

## Mother's Attitude and Role Related to Toilet Training Readiness in Toddler

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### ABSTRACT

*The toilet training readiness was influenced by various factors, such as the mother's attitude, role, and the child's readiness. This study aimed to determine the correlation between mothers' attitudes and roles with toilet training readiness in toddlers. This study used a descriptive correlational design using a cross-sectional approach. The research sample was 96 respondents using an accidental sampling technique. The analysis used the chi-square test to identify the correlation between mothers' attitudes and roles with toilet training readiness in toddlers. The results of the study showed the mother's attitudes in the positive category (53.1%), the mother's roles in the good category (54.2%) and toilet training readiness in the ready category (69.8%). The results of the chi-square test showed a correlation between mother's attitudes with toilet training readiness ( $p\text{-value} < 0.001$ ;  $\alpha 0.05$ ) and the correlation between mother's role and toilet training readiness ( $p\text{-value} 0.001$ ;  $\alpha 0.05$ ). This study shows a significant correlation between mothers' attitudes and roles with toilet training readiness in toddlers.*

**Keywords:** attitude; mother; role; toilet training readiness

### ABSTRAK

Kesiapan *toilet training* dipengaruhi oleh berbagai faktor seperti, sikap ibu, peran ibu, dan kesiapan anak. Tujuan penelitian ini untuk mengetahui hubungan sikap dan peran ibu dengan kesiapan *toilet training* pada anak usia *toddler*. Penelitian ini menggunakan desain deskriptif korelasional menggunakan pendekatan *cross sectional*. Sampel penelitian adalah 96 responden menggunakan teknik *accidental sampling*. Analisis yang digunakan adalah uji *chi-square* untuk mengidentifikasi hubungan sikap dan peran ibu dengan kesiapan *toilet training* pada anak usia *toddler*. Hasil penelitian didapatkan sikap ibu pada kategori positif (53,1%), peran ibu pada kategori baik (54,2%) dan kesiapan *toilet training* pada kategori siap (69,8%). Hasil uji *chi-square* didapatkan hubungan antara sikap ibu dengan kesiapan *toilet training* ( $p\text{-value} < 0,001$ ;  $\alpha 0,05$ ) dan hubungan antara peran ibu dengan kesiapan *toilet training* ( $p\text{-value} 0,001$ ;  $\alpha 0,05$ ). Penelitian ini menunjukkan bahwa sikap dan peran ibu mempunyai hubungan yang bermakna dengan kesiapan *toilet training* pada anak usia *toddler*.

**Kata kunci:** sikap; ibu; peran; kesiapan *toilet training*

## INTRODUCTION

Every child goes through various stages of growth and development. However, every child's growth and development process is different, and more than one factor affects it. Good growth and development will create healthy and high-quality children of the nation. Growth and development will significantly improve when the child enters the toddler age. The toddler is a developmental age in children aged 12-36 months (Leifer, 2019). The age of 12-36 months is often referred to as the golden age of children's intellectual development. The developmental stages of toddlers include psychosocial, cognitive, and psychosexual (Kyle and Carman, 2014). At this point, children can undergo toilet training.

Toilet training is a process of teaching children to be able to control urination, defecation, and use the toilet. This exercise is the first step in children's bladder and bowel function (Abd Elgawad, 2014). Children tend to have the ability to defecate before urinating because the sensation of defecation is stronger than the sensation of urination, so children are more likely to recognize this (Hockenberry, Wilson and Rogers, 2017). Once the child has acquired motor skills, such as undressing, walking, and communicating desires with the mother, the child can begin toilet training

activities. Research conducted in the United States in 2018 for children aged 24 months showed that 26% of children under five experienced nocturnal enuresis, up to the age of 30 months, namely 88% and 98% at 36 months (Andresni *et al.*, 2019). In Singapore, it was found that 15% of children still wet the bed until they entered preschool, an estimated 1.3% of boys and 0.3% of girls, then in the UK, children have the habit of urinating and defecating in any place until the age of 84 months (Warlenda and Sari, 2017).

