The Effect of Health Education on the Level of Knowledge about Toilet Training in Mothers with Toddler Age Children (1-3 Years)

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ABSTRACT

Toilet training for children is an attempt to train children to be able to control urination and defecation. The survey was obtained from 10 mothers who have children aged 1-3 years, 5 (50%) mothers said they did not understand toilet training, 3 (30%) children were very difficult to teach toilet training. The purpose of this study was to find out how the effect of the provision of health education on the level of knowledge about toilet training for mothers with toddler age children (1-3 years) at PAUD Al Hidayah Bakung Udanawu, Blitar Regency in 2022.

This research method is a pre-experimental type. The subjects of this study were mothers who had toddler age children (1-3 years), with a sample size of 16. The sampling technique used was purposive sampling. Collecting data through primary data using a questionnaire and this study using univariate and bivariate analysis. Results of the study before the mother's level of knowledge about the health pedidikan given toilet training is known almost entirely (76.9 %) of respondents knowledgeable enough, whereas after the mother's level of knowledge about the health pedidikan given toilet training known to most (69.2 %) of respondents knowledgeable either. Based on statistical test using the Wilcoxon signed rank test known that the magnitude of the significant value of 0.014 with α =0.05. ρ value $<\alpha$, then H0 rejected and H1 accepted.

From the results of this study, it is expected that respondents can understand and remain consistent in implementing toilet training for preschool children.

Keywords: Health education, Toilet training

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INTRODUCTION

Toilet training for children is an attempt to train children to be able to control urination and defecation. Some experts believe that effective toilet training can be taught to children aged 1-3 years, because children aged 1-3 years have the language skills to understand and communicate. Toddlers' strong desire is to imitate their parents. (Nursalam, 2007). In the United States found 5-7 million children have nocturnal enuresis, boys three times more often than girls. Approximately 15%-25% of nocturnal enuresis occurs at the age of 5 years. With increasing age, the prevalence of enuresis decreases. Of all cases of enuresis, 80% were nocturnal enuresis. 20% of children with nocturnal enuresis, and about 15%-20% of children with nocturnal enuresis also experience diurnal enuresis (Soetjiningsih, 2008).

Nationally, In Indonesia, it is estimated that the number of toddlers reaches 30% of the 250 million Indonesian population, and according to the National Household Health Survey (SKRT) it is estimated that the number of toddlers who have difficulty controlling bowel and bladder (wetting) from toddler to preschool age reaches 75 million children. This phenomenon is triggered by many things, the mother's lack of knowledge about how to practice defectation and urination, the use of disposable diapers (PEMPRES), the presence of new siblings and many others (Wawan, 2010).

The solution that can be done to overcome the failure of toilet training in children is to provide counseling to parents. Health education to parents, especially mothers about toilet training, will affect parents' knowledge about toilet training. After parents know about toilet training, it is hoped that it can lead to a positive attitude or awareness that can encourage them to behave according to their knowledge. In the end, this knowledge is expected to influence better behavior. The process of behavior change is required so that targets change not only because of the addition of knowledge, but it is also hoped that there will be changes in skills as well as a steady attitude that leads to better, productive and profitable actions or work. (Ginanjar, 2008).

MATERIALS AND METHODS

Design and Samples

Research is conducted in PAUD Al Hidayah Bakung Udanawu Kabupaten Blitar a in January-February 2022. The research design used in this research is a *pre experimental* with the form of a *one group pre post test design*. The sampling technique is taken by using purposive sampling with a total of 16 responden.

Data Collection

Respondents selected were mothers who had toddler age children (1-3 years), researchers distributed questionnaires to assess the level of knowledge before being given health education, then given health education using leaflets and after treatment was measured again using questionnaires.

Data Analysis

Test of Wilcoxon. All tests are done by using SPSS for Windows 24.

RESULTS

Based on the result of the Wilcoxon Sign Rank Test at (0.05) and -value (0.014) it can be concluded that H0 is rejected and H1 is accepted, meaning that there is an effect of providing health education on the level of knowledge about toilet training in mothers with toddler age children (1- 3 years).

