

The Influence Of Booklet On The Success Of Toilet Training In Children Aged 2-3 Years At Ra Bintang Zhafira Tulang Bawang Regency

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Abstract.

Background: According to the Child Development Institute Toilet training, it is reported that 10 - 20% of children aged 5 years, 5% of children aged 10 years, almost 2% of children aged 12-14 years, and 1% of children aged 18 years still wet the bed. Toilet training is an effort to train children to be able to control defecation (BAB) and urination (BAK) in their place (toilet). Education is one way to increase mothers' or parents' intellectual knowledge about toilet training. Education or health education can be provided using various methods and media, including: lectures, discussions, giving leaflets, booklets or direct practice related to the mother's needs. A booklet is a small book that contains writing, pictures or both. *Research objective:* to determine the effect of booklets on the success of toilet training in children aged 2-3 years at RA Bintang Zhafira, Tulang Bawang Regency. *Research method:* This research uses quantitative with a Quasy Experiment design with a one group pretest and posttest design. The population in this study was 32 mothers who had children aged 2-3 years and the sample taken was 32 respondents. The research was carried out at RA Bintang Zhafira, Tulang Bawang Regency in December 2023-January 2024. Data analysis was carried out univariate and bivariate (*t* test). *Research results:* it is known that the average success of toilet training before intervention was given to children aged 2-3 years was 8.0 and after intervention was given to children aged 2-3 years was 12.1. There is an influence of the booklet on the success of toilet training in children aged 2-3 years at RA Bintang Zhafira, Tulang Bawang Regency with $p\text{-value} = 0.000$ or $p \leq \alpha (0.05)$. *Conclusions and Suggestions:* There is an influence of the booklet on the success of toilet training in children aged 2-3 years at RA Bintang Zhafira, Tulang Bawang Regency and suggestions for RA Bintang can provide health education to mothers who have toddler age children regarding the implementation of toilet training.

Keywords: Children aged 2-3 years, booklet and successful toilet training.

I. INTRODUCTION

Toddler age is the age period from 12 to 36 months. This period is a period of environmental exploration where children try to find out everything that is happening and how to control other people through temperamental behavior, negativism and stubbornness. At that age, the phase of life is unique, and is in a process of change in the form of growth, development, maturation and perfection, both in physical and spiritual aspects, which lasts a lifetime, gradually and continuously. (Hasanah, 2018).The toddler period is very important for laying the foundations for a child's growth and development. Good growth and development will produce a healthy, quality generation in the future. Toddler-aged children experience three phases, namely: the autonomy phase (the child can take his own initiative and is able to do everything himself, but rather shows his own desire to reject something he doesn't want and try something he wants), the anal phase (the child enters the toilet training period) , and the preoperational phase (children begin to be able to make simple assessments of objects and events around them, to reach this phase optimally, stimulation is needed (Khoiruzzadi, 2019).Stimulation of children's independence in urinating (BAK) and defecating (BAB) in the toilet or toilet training is important during the development period. Toilet training or urination and defecation practice is one of the developmental tasks of children at toddler age, where at this age the ability to control the urge to urinate and control the urge to defecate begins to develop (Setiawan, 2018). The need to develop independence that is not met at around two to three years of age will result in obstacles to the development of maximum independence (Khoiruzzadi, 2019).

Toilet training is an effort to train children to be able to control their defecation (BAB) and urination (BAK) in their place (toilet) (Mendur, 2018). Urination and defecation training is a developmental task for toddlers, so the right time to do toilet training is in the anal phase (1-3 years). The child can tell that he needs

to go to the water, so that the parents have enough time to take him, on average this happens at the age of 2.5 to 3 years. The child has enough control over his bladder and can hold back the urge to urinate for some time. This occurs at the age of 3 years and above (Khoiruzzadi, 2019). According to the Child Development Institute Toilet training, it is reported that 10 -20% of children aged 5 years, 5% of children aged 10 years, almost 2% of children aged 12-14 years, and 1% of children aged 18 years still wet the bed. In general, children stop wetting the bed from the age of 2.5 years. In children aged 3 years, 75% of children are free to wet the bed day and night. At the age of 5 years, around 10-15% of children still wet the bed at least once a week. At the age of 10 years there are still around 7%, while at the age of 15 years only around 1% of children still wet the bed (Ratnaningsih, 2020). This phenomenon is triggered by many things, the mother's lack of knowledge about how to train her to defecate and urinate, the use of disposable diapers, the presence of a new sibling and many others (Amelia, 2020). It is estimated that the number of toddlers in Indonesia reaches 30% of Indonesia's 250 million population, and according to the national Household Health Survey (SKRT), it is estimated that the number of toddlers who have controlled defecation and urination at the age of 1-3 years has reached 75 million children.