The Ministry of Health of the Republic of Indonesia (2019) found the number of children aged 1-4 years in Indonesia is 18,913,420. The National Household Health Survey (2012) estimates that the number of children who have difficulty controlling urination and defecation from toddler to preschool is 75 million children. 25% of children succeeded in urinating and defecating on the toilet, and 75% failed to perform urination and defecation in the toilet. This phenomenon is caused by many factors, such as a lack of knowledge about how to practice urination and defecation, disposable diapers, the presence of new relatives, etc. (Nurjanah and Fitriani, 2017). Failures of toilet training can have a negative impact on children. The most common effect is that the child is not

independent in the toilet. The child carries the bedwetting habit into adulthood and even causes urinary tract infection (UTI) and urinary incontinence. Children who do not learn to use the toilet can lead to enuresis, which can disrupt the child's development if this continues for a long time (Andriyani, Viatika and Darmawan, 2016). Successful toilet training activities will give children psychological advantages in developing hygiene habits, namely: understanding the need for defecation and training children to be responsible for maintaining their health and hygiene (Furdyartanta, 2012). The success of toilet training is influenced by many factors, such as the readiness of children in physical, mental and psychological and parents including knowledge, motivation, attitudes and roles (Fatmawati, 2017).

The preliminary study was held on March 9, 2021, in the Payung Sekaki Health Center by interviewing ten mothers who have children aged 18-36 months. Four out of 10 mothers said the main problem that occurred to their children was that the child still had the habit of wetting the bed while sleeping. Three other mothers said that her child could not open the pants, could not yet squat on the toilet and convey the urge to urinate so that the child still uses diapers every day. A preliminary study by Khair,

Hasanah and Safri (2021) also found the same problem of children still wearing diapers used by their parents at 25-36 months of age.

This study differs from previous studies in the study variables, data analysis, number of respondents, sampling techniques, and population studied. This study aims to determine the relationship between the mother's attitude and role with toilet training readiness in toddlers.

## **METHOD**

This study is quantitative research with the correlational descriptive using cross-sectional method. The study was conducted in the work area of Payung Sekaki Public Health Center, Pekanbaru, from June 14-27 June 2021. The sample is taken by accidental sampling. The population of this study were all mothers who had a toddler (18-36 months) with a sample of 96 respondents who were taken based on inclusion and exclusion criteria. Inclusion criteria in this study were mothers who had children aged 18-36 months. Both the mothers and children were psychologically healthy and willing to be research respondents. The exclusion criteria in this study were mothers who had children aged less than 18 months and more than 36 months and mothers who had children with developmental delays.

Data collection was carried out by distributing questionnaires about the mother's attitude, role, and toilet training readiness. Researchers used a questionnaire by previous researchers and made modifications to the questionnaire. The researchers used the attitude questionnaire of Ilmalia (2019), the role questionnaire of Rachmah (2019), and the toilet training readiness questionnaire of Mail and Romdzati (2018). The questionnaire has been tested for validity and reliability. The mother's attitude questionnaire consists of 10 question items, one of which is invalid because the value of  $r$  count  $<$   $r$  table is number 3 ( $r$  count = - 0.696  $<$  0.444), and for the role questionnaire consisting of 13 question items, there are 2 invalid question items, namely number 2 ( $r$  count = 0.413  $<$  0.444), number 3 ( $r$  count = - 0.472  $<$  0.444) and the toilet training readiness questionnaire was declared valid on all question items with  $r$  count  $>$  0.444. So that the attitude questionnaire consists of 9 questions, the role questionnaire is 11 questions, and the toilet training readiness questionnaire is 18 questions used in the study. Researchers used a simple

descriptive analysis to picture the characteristics studied and bivariate data analysis using the Chi-Square test.

