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The formation of Toilet Skills in Russian Children. Problem Analysis

This article is devoted to children's toilet skills, which is one of the most pressing problems and widely discussed not only in pediatrics, but also in pedagogy and psychology. The authors state a number of problems which have to be solved correctly in order to accustom the child to the pot. The discussion questions are: at what age should be initiated the skill of pot use? In addition, the problem of toilet training skills was mentioned by various specialist doctors, as well as parents, manufacturers, and law. The high participation role of state level professional organizations is also shown in the solution of this problem, as well as the need for using a uniform terminology shared among all process participants.

Key words*: accustoming the child to the pot, terminology of the conscious use of pot, the willingness of the child to learn, debate, problem state, psychologist opinion, teacher opinion, pediatrician opinion, nephrologist opinion, involvement of professional organizations.*

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In recent years, accustoming children to the pot, or toilet training skills, was widely discussed in the pediatric environment: schools conduct seminars, reports are presented on conferences, and articles are published on this matter. The wave of interest was caused by the strategy of manufacturers to raise awareness about the use of diapers for children. Given the known difficulties, which parents face while teaching their child to use the toilet, the lack of reliable scientific information on this rather complex issue, as well as advanced features of network communication (the Internet), the problem instantly went out onto the global level, becoming extremely relevant both in the parental and medical environments.

The participation of Russian pediatricians in the discussion on accustoming the children to the pot occurs mainly in the form of statements of expert opinion based on

personal observations, or as a statement of position of foreign experts. Unfortunately, at present moment domestic medical science is not ready to offer a scientifically based concept of education for children's toilet skills. First of all, this is due to the lack of scientific database on this problem: in the last decade in Russia there was not conducted any research on toilet skills.

In Russia, traditionally children begin to use the pot train much earlier than in Western Europe and the United States. This is due to conceptions of parents, professionals and historically established approaches to toilet skills, which were formed in the era of the Soviet Union. According to these traditions, such training begins in the first year of life, and the main method is placing a child on the pot at the moment of expected need of the child to use the toilet. However, position declared by the Western European and American specialists gets more and more interest in this country: referring to the large number of research projects in Europe and the U.S., they recommend accustoming children to toilet generally later than it is practiced in Russia. According to the positions of foreign experts, training of toilet skills should begin after 18 months when child's readiness is evident, that is they have a conscious decision to use the toilet [1-4]. At the present time in Western countries toilet skills training usually begins at the age of 18 - 36 months [5].

It should be noted that the issue of toilet skills formation (which will be covered below) correlates with social and cultural features of the society's organization at all levels - from family to state [6, 7]. Meanwhile, it is clear that modern Russia is very different from both the USSR and the western world on economic, social and cultural realities. Thus, the situation is that the proponents of competing products base on approaches that were formed in the different social and economic and cultural conditions, but domestic science is not yet ready to offer its own research products.

Given the urgency of the problem, the Union of pediatricians of Russia formed a group of experts on children's toilets skills in Russia and launched a series of scientific studies on this issue. While there is scientific and informational vacuum, there are still hold active discussions in a professional environment and among the parents on various opinions about accustoming children to toilet. There are two issues that create controversy and conflict: the timing and how to start learning. The purpose of this publication is to analyze the problematic factors (terminology, discussion subjects, legal field, social and cultural context), that build the ground for confrontation between different points of view on the formation of toilet skills in Russian children, as well as the rationale for the recommendations on this problem.

Terminology

The analysis should follow the specification of terminological issues. For the purposes of unified understanding, it makes sense to synonymize the terms "toilet skills training" and "pot skills training". Since these terms are in fact freely and equally used by many domestic and foreign authors, it is easier to accept and adopt it rather than insisting on one particular definition and thus create an additional opportunity for discussion. The "use of pot" should be understood not literally, but rather in a broad meaning, combining the use of pot and other less conventional means for a toilet - in this case the similarity of these two concepts becomes evident.