However, there are still around 30% of children aged 4 years and 10% of children aged 6 years who are still afraid of going to the bathroom, especially at night (Ratnaningsih, 2020). There have been no studies related to the incidence of enuresis (bedwetting) in toddlers in Tulang Bawang Regency, so the incidence of children with enuresis in that location is unknown. The impact of failure in toilet training has an influence on children so that children have no self-confidence, have low self-esteem, are embarrassed, social relationships with their friends are disturbed, children have expressive personalities where children refuse to practice toilet training, are emotional, tend to be careless and do whatever they want in carrying out daily activities. -day (Siauta, 2020). Toilet training failure is generally due to strict treatment or rules from parents towards their children which can interfere with the child's personality or tend to be retentive or stubborn or even stingy. If parents are relaxed in giving rules in toilet training, children will be able to experience an expressive personality where children are more assertive, tend to be careless, like to make trouble, are emotional, and are careless in carrying out daily activities. Apart from that, children are not independent and still carry the habit of wetting the bed until they grow up (Ningsih, 2018). Failure to toilet train can cause children to experience enuresis. Enuresis is the impact of normal urine output but at unexpected times and places. Enuresis or bedwetting usually occurs in children but can sometimes also occur in teenagers and adults, as well as the elderly (Suprihatin, 2015). Enuresis can be nocturnal (bedwetting during sleep at night) or diurnal (during the day) or both. Nocturnal enuresis is more common, but only 10% of night wetters also suffer from diurnal enuresis. In general, children begin to stop experiencing enuresis at the age of 2.5 years, starting by stopping wetting the bed during the day, slowly stopping wetting the bed at night. Most children achieve perfect daytime control until the age of 2.5 – 3.0 years (Setiowati, 2018).

A Sigma Research study in Indonesia in 2017 showed that the highest initial use of diapers among toddlers was between the ages of 0 and 3 months, namely 16.1% when the baby was born (aged < 1 month) and continued to increase and was highest when the baby was 1 – 3 months (69.6%). Mothers buy the most types of disposable diapers with a percentage reaching 95.2%. Using diapers can cause various kinds of problems, including, as stated by Susilaningrum (2013), diaper rash, skin damage or irritation. Wong (2008) also said that another impact of using diapers is dermatitis which is caused by prolonged and repeated contact with irritants such as urine, feces and friction. Children who are used to wearing diapers from babies to toddlers will experience several differences from other children, such as children having difficulty controlling the urge to urinate or defecate, children not telling their parents when they urinate or defecate. , children are lazy about going to the bathroom, even children's attitudes tend to be careless or stubborn (Lita, 2021). Mothers or parents must have good knowledge about toilet training so they can teach toilet training properly to their children. Education is one way to increase mothers' or parents' intellectual knowledge about toilet training. Education or health education can be provided using various methods and media, including: lectures, discussions, giving leaflets, booklets or direct practice related to the mother's needs. A booklet is in the form of a small book that contains writing, pictures or both (Rehusma, 2017). The benefit of using a

booklet is that it is more practical in summarizing educational material because it is summarized in a small book that can be taken anywhere and can be studied again if the explanation given is forgotten.

The use of booklet media is usually accompanied by a brief explanation so as to provide quicker and clearer knowledge and understanding to individuals because there is direct interaction accompanied by discussion (Basri, Zulkifli & Abdullah, 2014). The advantage of booklets is that they can be studied at any time, because they are designed like books and can contain more information than posters. In line with research from Fitria (2021) where the results of the McNemar test obtained a p-value for mother's knowledge about toilet training of 0.000 ($p < 0.05$), for children's toilet training abilities a p-value was obtained of 0.008 ($p < 0.005$), then there is a difference between the mother's knowledge and the ability of pre-school children regarding toilet training before and after giving the booklet media. Based on research (Vermita, 2017), it was found that the majority of respondents did not participate in toilet training, because most parents, especially mothers, did not know about toilet training for children aged 3 to 5 years (Vermita, 2017). The results of Salman's research (2021) using the Paired Sample T-Test obtained $t = -1.62$ with a significant value of $p = 0.000 < 0.05$, so H_0 was rejected and H_a was accepted, which means there is an influence of health education with audiovisual media on ability and independence toilet training for preschool children in the working area of the Enggano District Health Center.

