

ORIGINAL ARTICLE

The Role of Parents in Implementing Toilet Training for Toddlers

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ABSTRACT

Introduction: This research aims to identify the role of parents in implementation toilet training for toddlers. The variable in this study is the role of parents in the implementation of toilet training with a population of 130 people. The sample selection used in this study was based on inclusion criteria, namely there were 57 people. The research instrument used in this study was a questionnaire containing statements about the role of parents in carrying out toilet training. The researcher made his own questionnaire by referring to reference sources. The questionnaire has been tested for the validity and reliability of the instrument. Test Statistical analysis using univariate analysis. **Methods:** The research design used a descriptive quantitative approach, a purposive sampling technique involving 57 parents of toddlers through filling out a questionnaire. Parents' responses were recorded and categorized into two categories, good and bad. **Results:** The results showed that more than half of the parents were in a good category to implement toilet training (52.6%), and the rest were still in the bad category (47.4%). Several factors can affect the role of parents in carrying out toilet training, i.e. the readiness of parents and children, toilet training teaching techniques, and the stages of toilet training itself. **Conclusion:** Nurses as health workers are expected to become educators for the parents about knowing the importance of implementation toilet training for children. Physical and psychological environmental aspects must be considered in supporting the toilet training process.

Keywords: Parents' role, Toddler, Implementation toilet training**Corresponding Author:**

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INTRODUCTION

Toilet training is one of the developmental tasks in children especially of toddlers (ages 1 to 3 years). At this age, voluntary controls of the anal and urethral sphincters are started to be active, as the children begin to walk, at approximately 18 and 24 months of age. Some complex psychophysiological factors are required for readiness. Typically, at this age, children should be able to recognize the urgency to release and hold elimination and communicate this sensation to the parents. Defecation training is usually completed before urination training because its order is more regular and easier to predict. The sense of defecation is more prominent than urinating, which can rivet the child's attention. Sometimes, urination training cannot

be completed until the age of 4 to 5 years, so that if this happens, it is still considered normal (1).

A toddler is at a golden period, which is short and brief. At this time, the level of brain plasticity is still very high so that it is more receptive to the learning and guidance process. Several aspects in the development of toddlers consist of gross motion development (gross motoric skills), soft motion development (soft motoric skills), language and speech development as well as the development of socialization and independence (2). Toilet training needs to be done as long as the child is in the optimal period to avoid long-term effects such as incontinence and urinary tract infections (UTI) (3). Besides, the inappropriate age of children doing toilet training can cause several problems such as constipation, refusing toileting, urinary dysfunction, urinary tract infections, and enuresis (3). All children must complete this developmental task by obeying the rules for gaining their autonomy and self-respect (4). Toilet training is the first step in the formation of

children's independence and discipline. The task of parents is to provide motivation, comfort feeling, and the right example to the children so they can become independent more quickly in defecating and urinating according to the correct rules.

Excessive actions or strict rules from parents to their children can lead to toilet training failure. For example, parents often scold or forbid their children when they want to defecate or urinate while traveling. This action can bother children's personalities, so they tend to be stubborn and even stingy. Conversely, when parents are too lenient to enforce the rules in toilet training, the child can become an expressive personality where the child is more heart, tends to be careless, likes to mess, gets emotional, and does his / her daily activities (5).

Based on the results of preliminary studies location Margasari, Bandung City, Indonesia most toddler age children in Bandung City are in East Bandung, namely in Buah Batu sub-district totaling 2,859 children (BPS Data, 2018). Margasari Village is the area that has the most toddler age children, namely in RW 06 with a total of 130 children. The results of the interview showed that there were still many children who had not been able to control their defecation and defecation, as well as few mothers who applied toilet training correctly because most of the mothers worked and did not know the proper implementation of toilet training. Based on the above phenomenon, considering the importance of the role of parents in the implementation of toilet training in children, the researchers are very interested in conducting research on the role of parents in the implementation of toilet training for toddlers (1-3 years). This research aims to identify the role of parents in implementation toilet training for toddlers.

