Health Educationon the Ability of Mothers to Perform Toilet Training on Toddlers at the Kemuning Integrated Health Post in Karangsono Village Loceret District, Nganjuk Regency

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ABSTRACT

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The mother's ability to perform toilet training on toddlers is greatly influenced by her knowledge about toilet training. Improving the mother's knowledge about toilet training can be done through health education activities. The purpose of this study was toinfluence analysishealth educationon the ability of mothers to carry out toilet training on toddlers at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency. The design of this research is analytical observational withoue group pre-post test approach. The population of this study was all mothers of toddlers. at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency, totaling 40 mothers. The sample size obtained was 35 respondents. Sampling was carried out using purposive sampling technique.Data analysis using Wilcoxon test calculations at the $\alpha = 0.05$ level. The results of the study showed that sMost of the respondents at Posyandu Kemuning had the ability to do toilet training before health education at a low level, namely 25 mothers (71.4%). Most of the respondents at Posyandu Kemuning had the ability to do toilet training after health education at a moderate level, namely 23 mothers (65.7%). There is influencehealth educationon the ability of mothers to toilet train toddlers at Posyandu Kemuning. This is proven by the p-value = $0.000 < \alpha (0.05)$ so that the research hypothesis is accepted.

I. Introduction

The independence of toddlers is greatly influenced by the parenting patterns of their parents, especially their mothers. If toilet training is not done properly by the mother, then the most common impact in the failure of toilet training is the existence of strict treatment or rules for parents to their children which can interfere with the child's personality or be retentive where the child tends to be stubborn and even stingy. This can be done by parents if they often scold their children when defecating or urinating, or forbid children when traveling. If parents are relaxed in giving rules in toilet training, the child will experience an expressive personality where the child is more cruel, tends to be careless, likes to cause trouble, is emotional and arbitrary in carrying out daily activities (Riyanti 2014).

Based on data from the Indonesian Pediatrician Association (IDAI), one in four toddlers (1-3 years old) experience problems related to sleep, one of the causes of which is bedwetting. As many as 75 million toddlers in Indonesia have difficulty controlling their urination and defecation (bedwetting) until pre-school age. (Riyanti, 2014). Based on preliminary interviews conducted by researchers in February with 10 mothers who have toddler-aged children at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency, as many as 4 mothers (40%) admitted that their children still often wet the bed.



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The mother's ability to perform toilet training on toddlers is greatly influenced by her knowledge about toilet training, while this knowledge is greatly influenced by the information obtained by the mother from the right and accountable sources. If the mother's knowledge is low, then the mother tends not to carry out toilet training or to implement inappropriate methods in teaching toilet training to children (Widyarahayu, 2011).

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The results of Tarhan, et.al.'s (2017) research stated that the mother's education level is related to toilet training in children. The higher the mother's education, the more the mother will take the initiative to carry out toilet training from the beginning of her child's age. Likewise, the results of Putri's (2016) research whichshows that aThere is a significant relationship between the level of maternal knowledge about toilet training and the implementation of toilet training in toddlers with a p-value of 0.001.

Increasing mothers' knowledge about toilet training can be done through health education activities. Health education can be provided directly, for example through lectures, demonstrations, counseling, and visits by Posyandu cadres. In addition, health education can also be done indirectly, for example by distributing leaflets, brochures, and stickers.

The general objective of this research is to: minfluence analysishealth education on the ability of mothers to carry out toilet training on toddlers at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency. These general objectives are further broken down into specific objectives, as follows:

- 1. Identifyingmothers' ability to perform toilet training on toddlers at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency before being given health education.
- 2. Identifyingmothers' ability to perform toilet training on toddlers at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency after being given health education.
- 3. Analyzing the influencehealth education the ability of mothers to carry out toilet training on toddlers at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency.

II. Methods

The design used in this study is an analytical observational design, namely researchwhich is directed to explain a condition or situation(Nursalam, 2016). This type of research uses a one group pre-post test design approach, namely experimental research that aims to determine the effects before and after treatment (Notoatmodjo, 2010).