North Bengkulu. Data from a preliminary study conducted at RA Bintang Zhafira, Tulang Bawang Regency on children aged 2-3 years, according to the RA who teaches, said that there were 8 (25%) students who experienced enuresis (bedwetting) and the children were still accompanied when urinating or defecating. Based on the results of interviews with mothers, it was found that 13 (40.6%) children used disposable diapers at night and 1 (3.1%) child urinated and defecated in any place. It is known from 5 mothers that all their children wear diapers continuously because of the practicality and ease of using diapers. Apart from that, the results of interviews with 4 out of 5 mothers stated that according to mothers toilet training is not that important to pay attention to because their children will learn on their own over time. Apart from that, the mother still has inappropriate habits in training her child to toilet train, the mother seems less responsive when her child urinates, gets angry and yells at the child when the child cannot defecate properly. so that this is the initial basis for carrying out further research on preschool children with its connection to the toilet training teachings of each student obtained at home, so that it can be concluded what the results of the success of toilet training are or not for students at RA Bintang Zhafira. Based on this background, the researchers were interested in conducting research with the title "The influence of booklets on the success of toilet training in children aged 2-3 years at RA Bintang Zhafira, Tulang Bawang Regency".

II. METHODS

This research uses a quantitative research method with a Quasy Experiment design with a one group pretest and posttest design which will be assessed pre and post intervention. The aim is to find out the effect of booklets on the success of toilet training in children aged 2-3 years. Data was collected using a questionnaire, the target or sample for this research was submitted to 32 mothers with children aged 2-3 years and the sample taken was 32 respondents at RA Bintang Zhafira, Tulang Bawang Regency. The research was carried out in December 2023-January 2024. Univariate and bivariate data analysis (t test).

III. RESULTS AND DISCUSSION

Table 1. Respondent Characteristics

Variable	Category	Frequency	Percentage
Gender	Man	15	46,8
	Woman	17	53,2
Age	2 years	11	34,4
	3 years	21	65,6
Total		32	100.0

It is known that as many as 17 (53.2%) respondents were female and as many as 21 (65.6%) respondents were 3 years old.

Univariate Analysis

Table 2. Average success of toilet training before intervention was given to children aged 2-3 years at RA Bintang Zhafira, Tulang Bawang Regency

Toilet training success	Mean	SD	Min	Max	N
Before Intervention	8.0	2.4	2	13	32

It is known that the average success of toilet training before intervention is given to children aged 2-3 years is 8.0 with a standard deviation value of 2.4, a minimum value of 2 and a maximum value of 13.

Table 3. The success of toilet training before intervention is given

Toilet training success	Frequency	Percentage
Succeed	18	56.3
Not successful	14	43.7
Total	32	100.0

Based on the research results, it is known that before the intervention was given, 18 (56.3%) respondents were in the successful toilet training category and 14 (43.7%) respondents were not yet in the successful toilet training category.

Table 4. Average success of toilet training after intervention was given to children aged 2-3 years at RA Bintang Zhafira, Tulang Bawang Regency

toilet training success	Mean	SD	Min	Max	N
After Intervention	12.1	2.7	5	16	32

It is known that the average success of toilet training after intervention in children aged 2-3 years is 12.1 with a standard deviation value of 2.7, a minimum value of 5 and a maximum value of 16.

Table 5. The success of toilet training after intervention

Toilet training success	Frequency	Percentage
Succeed	28	87.5
Not successful	4	12.5
Total	32	100.0

It is known that after being given the intervention, 28 (87.5%) respondents were in the successful toilet training category and 4 (12.5%) respondents were not yet in the successful toilet training category.

Table 6. Data Normality Test

Variable	Booklet	Shapiro-Wilk	information
Toilet training success	Before	0.309	Normal
	After	0.064	Normal

Based on the data normality test using Shapiro-Wilk, for the toilet training success variable before and after being given education, a significant value of >0.05 was obtained, which means the data is normal, followed by a t test (paired sample test).

Bivariate Analysis

Table 7. The effect of booklets on the success of toilet training in children aged 2-3 years at RA Bintang Zhafira, Tulang Bawang Regency

Group	N	Different Means	SD	t-test	P- Value
The success of toilet training before and after being given the booklet	32	4.1	2.2	10.2	0,000

Based on the results of statistical tests, it was found that the p-value = 0.000 (p-value $< \alpha = 0.05$) which means that there is an influence of the booklet on the success of toilet training in children aged 2-3 years in RA Bintang Zhafira, Tulang Bawang Regency.