The first question of terminology requiring a mandatory specification refers to the meaning of the terms "use the pot" or "use the toilet." In clinical practice, one can often see that parents and professionals mean by these synonymous terms the child regularly urinating into a pot solely on the initiative of parents, without expressing his or her own wish to do so. In our opinion, such understanding of this process does not reflect its essence. In these situations, urinating into a pot becomes habitual action, but the child is never the initiator of this action.

As a child gets older and chooses their own behavior way (usually after 1 year), the child can easily eliminate the use of pot: hence, a toilet habit cannot be considered formed. Practical observations prove it: often parents complain that the child, stopped using the toilet in one year and two months. In such cases it is necessary to calm the parents on that their child's behavior is quite natural and is not considered a deviation from the norm - just as children grow older and move to the conscious behavior, they drop the previously trained skill as an unnecessary, uninteresting, or imposed by parents – for their own independence.

In this regard, the terms "toilet skill" or "the use of pot," rather describe the conscious use of pot by the child, which means that independent child requests to use the pot for a toilet ("child asking for a pot"). It is very important to follow this treatment because promiscuous sense that parents and professionals apply to this process, initially denies any discussion of prospects.

The second question is what is meant by the conscious use of pot. Obviously, there should be included not only the phrases and sentences, word for word describing the request ("I want to use the restroom"), but also individual words or word substitutions (eg, "aa"), supplemented by gestures cases, if they reflect a real desire for a child to use the pot for urinating or defecating. This is due to the fact that mental development of the child already makes it possible for him/her to use the toilet and to signal on their desires, and a child needs minimum for understanding by their parents: it could be single words, and their substitutes, as well as gestures.

Some foreign experts, perhaps being influenced by the fact that toilet use is a conscious process, possess phrase speech as a condition of readiness for toilet training skills. In our opinion, in such case the start is artificially postponed.

Another criterion is mandatory skill development related to the frequency of successful attempts to use the toilet, as parents and professionals may have a different perception, that i determined by the submission of this frequency.

The next point of concern is what is considered a skill usage of toilet: a situation where a child is asking for a pot, and parents help to find it and place a child on it, or when the child undresses independently and sits on the pot? Foreign experts hold the second position, some even prolong their requirements for the child to the ability to strip, to pour out the contents of the pot, wipe themselves and get dressed [8]. What is important to emphasis this issue? The variety of interpretations determines various timing of final toilet skills development, and lack of a unified system makes it impossible to perform any comparative analysis of teaching methods. It is therefore impossible to carry out the correct comparison of different methods without defining a single criterion for the final toilet skills development.

From a formal point of view, the formulation of foreign experts are clear: no one will object to the fact that the more procedures a child commits himself (undress, sit on the pot, get out of it, wipe, get dressed, pour contents of pot into the bowl and rinse with water), the better toilet skill is mastered. However, in our opinion, this issue also requires clarification in the context of theoretical and practical part of the problem.

In the process of toilet skills training, parents need to adhere to the following major steps: 1) formation of the child's understanding and conscious desire to defecate in the pot 2) the formation of motor skills (actions) to achieve this goal. Both processes are qualitatively different from each other. The first stage is a complex task (given the immaturity of the mental processes of a young child) to form a new motivation for socialization skill. This phase causes most difficulties in shaping toilet skills: it requires teaching competence from parents, and mental maturity from the child.

At this stage, serious problems might occur if the child is not ready to be conscious of the initiative: the negative reaction to the use of pot, and frequent ‘losses’ of urine and feces, while wearing no diaper, lead to neuropsychiatric, urological, gastroenterological and dermatological problems (neurotic reactions, neuroses, impaired relationship between children and their parents, urogenital infection, dermatitis, neurogenic bladder, and constipation). When the child comes to the new stage of socialization, it at once becomes much easier for parents: diapers are used much less often, and parents’ goal is achieved.

The second phase is the formation of motor skills for a toilet, which is more predictable and easily manageable, since the child already has a conscious desire to use the pot, and so further study is reduced to the formation of certain motor skills that the child masters in the natural way, such as training and development of psychomotor functions (in the absence of severe neurological diseases). The speciality of this stage is its duration. Children can have place themselves on the pot in 11-18 months, but they can perform such complex motor acts as a pouring pot contents into the toilet, wiping, removing and putting on tights and pants (without parents' help), only in 3 to 4 years, or even later. This is not to say that developing of these skills by the child generally relieves the parents from any problems linked with the first stage: in practice, parents will still have to control the whole process of the toilet use, and this skill does not exempt them from having to be constantly by their children.