Table 1. The Result of Characteristics of Respondents based on before and after being given health education treatment

No	Characteristics	Category		F	0/0
1	Knowledge before being	Well Enough	3	5	31,25
	given counseling			11	68,75
	_	Not enough		0	0
	Total			16	100,0
2	Knowledge	Well		14	87,5
	after being	Enough		2	12,5
	given counseling	Not Enough		0	0
	Total			16	100,0

Based on Table. Most of the knowledge before being given counseling (68.75%) was in the sufficient category. Almost all of the knowledge after counseling (87.5%) was good.

Table 2. Cross Tabulation of the Effect of Health Education on Knowledge Level of Toilet Training in Mothers with Toddler Age Children (1-3 Years)

		Providing Health Education							
		В	Before		After		Total		
		Σ	%	Σ	%	Σ	%		
	Well	5	31,25	14	87,5	19	33.0%		
Knowledge toilet training	Enough	11	68,75	2	12,5	13	31.9%		
	Not Enough	0	0	0	0	0	35.1%		
Total		16	100	16	100	32	100		
correlation is significant : p value : $0.014 \alpha : 0.05$									

Table 2, Based on table 2, it can be interpreted that knowledge about toilet training before being given health education was mostly (68.75%) with sufficient knowledge and knowledge after health education was almost entirely (87.5%) with good knowledge.

The results of the analysis of the Wilcoxon Sign Rank Test at (0.05) and -value (0.014) it can be concluded that H0 is rejected and H1 is accepted, meaning that there is an effect of providing health education on the level of knowledge about toilet training in mothers with toddler age children (1-3 years).

DISCUSSION

The interpreted that knowledge about toilet training before being given health education was mostly (68.75%) with sufficient knowledge and knowledge after health education was almost entirely (87.5%) with good knowledge. The results of the analysis of the Wilcoxon Sign Rank Test at (0.05) and -value (0.014) it can be concluded that H0 is rejected and H1 is accepted, meaning that there is an effect of providing health education on the level of knowledge about toilet training in mothers with toddler age children (1- 3 years). Health education is one way to provide knowledge about toilet training to mothers. After the mother knows about toilet training, it is hoped that it can lead to a positive attitude or awareness that can encourage mothers to behave according to their knowledge. From this knowledge, it is hoped that it will influence better behavior.

The research conducted by Novi (2015) shows a similar result. The success of toiletting can be seen from the child's physical, mental, psychological and prenatal readiness. Physical readiness, such as the child being able to sit, walk, and squatting, Mental readiness, such as the child being able to communicate to defecate or defecate. Psychological readiness, namely the child is able to sit on the toilet for 5-10 minutes without rocking or falling. And Prenatal Readiness, namely children who want to take time for toilet training.

Environmental conditions with each respondent having a bathroom inside at home made it easier for mothers to teach their children to do a urination or defecation. The results of research conducted by Herimanto (2012) suggest that environmental factors are very important for human life because the environment is a place where humans live, grow and develop, and the environment also provides sources of human livelihood. Toilet training carried out at home requires a safe, comfortable, and aesthetically pleasing environment (Hoffnung et al, 2010 in Fernandez, 2014).

CONCLUSION

There is an effect of providing health education on the level of knowledge about toilet training in mothers with toddlers (1-3 years).