MATERIALS AND METHODS

The study used a descriptive research design with a quantitative approach that aims to identify the role of parents in implementation toilet training for toddlers. The selection of participants was selected by purposive sampling technique based on the following criteria: 1) parents whose children at toddler age (1-3 years); 2) located in the Posyandu Margasari working area of 3 RW In Buah Batu, Bandung City, Indonesia; 3) being able to read and write; and 4) willing to be a participant. This study involved 57 participants who met the criteria of 130 people total population. The characteristics of the participants can be seen in Table I.

Materials and apparatus

The instrument used in this study was a questionnaire containing statements about the various roles of parents in implementing toilet training. The questionnaire was arranged based on references taken from multiple references. The validity test was carried out at Posyandu RW 08 in the same area to obtain the same characteristics as the subject under study. The validity test was carried

Table I: Frequency distribution of participant's characteristics

	Characteristics	
	Frequency	Percentage (%)
age		
20-30	24	42,1
30-40	26	45,6
>40	7	12,3
Total	57	100,0
job		
Housewife	48	84,2
Labourer	2	3,5
Entrepreneur	3	5,3
Self-Employee	4	7,0
Total	57	100,0
Education		
Elementary school	9	15,8
Junior high school	18	31,6
High school	23	40,4
Diploma	2	3,5
Bachelor	5	8,8
Total	57	100,0
Gender		
Male	30	52,6
Female	27	47,4
Total	57	100,0

out on 20 participants who had toddler-age children. There are 21 valid statement items from the 30 items tested, with a value of 0.444-0.870. Seven invalid items were revised and tested for validity again through the content validity test to obtain representative statement items for each research indicator. Two statement items are omitted because their r_{count} value is far from r_{table} . Reliability test results got Cronbach value $\alpha = 0.950$ so that it can be concluded that the statement item is reliable.

Data collection

Researchers visited the 57 participants to complete the questionnaire. Before filling out the questionnaire, they clarified in advance the intent and purpose of the study and were allowed to ask until they understand. Participants' willingness was stated in an informed consent sheet that had been provided. The researchers accompanied the participant while filling out the questionnaire to ensure that all questionnaires were answered thoroughly.

Data analysis

The data were analysed using univariate analysis. The

data are summarized and illustrated through a frequency distribution Table I that reflects the distribution role of parents in implementation toilet training for toddlers.

Ethical Clearance

This study was approved by Research Ethics Committee, Universitas Pendidikan Indonesia No. 072/1534/V-2019/BPKP.

RESULTS

Table II shows that half of the participants 52.7% of parents are already in the good category in carrying out their roles, where 22.8% of them are in the 20-30 years age range, the housewife profession dominates both categories with high school education level. However, 47.3% of parents who are in the poor category are dominated by the 30-40 years age group who generally work as housewives with a high school education level.

Table II: Frequency distribution of the parents' role based on the characteristics of the participants

Characteristics of participants	Role				
	Good		Poor		Total
	N	%	N	%	
Age					
20-30	13	22.8	11	19.2	
30-40	12	21.1	14	24.6	
>40	5	8.8	2	3.5	
Total	30	52.7	27	47.3	100
Job					
Housewife	24	42.1	24	42.1	
Labourer	1	1.8	1	1.7	
Entrepreneur	3	5.3	0	0.0	
Self-Employee	2	3.5	2	3.5	
Total	30	52.7	27	47.3	100
Education					
Elementary school	5	8.8	4	7.0	
Junior high school	9	15.8	9	15.8	
High school	14	24.5	9	15.8	
Diploma	1	1.8	1	1.8	
Bachelor	1	1.8	4	7.0	
Total	30	52.7	27	47.3	100

Table III shows that the role of parents plays a good role in the implementation of toilet training, namely most of participants for the technical indicator of teaching toilet training are using oral techniques with a total of 33 people (57.9%). both with a total of 41 people (71.9%), on the indicator of Parents' Readiness in Conducting Toilet Training, almost all of the participants played

a good role with a total of 49 people (86%) and on indicators of children's readiness to do toilet training, almost most of the participants played a good role with some 40 people (70.2%).