If one talks about the scientific and practical interest of clinicians who study the stages of skill formation, it is important to get the basic meaning of the first stage. In terms of the formation of the control functions of urination and defecation (this is competence of urologist and a gastroenterologist), it becomes not so important who pour out the contents of the pot in the toilet, or who will take of child's pants - it is important that the child could determine when his bladder or bowels are ready for emptying, and could knowingly carry out urination or defecation having adequate psychological background. If we talk about the formation of mental development (which is competence of neurologists and psychologists), understanding toilet needs by the child is a sign of moving to a new development stage, while the ability to put on pants after using the toilet or wash water in the toilet is only built on a series of motor skills and reflects the development of skills already acquired through earlier socialization.

So, during the process of toilet skills formation, it is important to distinguish two phases, though the first one is shorter, but is more complex qualitatively and provides for the most problems; a second phase is not a significant problem, but a longer one. This division into phases is justified from both parent and medical points of view.

While not questioning the whole concept of a complete toilet skill formation, we consider it important to talk about the first (conventionally ideational) stage of toilet skills development, which ends with the conscious use of toilet / pot for defecation and emptying of the bladder: the child is able to signal their needs, bring the pot to the parents, or sits on the pot on their own, and performs physiological functions. Accordingly, it is important to designate second (conditional motor) phase of toilet skills as well, when child masters the other motor operations on the toilet: undressing, dressing, removal of the pot contents etc., that is, operation which may form during the indefinitely long time (up to 3 -4 years).

Discussion subjects

The main difficulty of the debate lies in the fact that the formation of toilet skills is an object of interest of social formations and groups who have heterogeneous goals, and therefore they operate on different categories. That's because each of these groups consider the phenomenon from their own perspective, and use its own categorical apparatus, so one can discover a lot of logical, but distinct and even mutually contradictory positions, which create a sense of despair and lack of sense in debate. The major groups include parents, psychologists and educators, representatives of medical disciplines (psychoneurologists, urologists, gastroenterologists, pediatricians), as well as representatives of diaper manufacturers.

Parents

First of all, we should speak about the positions of children's parents. Some of them believe that a child should learn to use the pot on their own as soon as possible, and to achieve this goal it is necessary to begin to pose the pot onto the child in a compulsory way as early as possible, even before reaching the age of 1 year. Meanwhile, parents believe that this method is more simple in execution, than the "negotiations" with a grown-up child, but in any case (even with the difficulties) it should be understood that early toilet skills teaching requires sustained effort from the child. Typically, this group of parents use the experience of the older generation, including their parents and successful experience of their friends, thus continuing the historical tradition of Soviet and Russian society at the end of the twentieth century.

Other parents vote for delaying toilet training skills after 1.5 years. Such an approach implies a smaller volume of active actions of parents towards the child and focuses on encouraging the use of pot by the child themselves. This position coincides with the practice of the majority of American and European parents and is reinforced by the official recommendations of professional medical societies in these countries [3]. Differences in parenting approaches can be adopted and become the object of the more patient analysis, if it could be possible to shift focus onto the fact that the difficulty is caused not only by the technical part, but also by different ideological positions of parents in their relationship with their children.

In extreme form, exaggerated expressions, it looks like a contradiction between activity and waiting, the dominance of the parents and an equal partnership. Of course, in most cases, parents have compromising positions, polarities on positions about toilet skills remain. Of course, it concerns the debating and concerned parents, especially those who are in shortages of scientific data that would provide clear guidance on the issue.

Accordingly, during scientific and educational activities, and practical work with parents on toilet skills formation, specialists in various fields should express their opinion noting philosophical approaches to the education of children's parents - it would greatly facilitate the dialogue and eliminate negative consequences in case of failure.