Discussion

Univariate Analysis

The average success of toilet training before intervention is given to children aged 2-3 years

Based on the research results, it is known that the average success of toilet training before intervention is given to children aged 2-3 years is 8.0 with a standard deviation value of 2.4, a minimum value of 2 and a maximum value of 13. Toilet training is an effort to train children to be able to control their defecation (BAB) and urination (BAK) in their place (toilet) (Mendur, 2018). Toilet training is a teaching process to control defecation (BAB) and urination (BAK) correctly and regularly (Karida, 2021). Toilet

training failure is generally due to strict treatment or rules from parents towards their children which can interfere with the child's personality or tend to be retentive or stubborn or even stingy. If parents are relaxed in giving rules in toilet training, children will be able to experience an expressive personality where children are more assertive, tend to be careless, like to make trouble, are emotional, and are careless in carrying out daily activities. Apart from that, children are not independent and still carry the habit of wetting the bed until they grow up.

(Ningsih, 2018) In line with Handayani's research (2019), it is known that the most dominant level of knowledge (experimental group) before being given audio-visual counseling was a moderate level of knowledge, 19 respondents (90.5%). Ginanjar's (2018) research results showed that the median value of mothers' knowledge during the pretest was 7.00. Pebrina Research (2021) The research results showed that the average knowledge of mothers before being given health education was 7.00. Based on the research results, it is known that before the intervention was given, 18 (56.3%) respondents were in the successful toilet training category and 14 (43.7%) respondents were not yet in the successful toilet training category. training, many factors influence this success, one of which is the stimulation given to the mother, sometimes the mother is impatient in the toilet training process so that the child is still assisted in toilet training activities, apart from that the mother also takes shortcuts, sometimes using diapers for the child to prevent children from wetting the bed. This action is a sign that the mother is aware that the toilet training development process has not been successful. Efforts are needed to support children's development related to toilet training, namely increasing the mother's knowledge so that the mother is able to provide good stimulation.

The average success of toilet training after intervention is given to children aged 2-3 years

Based on the research results, it is known that the average success of toilet training after intervention was given to children aged 2-3 years was 12.1 with a standard deviation value of 2.7, a minimum value of 5 and a maximum value of 16. Failure to toilet train can cause children to experience enuresis. Enuresis is the impact of normal urine output but at unexpected times and places. Enuresis or bedwetting usually occurs in children but can sometimes also occur in teenagers and adults, as well as the elderly (Suprihatin, 2015). Media is one of the factors that influences the success of education. Health education can be provided using various methods, including: lectures, discussions, giving leaflets, booklets or direct practice related to the mother's needs. Health education using booklets is more practical in summarizing educational material because it is summarized in a small book that can be taken anywhere and can be studied again if the explanation given is forgotten. The use of booklet media is usually accompanied by a brief explanation so as to provide quicker and clearer knowledge and understanding to individuals because there is direct interaction accompanied by discussion (Basri, Zulkifli & Abdullah, 2014). In line with Ningsih's (2017) research, it shows that the majority of mothers have good behavior in implementing toilet training, 47 thousand (7.3%) while 35 mothers (42.7%) have poor behavior in implementing toilet training. Research from Sintawati (2016) found that mothers' toilet training behavior after intervention was in the highest category, namely good with 17 people (89.5%).

Research from Marleni (2023) revealed that out of 30 respondents, 21 respondents (70%) had good toilet training success, which was higher compared to 9 respondents (9%) who were less successful in toilet training. Based on the research results, it is known that 17 (53.2%) respondents were female and 21 (65.6%) respondents were 3 years old. From the research results, it is known that 28 children have successfully carried out toilet training. Although not all points have been carried out well, the scores obtained from these 28 children are more than the indicator limit for toilet training success, and there are 4 children who have not succeeded. Of the 4 children, overall at the age of 2 years, usually children aged 2 years are characterized by physical, psychological and intellectual readiness in the child. In this study there were children who were not yet able to develop well, but with increasing age both muscles The sphincter is increasingly able to control the urge to urinate and defecate and can be seen from the toilet training success rate which has increased, although slightly. The optimal age for achieving toilet training skills in this study was 2-3 years. This is because at this age children's language development, both verbal and non-verbal, is able to communicate their needs for elimination.

Apart from that, children's motoric development at this age also shows more mature development so that it can support improving children's toilet training abilities (Sari, 2020). Based on the results of this research, it is known that 3 children are male and 1 child is female. The toilet training in these 4 children was not successful, possibly because boys tend to be slower in controlling their bladders compared to girls. This is because the nervous system in boys develops longer than girls, girls can master the urge to urinate at the age of 18 months, while boys only master it at the age of 22 months. In fact, there is no difference in the issue of independence in urinating and defecating between girls and boys, it's just that girls usually find it easier to follow commands well and are easy to control so they catch and imitate what their parents teach them more quickly. rather than boys who are difficult to manage and control.

