

Soiling in children: what schools can do to help

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Statistically, most primary schools are likely to contain several children who cannot help soiling their clothes during the course of the day, but due to the embarrassing nature of the problem the staff may not even be aware of it – or may not want to be. Once discovered, what can teachers do to help? This article suggests that the condition of many school toilets may be an important contributory factor.

The child who is soiling – that is, any child that messes its underclothes – is a miserable problem. It causes great distress to the child; it is something the parents try desperately to hide from the school; and it is unpleasant for the teacher who may be involved in cleaning the child up. Also the problem is very hard to treat once it is established, and the prognosis for the child can be grim. As a result of soiling, the child can develop a whole range of behavioural, emotional, and peer group relationship difficulties, and these can lead to poor educational achievement and in some cases a reluctance to go to school. For the past five years I have been undertaking a research project of 66 soiling children and this research has shown that inadequate school toilets may be an important factor in the causation and later poor prognosis.

Rutter (1970) demonstrated in his Isle of Wight study that 1.3% of boys and 0.3% of girls still soil their clothes at the age of 11-12. There are much higher percentages of children at younger age groups. Teachers may say that they do

not know of any children in their school who are soiling, but Bellman (1966) has shown that children *and their parents* go to enormous lengths to hide the difficulty. Very often children soil on the way home, unable to retain their motions any longer after having been afraid to use the school toilets. All studies show that the problem is about two or three times more common in boys than girls.

Causes of soiling

It used to be felt that there were two distinct types of problem; physical and emotional. It is now known that this divide is too simplistic. Some children do indeed have rare physical deformities, or complex medical conditions, which directly result in their inability to control their bowel movements. Most children, however, retain their stools for one reason or another (Jolly 1977). What then happens is that the rectum becomes stretched and the muscle tone retaining the faeces weakens, and solid or liquid 'overflow' escapes around the blockage. In some children, what may appear to be

diarrhoea may in fact be this 'overflow', and the child is often quite unaware that it is soiling.

There are a number of reasons for this. The child may have been constipated and have developed an anal fissure, making it frightened to 'let go'; it may be constipated for dietary or other reasons, and is unable to pass a normal motion. Some children may find the school toilets so stressful that they will do all they can to retain their motions until after school. Unfortunately it is this retention which damages the muscle tone of the rectum and means that during P.E. or breaktimes, during a moment's relaxation, there is an embarrassing consequence. What is more worrying is that research with adults who have fairly serious bowel problems has suggested that some of these problems may be connected with an early soiling problem.

Emotional, behavioural, and educational problems

Some children may indeed have an emotional problem which causes them to hang on to their stools in the first place. However, research has shown that many of these behavioural and emotional problems are secondary to soiling (Levine 1982). In my present research, 41% of the children had behavioural problems at the initial assessment. However, this figure was reduced to less than half after successful treatment of the problem. It is easy to understand that quite apart from any difficulties children may have before they start soiling, they will readily develop signs of disturbance once they have a soiling problem.

Not only does the soiling affect the child and its school progress, but it is a miserable problem for parents. Earlier research noted the tense relationships between mothers and soiling children, and concluded that the soiling was a direct result of these tense relationships. In fact my current research has shown that this is desperately unfair on parents: although 64% of the mothers were very tense at the initial presentation, only 17% were so after their child's soiling had been successfully treated. A child

who soils and possibly smells as well is a hard child to love – even more so if the poor mother feels that she is somehow to blame.

Schools and soiling

Clayden (1980) and Sluckin (1981) had previously noted that inadequate school toilets might be a factor. It was notable in our study how many parents commented that their child did not have a problem until starting school. Two-thirds of my sample showed the first signs after the age of 5: the child may have had a tendency to constipation before entering school, but it was the reluctance to use the school toilets which was an important factor in the development of the soiling. The persistence of this aversion is indicated by the fact that even after treatment we were only able to reduce the number refusing to use the school toilet from 43% to 37%.

Soiling children are typically more sensitive, although at an older age, because of their problem, they can become more antisocial. On the Rutter 'A' score (a standardised measure of maladjustment) 67% scored 13 or over, indicating an emotional disorder, and 40% scored over 4 on the neurotic score, indicating that the child was more of a nervous type personality than antisocial. These are of course the type of children who worry about school toilets.

Complaints about school toilets

The following common complaints about school toilets were derived from interview work with parents, and are not in any special order:

1. No privacy.
2. Toilets poorly maintained.
3. Toilets poorly supervised.
4. Outside toilets.
5. Not enough toilets especially sitdown facilities.
6. Toilets are 'frightening' places.

Many children complained about the lack of privacy. Toilets would have no locks; other children were able to climb over the top and watch. Some children would not use their school toilet because

they were poorly maintained. They were smelly, with irregular cleaning, or had a flush system which did not work properly. Surprisingly, even today, there are some schools with outside toilets, but there are other schools where the toilets are a long way away from the work areas or hard to get to.

Some soiling children said that it was often difficult to find a free toilet in breaktimes, and then they felt a bit hassled if they took too long. One mother of a soiling child in my study brought to my attention the situation in her son's school, which had been purpose-built earlier in the year: for 100 boys there was only one sitdown facility. The mind boggles what would happen if the boys had a diarrhoea epidemic! The final complaint was a more general concern that the toilets were not 'pleasant places to visit' because they were dark, gloomy, or a bit frightening.

A difficult problem to treat

Any child with a soiling problem should be examined by a doctor in the first instance, to treat any constipation present. However, discovering the extent of 'faecal loading' can be quite difficult, and some children can be wrongly dismissed by their general practitioner as not suffering from constipation when in fact it is central to their problem. It is then up to the child, with help from his family, medication, and appropriate diet, to establish regular defaecation habits.

An established soiling problem can be difficult to treat. In all the main treatment studies – and many of these come from centres of excellence – paediatricians were only able to achieve 'cure' or 'improvement' rates of around 66%.

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The treatment itself can be quite unpleasant, involving the use of suppositories and enemas, and some children spend prolonged periods in hospital. Relapses after periods of being clean are very common. This is because the muscle tone in the rectum is weak from the initial stretching and therefore very prone to 'overload', and some soilers undergo years of treatment.

The school's part

What my current research has shown is that better cure or improvement rates (over 70%) are obtained *if children are trained to do what they can to help themselves*. This means establishing morning habits and then responding immediately to any bodily signal suggesting a need to go to the toilet. Children with a soiling problem should be able to leave a class without comment in order to make use of the toilet, but this assumes that the school toilets are sufficiently welcoming for them to be used at all.

The purpose of this article is to draw to the attention of Headteachers, as well as health and safety officers, the importance of adequate school toilets. Improved school toilets can go a long way to helping the child who, maybe unknown to the school, has had a long-term soiling problem. Or their provision may indeed prevent other children developing what can be a lengthy and distressing condition.

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