Psychology and education

The contradictory views of domestic psychologists and teachers, that can found in practice, in scientific and popular literature, contribute to the presentation of a diametrically different parental position: representatives of the opposing camps are known to easily find theoretical justifications for their approach. Psychologists supporting the pro-Western concept think of the traditional methods for the USSR being violent and unjustifiable in terms of formation of self-consciousness of the child, so education should start after 1.5 years, when the child is capable of making a self-conscious choice on the basis of the proposed actions.

Psychologists and teachers, who support traditional domestic approach, consider the formation of the child's toilet skills to have an impact on child's development: at the same time as the process of interaction with the child in the process of learning, and their development help to succeed in the spheres of communication, socializing and motor skills. Therefore, this implies an early training (including up to 1 year) by means of the active, reinforced training of the child by parents, but it does not imply any violent resistance.

It is easy to see that in this situation, the problem is not about technological difficulties in developing toilet skills, but rather in different conceptions of psycho-pedagogical approach to child development and the formation of his/her personality. Therefore, we can state that the non-medical professionals that are the most close to this problem, are also heterogeneous in their positions depending on the preferences of the basic concepts of child development.

Psychoneurology

Neuropsychiatric approach to development of toilet skills theoretically includes the following aspects: 1) assessing the readiness of motor and psychiatric spheres that are necessary for habit formation, 2) analysis of the successful toilet skills development of a child as a criterion for assessing the state of mental and motor areas, and 3) evaluation of behavioral responses of the child to the actions of their parents intended to develop his/her his skills toilets. In Russian psychoneurological practice, toilet training (second stage) has long been used as one of the criteria for assessing mental and motor development, but each expert

determines the end of the process basing on their personal experience: there are listed no rules of the neuropsychological development of children's.

"Physiological control" of two years is the accepted norm for the GNOME, a standardized clinical and psychological methodics. The beginning of the formation of skills and technology of the toilet (first stage) are not covered by the profile literature. The standards, accepted by the national neurology standards of children motor development, do not forbid a child to use the pot, since the age of 11-12 months. Rare Russian neurologists published on toilet skills, so for obvious reasons only data of foreign researchers can be used, therefore, the findings presented in these publications cannot be considered the original domestic developments [9]. When it comes to the third aspect, indeed any professional working with children of preschool age has seen the cases of pathological reactions, that arose due to the conflicts on overforcing children to use the toilet. In this situation the base shall be a categorical rejection of the toilet by the child, and in case of inadequate response from parents to the problem can transfer into "toilet neurosis" with further development of encopresis and enuresis. There are no published data on the incidence of such complications, but the analysis of parents' referrals to one of article's authors at the specialized forum showed that 20% of the questions on toilet failures concerned children aged 1-2 years who were supposed to have gained a successful toilet skill already. In addition, neurologists identify another factor of toilet skills formation influence onto the neurological disease. This is about a contribution of enuresis of neurotic forms onto the pathogenesis: lack of feedback when the child is incontinent at night.

Feedback is missing when parents often and long use disposable diapers on their child, which virtually eliminates the irritating effect of urine on the urogenital area. Therefore, pediatric psychoneurologists cannot offer any clear-cut position on teaching beginning methodology, but they often record cases of neuropsychiatric complications, when compulsory placing of children on the pot has place, or during long and too frequent use of diapers.

Nephrology

It is necessary to distinguish two aspects of pediatric nephrology interest in the subject of toilet skills formation: 1) the rate of physiological maturity of urinary system from the standpoint of child control, and child's readiness for independent regulation of processes associated with toilet use, 2) formation of the complications caused by an parental movements in the process of dressing skills formation or their lack.

Taking into consideration the physiological maturation rate of urinary system, accustoming the child to the toilet skills should begin not earlier than 14-15 months, but not later than 18 months. For children with a history of urinary tract infections episodes, as well as having any changes in the urinary tract basing on data from kidneys and bladder

ultrasound, it is important to practice early accustoming of the child to self-conscious urination act. By eliminating or restricting the use of diapers, nephrologists can estimate the act of urination (frequency of urination, "pattern" of urination, jet pressure etc.), which helps to detect a variety of pathological conditions that require further examination.