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CONFLICTS OF INTEREST

The author declares that they have no conflict of interest

REFERENCES

- Anggraini, Y., & Rajiani, I. (2018). The effect of oxytocin massage on changing of Symphysis-Andriyani, S., Ibrahim, K., & Wulandari, S. (2014). Analisis Faktor-Faktor yang berhubungan Toilet Training pada Anak Prasekolah. Jurnal Keperawatan Padjadjaran, 2(3), 146–153. https://doi.org/10.24198/jkp.v2n3.2.
- Alimul Hidayat, Aziz. 2009. *Metode Penelitian Keperawatan dan Tekhnik Analisis Data*. Jakarta: Salemba Medika.
- Arikunto, Suharsimi. 2006. Prosedur Penelitian Suatu Pendekatan Praktik. Jakarta: Rineka Cipta.
- Carol, Joinson. 2009. A Prospective Study of Age at Initiation of Toilet Training and Subsequent Daytime Bladder Control in School-Age Children. Journal of Developmental & Beha-vioral Pediatrics, 30(5): 385-393.
- Chung, Kyong-Mee. 2007. *Modified Version of Az-rin and Foxx's Rapid Toilet Training. Journal of Developmental and Physical Disabilities*, 19(5): 449-455.
- Gupte, S. 2006. Panduan Perawatan Anak. Jakarta: Pustaka Populer Obor.
- Fithriyana, R., & Aldopi, A. (2018). Gambaran Pengetahuan Ibu yang Mempunyai Anak Usia 1-3 Tahun tentang Toilet Training di Desa Batu Bersurat Wilayah Kerja Puskesmas XIII Koto Kampar I. Jurnal Pendidikan Anak Usia Dini, 1(2).
- Hartanto, F. 2006. Media Sehat: Mengawal Kehidupan Si Buah Hati. Semarang: PPNI Jateng.
- Hidayat, A. Aziz Alimul. 2008. *Pengantar Kebutuhan Dasar Manusia*: AplikasiKonsep dan Proses Keperawatan Buku 2, Jakarta: Salemba Medika.
- Hockenberry, M. J., Wilson, D., & Rodgers, C. C. (2017). Wong's Essentials of Pediatric Nursing (Tenth Edit). Elsevier Inc.
- Istianah, Indanah, & Farida, U. (2014). Pengetahuan Ibu Meningkatkan Kemampuan "Toilet Training" Anak. Jurnal Keperawatan Anak, 2(1), 28–33.
- Li, X., Wen, J. G., Xie, H., Wu, X. D., Shen, T., Yang, X. Q., Wang, X. Z., Chen, G. X., Yang, M. F., & Du, Y. K. (2020). *Delayed in toilet training association with pediatric lower urinary tract dysfunction*: A systematic review and meta-analysis. Journal of Pediatric Urology, 16(3), 352.e1-352.e8. https://doi.org/10.1016/j.jpurol.2020.02.016.
- Maghfuroh, L. (2017). Penerapan Metode Visual Auditory dalam Peningkatan Keberhasilan Toilet Training pada Anak Prasekolah. Medical Technology and Public Health Journal, 004, 86–98. http://journal.unusa.ac.id/index.php/mtphj/article/viewFile/459/440.

- Maidartati, & Latif, D. D. (2018). Gambaran Pengetahuan Orangtua Tentang Toilet Training pada Anak Usia Toddler di Puskesmas Pasir Kaliki. Jurnal Pengabdian Kepada Masyarakat, 1(1), 7–13. https://doi.org/https://doi.org/10.31294/jabdimas.v1i1.2848.g1852.
- Notoatmodjo. 2007. Promosi Kesehatan dan Ilmu Perilaku Manusia. Jakarta: Rhineka Cipta.
- Notoadmojo, S, S.K.M, M.Com. H. 2012 . *Promosi Kesehatan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta.
- Nursalam, dkk. 2007. *Asuhan keperawatan bayi dan anak (untuk perawat dan bidan)* Edisi: 1.Jakarta: Salemba Medika.
- Nuryanti, Lusi. 2008. Psikologi anak. PT. Indeks, Jakarta.
- Octopus, Hamlyn. 2006. *Kamus perkembangan bayi dan balita*. Alih bahasa: Ariavita Purnamasari. Jakarta: Erlangga.
- Safaria, Triasmas. 2006. Terapi Koginitif-Perilaku Untuk Anak. Yogyakarta: Graha Ilmu.
- Soetjiningsih. 2008. Perkembangan Anak dan Permasalahannya. Jakarta: Sagung Seto.
- Supartini, Yupi, S.Kp, msc. 2007. *Buku Ajar Konsep Dasar Keperawatan Anak*. Jakarta: Penerbit Buku Kedokteran EGC.
- Surinah. 2010. Buku Pintar Merawat Bayi 0-12 Bulan. Jakarta: PT. Gramedia Pustaka Utama.
- Thompson, June. 2006. Pedoman Merawat Balita. Jakarta: Erlangga.
- Wanda, D dan Hayati, H. (2007).Studi *Kualitatif Pengalaman Anak Usia Sekolah Pasca Rawat Inap.* Jurnal Keperawatan Indonesia. Vol 11, (1), 13-18.
- Warner, Penny & Paula Kelly. 2007. Mengajari Anak Pergi ke Toilet. Jakarta: Arcan.
- Wawan, A dan Dewi, M. 2010. *Teori dan Pengukuran Pengetahuan*, *Sikap dan Perilaku Manusia*. Yogyakarta: Nuha Medika.