Bivariate Analysis

The effect of booklets on the success of toilet training in children aged 2-3 years

Based on the results of statistical tests, it was found that the p -value = 0.000 (p -value $< \alpha = 0.05$) which means that there is an influence of the booklet on the success of toilet training in children aged 2-3 years at RA Bintang Zhafira, Tulang Bawang Regency. Another factor that determines the success of toilet training is intellectual. Mothers or parents must have good knowledge about toilet training so they can teach toilet training properly to their children. Education is one way to increase mothers' or parents' intellectual knowledge about toilet training. Media is one of the factors that influences the success of education. Health education can be provided using various methods, one of which is booklets. The use of booklet media is usually accompanied by a brief explanation so as to provide quicker and clearer knowledge and understanding to individuals because there is direct interaction accompanied by discussion (Basri, Zulkifli & Abdullah, 2014). Booklets are educational media in the form of small books that contain writing, pictures or both (Rehusisma, 2017). According to Roza (2012), there are two advantages of booklets, namely that they can be studied at any time, because they are designed like books and can contain more information than posters. There are nine more advantages of booklets, namely: Can be used as an independent learning medium, the contents can be studied easily, can be used as information for family and friends, easy to make, reproduce, repair and adapt, reduces the need to take notes, can be made simply and costs relatively less cheap, durable, has a wider capacity, can be directed at certain segments (Hapsari, 2020).

In line with Salman's research (2021), the results of the paired sample t -test obtained $t = -1.62$ with a p value = 0.000 < 0.05 is significant, then H_0 is rejected and H_a is accepted, which means the influence of health education with audiovisual media on the abilities of preschool children in the working area of the Enggano District Health Center. North Bengkulu. In Handayani's research (2019), there was a difference in knowledge of toilet training after being given treatment in the results of the experimental group, namely a p value of 0.000, in the control group a p value of 0.954 was obtained. Pebrina's research (2021) based on statistical tests for the effect of health education on maternal knowledge obtained p value = 0.000. Based on the research results, it is known that there is an influence of booklets on the success of toilet training in children aged 2-3 years in RA Bintang Zhafira, Tulang Bawang Regency. From the results of this intervention there was an increase in the success of toilet training. This is based on the recap of the results before the intervention was carried out, there were 14 respondents who had not succeeded (with a value range of 5-7 points) and 18 respondents had successfully carried out toilet training (with a value range of 8-13 points). After the intervention, it was seen that 28 respondents had successfully carried out toilet training (with a score range of 8-16) and 4 respondents had still not succeeded in toilet training (with a score range of 5-7). Based on the research results, it is known that before the intervention was carried out, only 5 child respondents were able to remove feces from the toilet hole correctly and after the intervention this increased to 16 children who were able to expel feces from the toilet hole correctly.

From this it can be concluded that there are mothers who have succeeded in getting their children to do one of the toilet training activities correctly. This increase is because the mother can provide directions that the child understands well enough and can convince the child so that he or she is able to carry out these actions, but there are still children who have not been successful in this activity because the child has not been able to escape from the mother's sight, and the mother has not had the heart to Seeing that the child is having difficulties, the mother continues to help him. Apart from that, it is possible that the mother is

impatient with this stage of the process so that the child has not yet carried it out successfully. From the research results, it is also known that before the intervention, 23 children did not often defecate in their pants and after the intervention, 29 children no longer defecated in their pants, meaning that there was an increase in the success of children undergoing toilet training. With these results, it can be stated that the booklet given to mothers was successful in increasing the toilet training independence of children aged 2-3 years.

IV. CONCLUSION

It is known that the average success of toilet training before intervention is given to children aged 2-3 years is 8.0 with a standard deviation value of 2.4, a minimum value of 2 and a maximum value of 13. The success of toilet training after intervention is given to children aged 2-3 years is 12.1 with a standard value deviation 2.7 minimum value 5 and maximum value 16. There is an influence of the booklet on the success of toilet training in children aged 2-3 years at RA Bintang Zhafira, Tulang Bawang Regency (p-value = 0.000).

V. SUGGESTION

For RA Bintang Zhafira, it can be used as information and reference for teachers at RA Bintang Zhafira to be able to work together with health workers, especially midwives, to provide health education to mothers who have toddler-aged children regarding the implementation of toilet training.

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