

**Jurnal Info Kesehatan**

Vol. 22, No. 3, September 2024, pp. 677-686

P-ISSN 0216-504X, E-ISSN 2620-536X

DOI: [10.31965/infokes.Vol22.Iss3.1593](https://doi.org/10.31965/infokes.Vol22.Iss3.1593)Journal homepage: <https://jurnal.poltekkeskupang.ac.id/index.php/infokes>**RESEARCH****Open Access****Toilet Training Methods for Toddlers and Preschool-Age Children: A Scoping Review of Current Evidence****Kurnia Meishinta Dewi<sup>1a\*</sup>, Windy Rakhmawaty<sup>2b</sup>, Ai Mardhiyah<sup>2c</sup>**<sup>1</sup> Master of Pediatric Nursing, Universitas Padjadjaran, Sumedang, West Java, Indonesia<sup>2</sup> Department of Pediatric Nursing, Universitas Padjadjaran, Sumedang, West Java, Indonesia<sup>a</sup> Email address: [kurnia15001@mail.unpad.ac.id](mailto:kurnia15001@mail.unpad.ac.id)<sup>b</sup> Email address: [windy.rakhmawati@unpad.ac.id](mailto:windy.rakhmawati@unpad.ac.id)<sup>c</sup> Email address: [ai.mardhiyah@unpad.ac.id](mailto:ai.mardhiyah@unpad.ac.id)

Received: 9 June 2024

Revised: 30 June 2024

Accepted: 4 July 2024

**Abstract**

Independence in toileting is a skill that must be achieved throughout the stages of child growth and development. Toilet training (TT) is an important part of child development that can increase independence and minimize disturbances in bowel and bladder control in children. In general, this exercise is performed on children aged 12-36 months (toddlers) and children aged 48-60 months (preschool) depending on each child's readiness. This readiness is commonly shown by the emergence of a child's instinct to defecate or urinate independently. In this process, parents and caregivers play an important role in stimulating independence in children through TT. Unfortunately, most parents and caregivers may find it difficult to initiate, instruct, guide, and demonstrate TT for their child. This review aims to evaluate the effectiveness and applicability of various TT methods based on recent evidence. This review uses the scoping review design by including 3 databases in the search strategy: EBSCO-host, PubMed, and Scopus. All keywords used are synthesized from the PICO were "Toddlers" AND "Preschool Children" OR "Preschool Child" AND "Toilet Training" OR "Potty Training" AND "Toileting". This study only reviews the results of primary studies from the past five years (2018-2023), published in English or Bahasa, and with experimental designs. Children with a history of functional gastrointestinal and urinary tract disorders were excluded from the study. The methodological validity and risk bias of each study is included in this review using the Joanna Briggs Institute (JBI) instrument. The main findings in this review study indicate that there are 7 types of toilet training interventions that have been developed and implemented. There are The AAP Guideline, The DAP Guideline, The Application of TT, AI Technology, Storytelling Treatment, Hypnoparenting, and TT Demonstration. Findings show that most interventions focus on individual or group settings with additional techniques like demonstration and storytelling. Parents and caregivers, including pediatric nurses, can consider TT method adapted from The AAP Guideline to improved toilet training process among toddlers and preschool-age children.

**Keywords:** Preschool Children, Toddlers, Toilet Training.**Corresponding Author:**

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## 1. INTRODUCTION

Independence in toileting is an important skill that must be achieved throughout the stages of child growth and development (Van Aggelpoel et al., 2021). Toilet Training (TT) as an effort to fulfill the physiological needs and dynamic development of children is a way to train children to get used to urinating and defecating in the toilet (Baird et al., 2019; Suryana, 2021). In general, this exercise is performed on children aged 12-36 months depending on the readiness of each child. Although there is no consensus regarding the right time to initiate TT in children, researchers believe that the spinal cord which plays a role in regulating the control of urination and defecation in children will be ready to perform toileting independently in this range of age (Eke et al., 2021; Van Aggelpoel et al., 2021). In general, TT initiation will be carried out by parents or caregivers when the child shows readiness signs (Van Aggelpoel et al., 2021). However, in quite a lot of cases, children show readiness for toilet training at preschool age (3-6 years) (Azrin & Foxx, 2019). This readiness is commonly shown by the emergence of a child's instinct to defecate or urinate independently (Nawawi & Badayai, 2021). In this process, parents and caregivers play an important role in stimulating independence in children through TT (Khorasani et al., 2022). Unfortunately, most of parents and caregivers may find it difficult to initiate, instruct, guide and demonstrate TT for their child due to several circumstances (Jahanshahi et al., 2019).