The major nephrological complications of incorrect teaching of toilet skills are urinary tract infections (due to supercooling of urogenital area if urination in pants had place). Frequent emotional stress in children, that are associated with the toilet skills, may contribute to the formation of symptoms of neurogenic bladder. Most often these disorders are the result of improper actions of parents and of children's negative attitude underestimation (after the age of 1) when they are paed onto the pot. It can be argued that the development of nephrological complications is associated not only with the choice of specific techniques, but rather with their improper use.

Gastroenterology

Areas of gastroenterology interests on this issue cover physiological maturity of bowel movements control system and the specific complications on inadequate education of children toilet skills.

The ability to control the process of defecation in children is closely linked with the maturity of their psycho-emotional sphere, and it is usually paired with the development of child's skills o steady walking and is formed beginning from 1 year.

Constipation is among the most significant complications of wrong parental actions on accustoming the child to toilet. Often the refusal of the child from the pot use occurs in response to criticisms on the part of adults associated with unstable toilet skill using the toilet; especially it concerns shy children, or when early accustoming of the child to the pot has place (when they are not ready to do it mentally). As a result, the child begins to intentionally delay the stool, which leads to the accumulation in the rectum of a large amount of stool, stretching rectum's walls, and each subsequent bowel movement causes the pain associated with the passage of compacted stool through the anus, which leads to its hyperstretching and other microtraumas.

There develops a "psychogenic constipation", when a child deliberately delays defecation by contracting the striated muscles of the pelvic diaphragm and external anal sphincter in order to avoid pain. It is evident the child will deliberately suppress the urge to defecate, and try as little as possible to visit the toilet fearing the upcoming pain – so there arises a "fear of the

pot." This bad reflex is easily habited. In need to defecate, these children rise on their toes and sway back and forth, with the buttocks and legs tensed; these children fuss or take unusual positions, often hiding in the corner. Such dance-like behavior is often incorrectly interpreted by adults who believe that the child is straining when trying to defecate. The child becomes tearful, irritable, tires easily, does not sleep well. This behavior is typical for a child who has formed constipation before beginning to train toilet skills: in this case, the child refuses to even sit down at the pot, and any parental attempts end up with uncontrollable negative emotions.

Other specializations

The attitude of other pediatric specialists to the problem is less updated, but the matter of toilet skills formation could be of interest for dermatology (dermatitis is a possible complication of frequent urination in pants or a rare change of diapers if there are any learning errors), and also may be considered by nutritionists (the influence of diet and fluid intake on the processes of fecal production, fecal and urinary excretion).

Thus, the narrow professional approach to the problem of domestic specialized health professionals do not clearly argue on one particular method of forming toilet skills; however, they impose a number of security requirements to methodologies in the context of avoiding medical complications.

Diaper manufacturers

Manufacturers of diapers may not have direct influence on shaping the views of professionals and parents, but their activity is absolutely acceptable both legally and ethically, and it may indirectly influence the situation. It should be recognized that altogether scientific, practical and educational activities with the participation of some manufacturers create an information imbalance, caused by one-sided coverage of positive values of toilet skill training methods that are practiced in Western countries (it could only be an average trend: there are individual examples of better advantages of traditional domestic approaches on different methods, but such cases are few). This is not always associated with direct promotion of commercial interests: the position of Western European and American experts, in contrast to more conventional approach of the domestic ones, is protected by numerous studies, so these surveys leave the solid impression. On the one hand, this fact indirectly affects the formation

of attitudes, needs of the population and experts on the scientific prove of practical recommendations towards the "pro-Western" practices.

On the other hand, it brings some tension into the debate, when supporters of the traditional domestic approaches receive a point to accuse opponents of their financial engagement and suiting the needs of manufacturing companies, as the motive of diaper use extension coincides with the positions of Western experts on the later start of teaching children toilet skills. In this situation, we only state the fact of conscious or unconscious influence of diaper manufacturers' activities of diapers onto the discussion field, that absolutely has no effect on our own positive assessment of their role in the actualization of the problem and initiation of numerous researches.

Legal aspects

Being a leading point of one of the opposing sides, relating the active placing of infant or young child onto the pot with the act of violence against them, forwards us to another subject of discussion field: medical law. The arguments of supporters of a later start of the formation of toilet skills also contains this actual motive of protecting children's right to free development.