The operational definition in this study is that the mother's attitude is the act of accepting or refusing to teach children to be ready for toilet training. The mother's role is the mother's behaviour in the form of the responsibility to educate, nurture, and guide children to achieve toilet training readiness. Meanwhile, toilet training readiness is a child's physical, mental, and psychological ability to urinate and defecate. The research has obtained Ethics Approval Letter with No. 139/UN.19.5.1.8/KEPK.FKp/2021.

## **RESULTS AND DISCUSSION**

The discussion in this study includes both univariate and bivariate variables. Univariate variables were used to describe the characteristics of the respondents, namely maternal age, education, occupation, child age, gender, and description of mother's attitude, role, and toilet training readiness. Bivariate variables were used to see a significant relationship between the two variables.

Table 1. Characteristics distribution of the respondents and their children

<b>Respondent Characteristics</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Mother's Age</b>		
17-25 years	16	16,7
26-35 years	56	58,3
36-45 years	24	25,0
<b>Education</b>		
No School	0	0
Elementary School	5	5,2
Junior High School	16	16,7
Senior High School	59	61,5
College	16	16,7
<b>Occupation</b>		
Civil Servant	0	0
Employee	9	9,4
Entrepreneur	10	10,4
Housewife	77	80,2
<b>Child Age</b>		
18-24 months	41	42,7
25-30 months	25	26,0
31-36 months	30	31,3
<b>Gender</b>		
Male	53	55,2
Female	43	44,8
<b>Total</b>	<b>96</b>	<b>100</b>

Table 1 shows that most mothers aged 26-35 years were 56 mothers (58.3%). Berman and Snyder (2012) stated that the age of 26-35 is an early adult stage. At this time, a woman must be ready to take on the responsibility as a mother. Mothers have reached maturity so that mothers can give good responsibility for growth and development according to the child's age. Most mothers' education level is senior high school, with 59 mothers (61.5%). Education is an essential factor in growing and developing children, so if the mother has a good education, it will allow the mother's knowledge to increase so that the mother is motivated to do toilet training.

The majority of mothers' occupations are housewives, as many as 77 mothers (80.2%). Housewives tend to have more opportunity and time to pay attention to their children in daily life and monitor their children's ability to be independent and their readiness for toilet training. The distribution of the children's age group of respondents is 18-24 months, with 41 children (57.3%). The age group of children in this study was divided into three, namely the age group of 18-24 months, 25-30 months, and 31-36 months. All toddlers aged 31-36 months are ready to carry out toilet training (100%). The child's readiness

meant is physical, mental, and psychological readiness.

More than half of the children's gender is male, with 53 children (55.2%). Research by Arifin (2019) shows that boys need more time than girls to begin to master toilet training. The factors that influence this difference are that the nervous system

development occurs longer in boys, and boys are less sensitive to wetness. At the same time, girls are generally easy to carry out commands and manage, so they can master and imitate things that parents taught, compared to boys who are challenging to manage and control.

Table 2. Frequency Distribution of Mother's Attitudes regarding Toilet Training

Mothers' attitude	Frequency (n)	Percentage (%)
Negative	45	46,9
Positive	51	53,1
Total	96	100

Table 2 shows that most of the mothers' attitudes were in the positive category related to toilet training, namely 51 mothers (53.1%). This response is in line with research by Ilmalia (2019), which shows that the attitude of respondents about toilet training is positive (58.4%). It takes a mother's patience in toilet training activities for children. Mothers who are patient in teaching their children toilet training will positively impact the readiness of children in toilet training. Mothers must be firm when teaching toilet training, but many

mothers are confused because they have tried various ways, but there is still no real change. The cause of toilet training failure is because of the mother's inconsistency. In addition to being firm, parents must be compromising, but not in all activities, because parents who are too strict in toilet training, children will refuse (Supartini, 2014). Research by Septiyanti (2017) states that the attitude of mothers who support the implementation of toilet training in children from the start will help children achieve toilet training readiness.