The population in this study were all mothers of toddlers.at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency, totaling 40 mothers. The sample size obtained was 35 respondents. Sampling was carried out using the purposive sampling technique, namelya sampling technique based on certain criteria (Notoatmodjo, 2010). Inclusion criteria: mothers who directly accompany their children to the integrated health post, mothers and toddlers in good health, normal body temperature (not exceeding 37.2° C), and willing to use PPE during HE implementation. Exclusion criteria: mothers with toddlers who are indicated to have autism or mental retardation.

The independent variables in this study arehealth education, while the dependent variable is the ability to perform toilet training. The provision of materialshealth education includes:definition of toilet training, types of toilet training, child's readiness to accept toilet training, stages of toilet training, and the impact of toilet training failure. While the measurement indicatorsthe ability to perform toilet training is based on tor toilet training methods, including: avoiding the use of disposable diapers at home, teaching children to tell you when they want to defecate/urinate, encouraging children to be interested in bathroom activities, showing them the correct way to clean or wash, and not getting angry if children fail to do toilet training.

The data collection instrument for this study was a questionnaire. The research data analysis used the Wilcoxon test calculation at the $\alpha=0.05$ level. The Wilcoxon test calculation was carried out using the SPSS program. If the p value $\leq \alpha$ (0.05) the hypothesis is accepted, meaning there is an influence.health education on the ability of mothers to carry out toilet training on toddlers at the

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Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency and If the p value $\geq \alpha$ (0.05) the hypothesis is rejected, meaning there is no influence.health education on the ability of mothers to carry out toilet training on toddlers at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency.

III. Results and Discussion

The results presented must be sequential from the main results to the supporting results. Use units of measurement based on applicable international standards. You can add diagrams, tables, pictures, and graphs by completing them with narration.

1. General Data

Table 1. Respondent Characteristics Based on Mother's Age, Child's Age, Mother's Education, and Mother's Occupation.

Table 1. Characteristics Based on Mother's Age, Child's Age, Mother's Education, and Mother's Occupation.

No	Characteristics	Category	Amount	Percentage (%)
1		20 - 25 years	10	28.6
2		26 - 30 years	16	45.7
3	Mother's Age	31 - 35 years	7	20.0
4		> 35 years	2	5.7
		Total	35	100.0
1		1 year	4	11.4
2	Child A	2 years	19	54.3
3	Child Age	3 years	12	34.3
		Total	35	100.0
1		SD	2	5.7
2	Mother's	JUNIOR HIGH SCHOOL	13	37.1
3	Education	SENIOR HIGH SCHOOL	20	57.1
		Total	35	100.0
1		Housewife	26	74.3
2	Mother's Job	Farmer	4	11.4
3		Employee	5	14.3
		Total	35	100.0

Source: The primary data,

Based on the data in Table 1 it is known that Of the total 35 mother respondents at the Kemuning Posyandu, most were aged 26-30 years, namely 16 mothers (45.7%), most had toddlers aged 2 years, namely 19 mothers (54.3%), most had elementary school education, namely 7 mothers

(35.0%), and most worked as housewives, namely 26 mothers (74.3%).

The results of this study indicate that there is influence health education the ability of mothers to perform toilet training on toddlers at Posyandu Kemuning, Karangsono Village, Loceret District, Nganjuk Regency. The influence is positive, namely in the form of increased toilet training ability between before (pre-test) and after (post-test) given health education.

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Hidayat (2012) stated that toilet training is an effort to train children to be able to control urinating and defecating in the right place after feeling a stimulus. Indicators of the correct implementation of toilet training for toddlers, namely: avoid using disposable diapers at home, teach children to tell you if they want to CHAPTER/BAK, encourage children to be interested in bathroom activities, show them the correct way to clean or wash, and don't get angry if your child fails to do the toilet.