Caregivers are often faced with various obstacles that can affect the success of toileting in children. Barriers within the child such as physical and psychological limitations, worry and fear of the toilet have been identified as the most significant obstacle affecting toilet training in children. Unfortunately, these obstacles can trigger delays in toileting for children due to the unoptimized toilet training process. Although not all children have the same obstacles, the influence of the child's internal aspects needs special attention by caregivers when conducting toilet training (Hasibuan et al., 2021).

A study conducted in Malaysia showed that preschool children who received toilet training tended to develop adaptive behavior and better self-confidence in completing their own tasks (Nawawi & Badayai, 2021). Meanwhile, children who do not receive toilet training are not fully masters of adaptive behaviors well and need to seek help from adults (Nawawi & Badayai, 2021). In addition, it is known that children's difficulties in behavior adaptation to toileting independently also contribute to parent stress. Even if a child has had TT before, delaying TT that is not commensurate with the child's readiness can negatively impact their peer interaction, personal hygiene, skin irritation, increased diaper costs, and community inclusion in the future. Therefore, it is important to ensure that toddlers and pre-school children could toileting independently by giving appropriate TT according to their age and readiness (Azrin & Foxx, 2019).

Parents and caregivers need to know and understand the TT method which is simple, child-friendly, not limited by a certain time span, and has a good success rate (Van Aggelpoel et al., 2021). To the researchers' understanding regarding this topic, there has not been a review study that discusses the entire TT method that has been developed recently specifically for the toddlers and preschool-age population. The review studies that have been published previously have limitations in the number of databases used and the heterogeneity of sample characteristics (de Carvalho Mrad et al., 2021) and only focus on the population of children with special needs (Simon et al., 2022). Therefore, it is important to assess the efficacy of toilet training (TT) interventions in enhancing independence for toddlers and preschoolers based on the current scientific evidence.

## 2. RESEARCH METHOD

This review uses the scoping review design based on Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines (Page et al., 2021). A wider conceptual scope covering more general topics with a variety of study designs allows a

thorough study of toilet training methods for toddlers (12-36 months) and pre-school (48-60 months) age children to be carried out in a comprehensive manner.

The process of selecting articles in this review study was carried out by the two authors based on the Preferred Reporting Items for Systematic Review and Meta-analyses Guidelines (PRISMA) checklist (see Figure 1). PICO (Population, Intervention, Comparison, and Outcome) is used as an approach to answer research questions based on appropriate terms.

P (Population): Toddlers and Pre-school Age Children

I (Intervention): Toilet Training

C (Comparison): (None)

O (Outcome): Toileting

These studies only included primary studies with experimental designs, written in English and Bahasa, and published in the last 5 years (2018-2023). Children with a history of functional gastrointestinal and urinary tract disorders were excluded from this study to prevent methodological bias.

