Childhood Environment Rating Scale (ECERS; Harms, Clifford, & Cryer, 2015).

Implications for School Nursing

The anxiety children expressed about using the toilet in school, including waiting until they were 'bursting' to go to the toilet, have implications for health and school nurses. Urinary or bowel holding behaviors can affect later voiding ability and have further implications for physical and psychological health and wellbeing. Therefore, it is essential that school settings do not, even inadvertently, compound children's tendency to engage in holding behaviors. School nurses could address this by taking a whole-school and community partnership approach with all relevant stakeholders: pre-schools, parents, teachers, and the whole school community, to ensure that toilet skills are developed prior to school entry wherever possible, and that school practices facilitate ease of access.

Partnership between preschool settings, parents and elementary schools could allow the development of age-appropriate toileting so that children do not begin school lacking toilet training. For children who may need additional supports in maintaining continence, collaborative relationships between parents and teachers in pre-schools and schools should be fostered.

To avoid continence accidents or the development of holding behaviors in the school transition period, school nurse - teacher collaboration, and information for all support staff in school settings, should support the creation of classroom, school and schoolyard environments where discussion of toilet use and ease of toilet use as needed, are an entirely natural part of the early school setting. School nurses could help in the design and implementation of professional development programs for teachers, which has been

found to be associated with greater use of practices that promote bladder health (Ko et al., 2016). Building relationships with new teachers may be especially valuable as those with fewer years' experience are less likely to seek out consultation from school nurses where they suspect atypical elimination patterns (Cooper et al., 2003).

Allowing children to decide when they would like to go to the bathroom can assist them not only to maintain continence, but can also support their overall development of competence and mastery. School nurses, teachers and other relevant school personnel could collaborate to develop appropriate strategies, as teachers sometimes express concern that free toilet use will lead to problems with classroom discipline.

Finally, children in this study described potential bullying in the school toilets such as invasions of privacy, name-calling and other behaviors. This suggests that teacher reports of bullying in toilet settings observed in mixed age elementary school samples (Cooper et al., 2003) may commence as early as 4 and 5 years and reflects recent concerns that early aggression and bullying may take place in these settings (Blatchford, Pellegrini, & Baines, 2016). This is especially important in the context of recent findings indicating a significant association between urinary tract symptoms and bullying (Ching et al., 2015; Zhao, Velez, Faiena, Creenan, & Barone, 2015). Taking steps to pre-empt this, and to address bullying should it occur, is a crucial part of creating a safe and healthy school environment that supports young children's adjustment.

Conclusion

This is the first study to our knowledge that closely examines the views of children in their first school year about their toileting experiences, raising an aspect of early school experience that is rarely considered, but that has implications for both physical and psychological health. The findings are supported by occasional studies of school transitions, and by studies in several countries of older children's views of school toilets, providing a strong rationale for further exploration of this issue. This is of value to nurses, educators, parents and other stakeholders seeking to develop school policies and information resources for teachers, to provide healthy and comfortable overall school adjustment for new school entrants.

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