Table III: Distribution of the role of parents in implementing toilet training for toddlers (1-3 years) based on indicators

Indicator	Role					
	Good		Poor		Total	Percentage (%)
	N	%	N	%		
Techniques for Teaching Toilet Training						
Oral Technique	33	57,9	24	42,1	57	100
Modelling Techniques	32	56,1	25	43,9	57	100
Toilet Training Stages	41	71,9	16	28,1	57	100
Readiness of parents in doing toilet training	49	86,0	8	14,0	57	100
Readiness of Children in Doing Toilet Training	40	70,2	17	29,8	57	100

DISCUSSION

Based on the characteristics of the level of education, as seen in table 1, the results showed that the educational background of the participants in both categories had an average level of secondary education. The ability of parents to teach toilet training to children can be influenced by factors of education, age, occupation, environment, socio-culture, and information (7). Sources of information that are widely accessed by parents can control how to teach toilet training to children. Parents' education and experience in caring for children will affect the readiness of parents to carry out their roles. One of them is the ability to observe everything that happens to their child (8). The study reported that 10% of the population of school-age children who did not undergo toilet training experienced nocturnal enuresis (9). Other factors that affect the success of toilet training are the level of family income, the age of the child, the method used, the type of toilet, parental knowledge, children's psychological status, and gender (3). In this case, the level of education and occupation of parents can influence beliefs and attitudes about the implementation of toilet training (4). Working mothers tend to apply early toilet training before their children reach the age of 30 months. Similarly, the higher maternal education level is more early to send their children to school for toilet training.

The initiation of toilet training could also be influenced by the economic level of the family, the size of the family, and the status of residence between city and

village (1). The results of a retrospective case-control study showed that children who did toilet training with punishment had a higher risk of experiencing symptoms of incontinence and infection than children who were motivated by their parents to do toilet training (11). Reported that 17% of children who had a persistent fear of toilets were associated with higher scores for attention problems and levels of anxiety (12).

Table 2 indicates that the age of maturity does not guarantee that a person can carry out toilet training well. Several factors that can affect it are limited information and motivation to conduct toilet training itself. The age factor has a low correlation value ($r=0.396$) on the caregiving role achievement. She said that the best period in carrying out a parenting role is in the age range of 20-35 years (10). It is a logical explanation because performing the role optimally requires excellent physical and psychological strength.

Based on the characteristics of the work, most of them were housewives with the same number of 24 respondents having good and bad roles. For respondents who have a less role in the implementation of toilet training, this is because the elderly had never received information about how to teach toilet training properly, are busy, and lack motivation to practice toilet training. However, there are also 24 respondents who have a good role, namely because their parents can spend more time at home to train toilet training, and get information from the internet about training children to do toilet training. Mothers who do not work tend to have greater opportunities and more time to pay attention to their children on a daily basis, and can also directly monitor children's independence according to their age, and are more quickly identified if there is a disturbance. on the growth and development of children that can hinder the success of toilet training (20).

Based on the indicators studied, as seen in table III, more than half of the participants were in the good category in doing toilet training. This can be seen primarily from the indicators of readiness to carry out toilet training, both from parents and children. It appears that the participants still lack understanding in terms of the technique of doing toilet training self. These findings indicate that participants still need education about teaching techniques, both verbally and in terms of modelling. Children's readiness for toilet training depends on physical and psychological development. The most significant reason indicated by parents for starting toilet training is that the child shows a signal and has certain skills that correspond to a focus on signs of toilet training readiness (21).

Toilet training is generally carried out when children enter school age. A study found that 50% of the population ($n = 401$) parents implemented toilet training because their children started attending kindergarten and only 27% (n

$= 226$) did so based on signs of children's readiness (13). In his study, there were frequent cases of constipation with varying severity. He stated implementation of toilet training can be done more efficiently if the time and place is right for the child.

Besides, the inappropriate age for toilet training in children can cause several problems, such as constipation, refusing toilets, urinary dysfunction, urinary tract infections, and enuresis (14). Many factors can influence parents in implementing toilet training for children, including education, age, occupation, environment, socio-culture, information, sources of information that can affect how to teach toilet training to children (7). This study, parents are still not aware of the possible negative consequences that can be caused by being late in implementing toilet training.