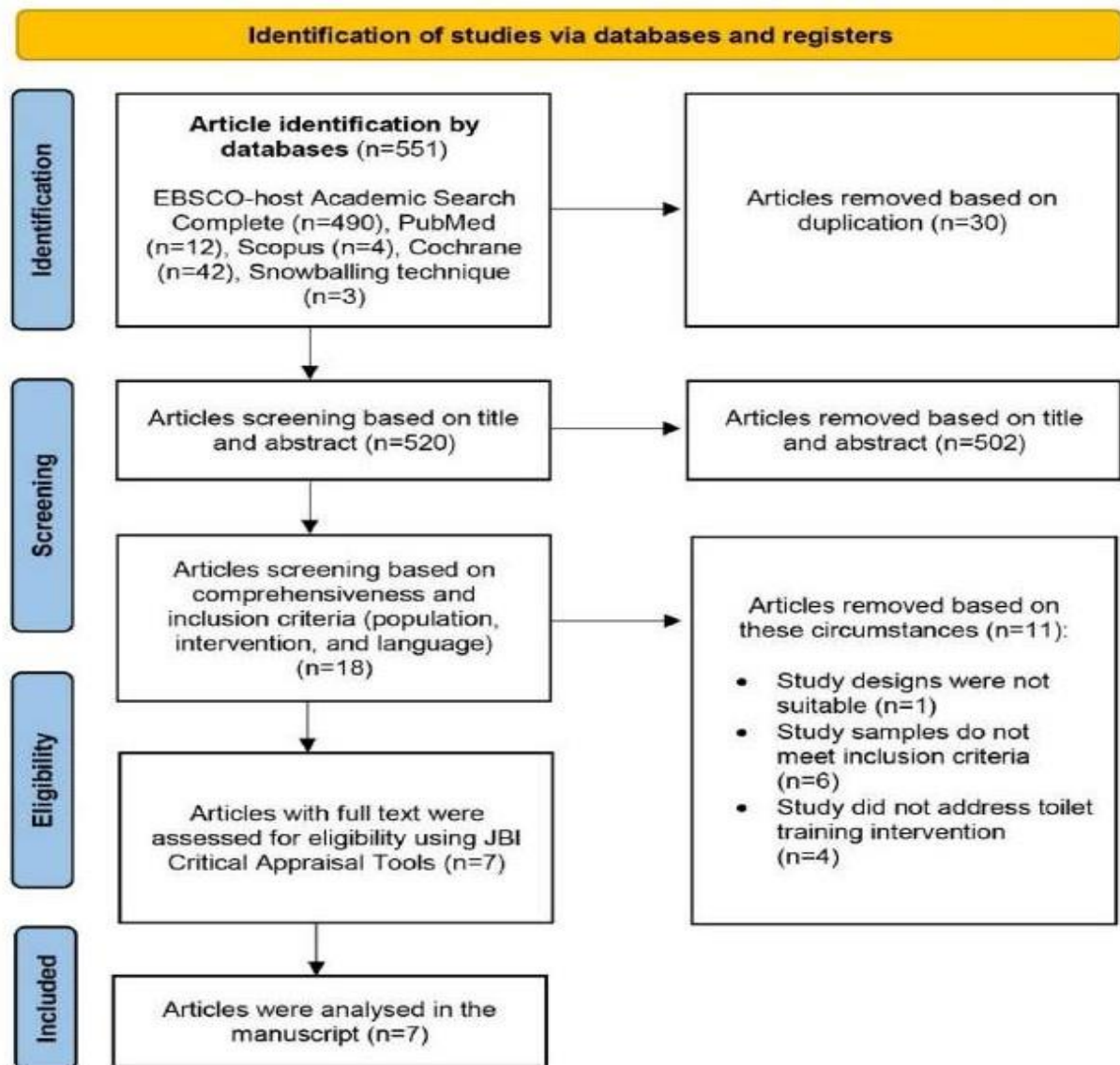
Article searching process was carried out systematically using 3 databases: EBSCO-host, PubMed, and Scopus. All keywords used are synthesized from the PICO framework which has been formulated and adjusted to the MeSH (Medical Subject Headings) terms. The keywords used were “Toddlers” AND “Preschool Children” OR “Preschool Child” AND “Toilet Training” OR “Potty Training” AND “Toileting”.

All independent authors were involved in the study selection process based on predetermined eligibility criteria. In the initial selection process, duplication of search results is carried out using a reference manager application. The title, abstract, and full text were then checked for relevance by the authors to see whether they matched the research topic and inclusion criteria. In the final process, the authors assessed the methodological validity and risk bias of each study included in this review using The Revised Joanna Briggs Institute (JBI) instrument (Barker et al., 2023). This process aims to determine which articles deserve to be included in further synthesis and analysis based on minimal bias. Articles can be determined eligible if they meet the assessment criteria > 60%.

The extraction of research data in this review is presented in the form of extraction tables to describe all results related to the topics discussed. This information consists of the characteristics of each study including study design, country, age (mean), participants, and main findings (toilet training method/guideline, intervention, and results). All included studies were primary studies with an experimental design. Therefore, the data analysis in this review was carried out thematically with a descriptive exploratory approach. This analysis process begins with the stage of identifying and presenting tabulated data in tabular form. After getting all the data needed, the authors analyze and explain each of the findings obtained based on each toilet training method.

### **3. RESULTS AND DISCUSSION**

At the initial identification stage, there were a total of 551 research articles which were then filtered by the authors based on title, abstract, and inclusion criteria and produced 18 articles. The studies were then re-selected based on relevance and full-text inclusion criteria. Researchers excluded as many as 11 studies with certain reasons listed in the PRISMA Flow Diagram (see Figure 1.). Article quality assessment was also carried out using the JBI Critical Appraisal Tools to ensure the quality and methodological validity of each study to produce a 7-included study.



**Figure 1.** PRISMA Flow Diagram

The study with quasi-experimental design (n=6) and randomized control trial (RCT) (n=1) was successfully identified by the authors in the population of toddler (n=4) and preschool (n=3) children with an age range of 24 months and up to 6 years. Based on these findings, most of the articles analyzed in this review are studies originating from developing countries such as Indonesia (n=3) and Iran (n=1). Meanwhile other research originating from developed countries such as Korea and Belgium (see table 1.). The total participants who entered as part of this study were 314 toddlers (0-3 years old) and 76 pre-school age children (3-6 years old). All participants in this study received toilet training interventions through various methods as shown in table 1. The results of the assessment of the quality of the articles using the JBI instrument also showed that most of the studies analyzed using a special experimental design checklist had a score >60%.