2. General Data

Respondent Characteristics Based on Mother's Ability to Perform Toilet Training Before and After Health Education

Table 2. Characteristics Based on Mother's Ability to Perform Toilet Training Before and After Health Education

Before He Ability Coilet Training Low	Amount	%	After He Ability Toilet Training	ealth Educatio	%
oilet Training		%	·	Amount	%
		%	Toilet Training	Amount	%
Low	25				
	25	71.4	Low	2	5.7
Currently	9	25.7	Currently	23	65.7
Tall	1	2.9	Tall	10	28.6
Total	35	100.0	Total	35	100.0
	Tall	Tall 1 Total 35	Tall 1 2.9 Total 35 100.0	Tall 1 2.9 Tall Total 35 100.0 Total	Tall 1 2.9 Tall 10

p-value= $0.000 < \alpha (0.05)$

Source: The primary data,

Based on the data in Table 2, it is known that from a total of 35 mother respondents at the Kemuning Posyandu, the majority of their ability to carry out toilet training before health education was at a low level, namely 25 mothers (71.4%) and the majority of their ability to carry out toilet training after health education was at a moderate level, namely 23 mothers (65.7%).

Respondents of mothers at Posyandu Kemuning who had low level toilet training skills during the pre-test were 25 mothers (71.4%), then during the post-test it decreased to 2 mothers (5.7%). Meanwhile, respondents who had moderate level toilet training skills during the pre-test were 9 mothers (25.7%), then during the post-test it increased to 23 mothers (65.7%). Respondents who had high level toilet training skills during the pre-test were 1 mother (2.9%), then during the post-test it increased to 10 mothers (28.6%). Thus, overall there has been an increase in toilet training skills among mothers at Posyandu Kemuning after being given health education.

The results of hypothesis testing with Wilcoxon test shows a p-value = $0.000 < \alpha$ (0.05) so that the research hypothesis is accepted. This means there is influence health education on the ability of mothers to carry out toilet training on toddlers at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency.

The Greatest Showman (2011)) states that The mother's ability to perform toilet training on toddlers is greatly influenced by her knowledge about toilet training, while this knowledge is greatly influenced by the information obtained by the mother from the right and accountable sources. If the mother's knowledge is low, then the mother tends not to carry out toilet training or to implement inappropriate methods in teaching toilet training to children.

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The results of this study support the results of previous research conducted by Tarhan, et.al. (2017) which stated that the level of maternal education is related to toilet training in children. The higher the mother's education, the more mothers take the initiative to carry out toilet training from the beginning of their child's age. The results of Sintawati's study (2016) stated that there was a The significant influence of counseling about toilet training stimulation on toilet training behavior in mothers who have toddlers .Likewise, the results of Putri's research (2016)shows that a There is a significant relationship between the level of maternal knowledge about toilet training and the implementation of toilet training in toddlers.

The provision of health education for mothers at the Kemuning Integrated Health Post in Karangsono Village, Loceret District, Nganjuk Regency is considered quite successful, because it has been proven to be able to increase mothers' knowledge about how to carry out toilet training on toddlers. The knowledge obtained from health education is then implemented in real terms by mothers, so that there is an increase in mothers' ability to carry out toilet training on toddlers.

IV. Conclusion

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Based on the research results and discussion, several conclusions can be drawn from this research, including: sMost of the respondents at Posyandu Kemuning had the ability to do toilet training before health education at a low level, namely 25 mothers (71.4%), most of the respondents at Posyandu Kemuning had the ability to do toilet training after health education at a moderate level, namely 23 mothers (65.7%). The results of the hypothesis test showed that aand influence health education on the ability of mothers to perform toilet training on toddlers at the Kemuning Integrated Health Post, Karangsono Village, Loceret District, Nganjuk Regency. This is proven by the p-value = $0.000 < \alpha$ (0.05) so that the research hypothesis is accepted.

Advice given to health workers, especially midwives and health cadres who work at integrated health posts, is to package health education with strategies and techniques that are communicative and easy for mothers of toddlers to digest. Especially during the Covid-19 pandemic, the implementation of HE should not be interrupted, but can be done actively through Whatsapp and other social media.

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