The toilet training process should start by introducing toilet training and increasing children's awareness of the habit of doing urination and defecation independently. The Canadian Paediatric Society (CPS) and the American Academy of Paediatrics recommend to implementation toilet training should be started from 18 months of age because infant bladder control has begun to develop. At that age, parents need to provide positive reinforcement by establishing routine toilet training use at standard times including after waking up in the morning, after breakfast, snack time, and before nap time (12). Explained that if toilet training is carried out earlier than the recommended time, it can cause stress to children during this period and can prolong the toilet training process. Therefore, parents are expected to be able to identify children's readiness to be trained and guided in toilet training (15).

In implementing toilet training, parents must keep going to motivate their children to urinate and defecate independently without being forced or accompanied by emotional means. There are differences in the implementation of the role of parents in small and large families. In small families, parents put more emphasis on the development of each child and becoming more intensive. Children's participation is more open than children in extended families. Parents' motivation to start implementation toilet training appears to have changed. Now, Parent start the toilet training exercise when parents have time because their child has reached the appropriate age or their child needs implementation toilet training to enter kindergarten (5). Children when doing toilet training with punishment had symptoms of incontinence and infection, whereas children without symptoms of incontinence and urinary tract infection incidence were lower when children were motivated by parents to retry toilet training (11). In some cultures, including North America, the success of toilet training in children is considered a major step in self-development in terms of independence (16). The success of doing toilet training on children will have an impact physically and

psychologically. An understanding of good techniques and approaches to children can help reduce stress and can help parents know what to do. All children can successfully control urination and defecation. Parents must be able to identify problems as early as possible, including potential conflicts in the family which must be a major concern for them. A child's fear of going to the toilet can be an indicator of early anxiety behaviours such as stress while urinating. The specific aspects of bathrooms that children fear vary, including using public restrooms, automatic toilet flushing, and standard toilet flushing (12).

Nowadays, the paradigm shifts and advances in information technology have changed the motivation of parents to adopt better implementation toilet training techniques. Some parents have provided a special time for carrying out toilet training when their children have reached a certain age to train them to the toilet on time when entering kindergarten (17). Toilet training which is done at home needs safety environment, comfortable, and has an aesthetic (18). Though it is extrinsic factors that do not affect the children's physical and psychological maturity, social and cultural factors can affect their ways and habits to the toilet (13).

The success of toilet training has several benefits, including making children able to control urination and defecation, forming an independent attitude earlier, and knowing some parts of the body and their functions so that they can implement clean and healthy living behaviour (19). On the other hand, the failure of toilet training due to wrong treatment or strict rules from parents. Some of its impacts are including disruption of the child's personality tends to be stubborn and even stingy. However, sometimes parents show too tender attitudes which can lead to an expressive personality, that is, the children will be more heartless, tend to be careless, tend to mess, emotional and arbitrarily carry out daily activities (5). The target of toilet training is that the child must be able to recognize the sensation of wanting to urinate and control it by holding or removing it independently, and be able to communicate these feelings to parents. Parents' attention to their children is needed in implementing toilet training to make children more enthusiastic and confident (1). Many factors play an active role in children in doing toilet training, namely the level of mother's education, socio-culture, the structure of family income levels, age, methods used, place, type of toilet, knowledge, children's psychological, status, gender and motivation from parents to train defecation and bowel movements so that children can do defecation and bowel exercises, training children without compulsion or not using emotional means is one indicator of the success of toilet training (4, 22).

CONCLUSION

The findings of the study that parents have played a strategic role in helping their children reach an optimal development stage, which is reflected in toilet training implementation. The readiness and ability of parents are necessary to identify signs of toilet training readiness in children, including physical readiness, mental readiness, and psychological readiness. Nurses as health workers are expected to be educators and guides for the parents in implementing toilet training for the children. Consideration of environmental aspects, both physical and psychological, is essential in supporting the success of the toilet training process, which is needed to be taught to parents to achieve optimal toilet training goals.

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