**Table 1.** Critical Components Extraction Results of Reviewed Study

Study	Design	Country	Age	Number of Participants	Main Results		Critical Appraisal
					Toilet Training Method/Guideline	Intervention	
(Van Aggelpoel et al., 2021)	RCT	Belgium	24.9 months	55 toddlers	Group Toilet Training	Intervention: Intensive 2-hour TT over two consecutive days was conducted in small groups at a daycare center.	13/13 (100.0%)
(Khorasani et al., 2022)	Quasy Experimental	Iran	24.7±2.6 months	130 toddlers	Toddlers Daily Toilet Training (TDTT) with DAP (Developmentally Appropriate Practice) Approach	Recording of urinary control time during two consecutive calls in two weeks and provision of creative educational CDs that contain video clips of TT based on one day TT method.	7/9 (77.7%)
(Nelista et al., 2021)	Quasy Experimental	Indonesia	24-36 months	85 toddlers	Toilet Training guidelines from AAP (American Academy of Pediatric)	TT is given three times a week for one month with a duration of 15-30 minutes.	6/9 (66.6%)

(Maghfuroh, 2018)	Quasy Experimental	Indonesia	3-6 years	21 Preschool Children	Storytelling Treatment	Education about toilet training is given through story telling activities	6/9 (66.6%)
(Huh et al., 2022)	Quasy Experimental	Korea	4-6 years	5 Preschool Children	Artificial Intelligence Voice Agents for Assisting Independent Toilet Training	A Bluetooth speaker is placed in the restroom to verify to what extent the child can successfully do TT independently.	6/9 (66.6%)
(Safitri, 2021)	Quasy Experimental	Indonesia	2.47 years	44 toddlers	Hypno-parenting education method	Hypno-parenting health education was given to parents who facilitated their children for toilet training	6/9 (66.6%)
(Agusniatih & Suwika, 2022)	Quasy Experimental	Indonesia	3 years	50 Preschool Children	Toilet training demonstration	Children are shown a demonstration of using the toilet by the teacher and asked to redemonstrate one by one	6/9 (66.6%)

The main findings in this review study indicate that there are 7 types of toilet training interventions that have been developed and implemented over the last 5 years (see Table 1). Most of the findings obtained are toilet training interventions given to children both individually and in groups with or without certain additional treatments such as storytelling activities, implementation of the Developmentally Appropriate Practice (DAP) approach, integration of toilet training with AI technology, and demonstrations (Agusniatih & Suwika, 2022; Khorasani et al., 2022; Maghfuroh, 2018; Van Aggelpoel et al., 2021). As for other studies, each of them is known to implement toilet training based on the guidelines of the American Academy of Paediatrics (AAP) and focuses on toilet training education for parents as child caregivers through the hypno-parenting method (Nelista et al., 2021; Safitri, 2021). Although the Toilet Training method based on AAP guidelines has been developed and used by many health practitioners since 1999, the results of the latest research related to the

implementation of this guide will provide new insights in the development of toilet training methods that suit the needs of children's dynamic growth and development (Nelista et al., 2021). All studies report that toilet training interventions are effective in supporting toileting success in toddlers and pre-school age children.

This review study focuses on toilet training interventions that have been used and developed recently. Implementation of toilet training in toddlers and pre-school age children is reported to be effective by all study results (Agusniatih & Suwika, 2022; Huh et al., 2022; Khorasani et al., 2022; Maghfuroh, 2018; Nelista et al., 2021; Safitri, 2021; Van Aggelpoel et al., 2021). Considering the differences in the characteristics and developmental needs of the participants between the ages of toddlers and pre-school age children, this discussion will be divided into two parts based on the categorization of the age characteristics of the participants.

### **Toilet Training Method for Toddlers**

Toddler (1-3 years old) has one of the developmental tasks, namely toileting skills including bladder control and bowel control which can be achieved through toilet training. The success of toilet training using a potty can be stated if children tell their parents when they feel like defecating or urinating, able to do bladder dan bowel control, and clean their genital area after toileting independently. Based on a study conducted by Nelista et al. (2021), potty training interventions 3 times/week in 1 month with a duration of 15-30 minutes can improve toddlers' ability to toilet independently. This is in line with Drysdale's opinion that it takes at least 4 weeks of potty training so that toddlers can toileting independently (Nelista et al., 2021).