Pedagogically sound insistence of parents about using the pot, when training the young child, cannot be regarded as a manifestation of violence against children. Of course, the extreme forms and methods of such education are excluded from this statement. It should be remembered that the hygienic education of the child from the first days of his life is of parents' responsibility, as well as concerns about their health. When evaluating the point on suppression child's freedom during such training, there should be remembered the fact that child illness, resulted by hygiene education, is considered to be one of the major factors hindering the normal flow of children's ontogeny period. Therefore, children's rights are not violated by the active tactics of parents to build toilet skills.

Social and cultural factors

When one talks about the need of narrowing professional practice guidelines, it should bared in mind that recommendations, which are based solely on the medical evaluation of child's physiology, may not be effective without taking into account social, economic and cultural component of this issue [10-12]. Western researchers also note that the findings should be evaluated in the context of social and economic constraints; for example the results

of one study are recommended to be of use only "for a predominantly white, suburban population of the United States belonging to the upper-middle class" [11]. The views of parents on the formation of toilet skills are largely formed by environmental and social characteristics; therefore, a critical analysis of the positions should consider the ultimate social desirability of a particular method of developing toilet skills in a particular family. Among significant factors there are family economic status, social conditions, climatic conditions and global social and economic trends.

Economic state of the family

The level of economic income affects the formation of the positions on toilet skills. In particular, purchase of diapers, travel in a car (not outdoors), babysitting services, and private kindergartens depend on the economic income. In general, families with lower income are more motivated to enforce rapid development of toilet skills, because mothers in such families are interested in lower cost of diapers, and in the case of an early return to work mothers can only rely on a standard dayly care, where toilet skill requirements are more severe. However, in some cases, some of the factors of low income can delay or distort the process of toilet skills forming; for example the inability to use the car for frequent movements can cause a postponement of changing child diapers. This country is characterized by stratification of the population in terms of income and material in general, its citizens also have lower income than developed countries' inhabitants, but it is still higher than in the so-called third-world countries. This factor should be considered when setting the preference of different methods for different households' categories in the country in comparison with residents of other countries.

Climatic factors

Cold climate conditions significantly limit the ability of the child's stay in the open air without diapers. Being without a diaper is considered to be one of the best conditions for the toilet skills formation, so parental activity on "making it during warm climate window' results in significant differences in the tactics of toilet training skills among residents of different climatic zones of this country.

Other environmental factors

Place of residence (metropolis / town / village), family structure (full / part time), cultural and national traditions are among other environmental factors affecting the formation of toilet skills position. These factors are complex and also include the type of housing, number of persons in the family, traditions, and other features.

Global social tendencies

Modern patterns of social development dynamics are characterized by the change in social roles and responsibilities of parents. Well-known social and economic processes such as increase of the economic role of non-manual labor, urbanization, increased demand for labor activity, lead to the change in the role of women in society and family, including their maternal duties. In particular, today's Russian mothers are much less focused on family activity; they are more dynamic and well-integrated into society and, therefore, less inclined to domesticity, aimed at a speedy return to work. All these factors do not contribute to the tedious, monotonous, month-stretched activities if there exist any alternative. In our case, the active enforcement of the child on the pot for a long time is a more "physically costly" event, so given the current trends, alternative method becomes more popular, that is a later start and less active methods of toilet skills training. Comparison of the contemporary realities with that of the Soviet period makes it clear that nowadays parents are differently motivation to form toilet skills in their children. In the USSR, the economic situation of the family allowed the mothers to stay on the 2-3-year maternity leave for child care, thus giving more opportunities to take care of the child. By the time mother had to return to her work, the family was more focused on the child's stay in a nursery or kindergarten, which required these children to develop early toilet skills; what is more important, reusable gauze diapers stayed wet for a long time, and contributed to child’s hypothermia, that could lead to frequent urogenital infections; in addition, those gauze diapers required frequent changing and washing therefore mothers had interest in acceleration of toilet skills in her children. Modern Russian mothers often do not have the time and energy to reinforce the teaching of the child, the number of people spending time with their child grows, making it more difficult to follow a single pedagogical tactics; mothers often need help of nurses or private kindergartens, which are not so demanding on children’s toilet skills and do not tend to imply any actions against the children’s will. Comfort and ease in use of modern disposable diapers, as well as their health safety compared with reusable gauze diapers, make it possible not to worry about the urgency of using a pot by the child. In such circumstances, there is expected a certain tendency of moving aside the timing of the training and developing toilet skills in Russia, at