The initial assessment of children's readiness to carry out toilet training based on the guidelines from the AAP in this study was considered to have contributed to the success of toilet training. As is generally known, toddlers reach toilet training readiness at 12-36 months (Van Aggelpoel et al., 2021). Even so, it is important for parents and caregivers to be able to identify signs of child readiness that may appear earlier than the range recommended by the AAP guidelines (Van Aggelpoel et al., 2021). This is also supported by the results of other studies which state that toilet training which is carried out using the Developmentally Appropriate Practice (DAP) approach to optimize the learning process with child development can effectively shorten the duration of toilet training (Khorasani et al., 2022; Van Aggelpoel et al., 2021). Structured instruction of the toilet training intervention including 8 steps (recognizing symbols, saying signs, removing pants, sitting on a potty chair, doing defecation and urinating, cleaning genitals, wearing pants, and flushing the potty) repetitively supporting children in adopting toileting habits.

Reinforcement during the toilet training intervention process can also increase self-confidence and maintain children's skills in toileting (Nelista et al., 2021). In this context, support can come from parents or groups. According to Aggelpoel et al. (2021), toilet training which is carried out in groups is considered more effective and efficient considering that toilet training is a complex developmental task and is related to children's social abilities (Van Aggelpoel et al., 2021). Therefore, it is important to identify the child's readiness, carry out the toilet training stages within the recommended timeframe and provide support to the child through reinforcement.

Parents who have good toilet training knowledge tend to have better toilet training skills and are able to provide more positive reinforcement to their children (Ariani & Rufaida, 2022). Health education regarding toilet training has been identified as an important source of information for parents and caregivers. This is as explained in previous research that the hypo-parenting approach in health education contributes to the success of toilet training in toddlers (Safitri, 2021). Hypo-parenting itself is a method used to provide positive suggestions (hypnosis) to parents regarding childcare (Venkatesan, 2019). Health education delivered using this method encourages parents to have a positive perception to toilet training which will be taught to their children. This positive perception makes parents more confident in teaching

toilet training and indirectly encourages their children to adopt new skills in a positive way too (Safitri, 2021).

### **Toilet Training Method for Pre-School Age Children**

In recent years, additional treatments in the toilet training process have been developed for pre-school age children in the form of storytelling activities, live demonstrations, and the addition of Artificial Intelligence (AI) Voice Agents (Agusniatih & Suwika, 2022; Huh et al., 2022; Maghfuroh, 2018). The different learning needs of preschool children encourage researchers to develop additional activities that can support toilet training (Azrin & Foxx, 2019). Pre-school age children (3-6 years old) experience increased psychosocial and cognitive development which makes them often use various forms of games as a way to learn and develop social relationships with others (Mansur & Andalas, 2019). In this phase, pre-school children also experience the rapid development of language skills, creativity, gender identity and emotional development. In this context, additional activities in toilet training interventions are a necessity in supporting the learning needs of pre-school age children (Agusniatih & Suwika, 2022).

The results of the study show that storytelling, live demonstration, and the use of AI voice agents are proven to influence the success of toilet training outcome in pre-school age children (Agusniatih & Suwika, 2022; Huh et al., 2022; Maghfuroh, 2018). Storytelling activity could support preschool-age children in toilet training by imitating the behavior exemplified in story books (Maghfuroh, 2018). Furthermore, visual stimulation obtained from storytelling activities can encourage children to store this information in long-term memory and form appropriate behavior. In addition, participatory demonstrations also have positive results for children's independence (Agusniatih & Suwika, 2022). This is as stated by Agusniatih & Suwika (2022) that this method can foster learning activities and train toilet training skills properly (Agusniatih & Suwika, 2022). The use of AI Voice Agents in toilet training interventions is more aimed at changing children's perceptions of toilets which seem embarrassing and intimidating (Huh et al., 2022). Because, one of the obstacles in toilet training in pre-school-aged children is fear and embarrassment (Huh et al., 2022).

## **4. CONCLUSION**

Toilet training based on the AAP guidelines is the gold standard in guiding parents and caregivers in teaching children to toileting independently. The AAP methods emerged as particularly effective with steps there are identification of children's readiness to do toilet training, preparation of parental and caregiver knowledge in toilet training, regular repetition of toilet training stages within the duration recommended by the AAP guidelines and positive reinforcement are important parts in optimizing toilet training for toddlers and pre-school age children. Parents and caregivers, including pediatric nurses, can consider TT method adapted from AAP guidelines and its modification using additional treatment such as demonstration and storytelling to improved toilet training process among toddlers and preschool-age children. Therefore, it is important to provide toilet training intervention with the AAP method as an achievement of developmental and independence tasks in toddler and preschool children.

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