least for the residents of large cities. Actually, the historical aspect survey held abroad nas already shown that such transformation in toilet training approach has already had place in European families. For example, 96% of the children in Switzerland in the mid 50s were successfully potted by the end of the first year of life, and after 25 years - only 20% of girls and 16% of boys; in the mid 50s 44% children aged 18 months potted more than 5 times a day and 25 years later - only 5% of those [13]. In general, despite the local environmental specialities, global socio-economic trends have particular trend listed above. Their influence on the upbringing of the child in the family is a serious argument for supporters of the pro-Western position of toilet training skills, as supporters of the traditional position of national psychophysiological approaches risk facing family self-identification of modern mothers.

It is in this connection, that experts and professional societies, including the Union of pediatricians of Russia, face a fundamental philosophical question: whether practical measures developed by the professional community may effectively oppose the modern trends of development of society. This question could be modified as follows: Are professional societies and health authorities ready to play the role of social development regulators or their function is to dynamically adapt the norms of modern public health trends?

Conclusion

The issue of developing toilet skills in Russian children is a multi-level and multi-disciplinary problem, and its medical component represents only one side of this issue. This analysis made it possible to formulate the following conclusions.

1. The lack of reliable scientific information base on maintaining toilet skills in children in Russia leads to the relevance of research in this area.
2. Development of the recommendations for toilet skills development is a mini-model of the relationship between pediatric science and global trends in society. In this context, the strategy of choice of scientific inquiry involves its subordination to the general line of preventive pediatrics development in this country.
3. A slight misunderstanding between the parties to the discussions on this issue was caused by lack of uniform terminology and conceptual apparatus, so there is a need to develop and implement a common terminology by professional community (the Union of pediatricians of Russia).
4. The formation of toilet skills comes is of interest for various pediatric and psychological disciplines, each of whom has its own point of interest. In this context pediatricians of general practice should hold a special role in the development of this

problem. In order to integrate specialized approaches into a combined one, these specialists need to organize as a multidisciplinary research and clinical work in pediatric institutions with patients on issues.

5. During research planning and creating practical recommendations to be considered a priority to the prevention of various organ systems and the complications caused by erroneous teaching children dressing skills. Other tasks, such as skills development, socialization, control of urination at night, etc., should be referred to the priorities of the second order.
6. During research planning and creating practical recommendations the priority goal should be the prophylaxis of various systemic and organic complications as a result of an incorrect teaching toilet skill to children. Other goals, such as skill development, socialization, nighttime urination control etc. should be seen as second-level priorities.
7. During research planning and creating practical recommendations it should be considered that the methodology for the formation of habituation toilet skills such as socializing process that cannot be considered in isolation from the complex socio-economic conditions of the family, and should involve some variation depending on the methodology of socio-economic component.
8. During research planning and creating practical recommendations it should be taken into account that the methodology of forming toilet skills as a socialization process cannot be seen apart from the complex of social and economic conditions in which the family is functioning and should suggest a certain methodological variety depending on the social and economic environment.
9. Different approaches parents and psychologists to the tactics of toilet training children how to not only caused by the complexity of the technological component of the process, but also adherence to the various concepts of education of the child (parents) and child's development (psychologists). In this regard must take into account the nature of the deep contradictions in the analysis of advantages and disadvantages of methods, which requires professionals to be more flexible in the estimates and recommendations.
10. Different approaches of parents and psychologists to training toilet skills are due not only to the technological complexity of the process, but also to the devotion to different concepts of bringing up children (parents) and developing children (psychologists). This is why in-depth contradictions should be taken into account while analyzing the pros and cons of different methods, which obliges the specialists to be more flexible in valuations and recommendations.

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