Table 3. Frequency Distribution of Mothers' role regarding Toilet Training

Mothers' role	Frequency (n)	Percentage (%)
Not good	44	45,8
Good	52	54,2
Total	96	100

Table 3 shows that the mother's role related to toilet training was mainly in the good category, which is 52 mothers (54.2%). Good in the mother's role is that the mother is responsible for educating, nurturing, and guiding the child to prepare for toilet training. This response aligns with Yuniati (2017), which states that most parents play

a good role in the independence of their child's toilet training (69.7%). In contrast to the research by Iskandar and Sari (2017), which states that the majority of parents' roles are not good (68.6%). This incident was due to improper parenting where parents did not train their children to use assistive devices for toilet training.

Table 4. Frequency Distribution of Toilet Training Readiness regarding Age of Toddler

Characteristics	Toilet Training Readiness				Total	
	Not Ready		Ready		N	%
	N	%	n	%		
18-24 months	23	56,1	18	43,9	41	100
25-30 months	6	24,0	19	76,0	25	100
31-36 months	0	0,0	30	100	30	100
Total	29	30,2	67	69,8	96	100

Table 4 shows that most children were ready for toilet training, with as many as 67 children (69.8%). From the table, it can be seen that all children aged between 31-36 months are ready for toilet training (100%). This event is because children aged 31-36 months have more mature anal and urethral sphincter abilities so that children can control their bladder and bowel movements

better. This study shows that children who are not ready for toilet training are 18-24 months (56.1%). This response is in line with Sari, Ekawaty and Saputra's (2020) research, which states that children who have poor readiness are due to the age factor of children who are less than 24 months old.

Table 5. Correlation between mothers' attitude and toilet training readiness in toddler

Mother's Attitude	Toilet Training Readiness				Total		OR (95%CI)	p-value
	Not Ready		Ready		n	%		
	n	%	n	%				
Negative	23	51,1	22	48,9	44	100	7,841 2,791 – 22,031	<0.001
Positive	6	11,8	45	88,2	52	100		
Total	29	30,2	67	69,8	96	100		

Table 5 shows the analysis results of the relationship between the mother's attitude and toilet training readiness. It found that 22 mothers (48.9%) had a negative attitude and had children ready to do toilet training. In contrast, mothers who had a positive attitude had 45 children (88.2 %) who have the readiness for toilet training. The mother's positive attitude is the mother that teaching toilet training to her child. At the same time, the mother's negative attitude is that the mother refuses to teach toilet training. The chi-square statistical test analysis results found a relationship between the mother's attitude and toilet training readiness in toddlers (p-value <0.001; alpha 0.05). The odds ratio (OR) value in this study was 7.84, which means that mothers with positive attitudes had a 7.84 times chance of getting their children ready for toilet training.

The findings of this study are consistent with research by Fatmawati (2017), which noted a relationship between parental attitudes and toddlers' readiness for toilet training. Another study by Ilmalia (2019) said a significant relationship between attitude and the success of toilet training. Several factors influence the mother's attitude in toilet training readiness: age, education, and mother's occupation.

Most mothers in the early adult age group have a positive attitude and have children ready for toilet training. In early adulthood, the task of development is to form a family and have a new role as a person (Potter and Perry, 2009). At this time, especially a woman must be ready to take on the responsibility as a mother. Mothers have reached maturity so that mothers can give good responsibility for growth and development according to the child's age. Hendrawati (2020) pointed out that age affects an individual's thinking ability. The older the age, the more developed the mind. At this time, the mother will have good thoughts about the child's development.

Mother's education in this study found that education level was senior high school had a positive attitude and had children who were ready for toilet training. This response is in line with Musfiroh and Wisudaningtyas (2014) research, which states that the factor that influences a mother's attitude is education, where education can affect a person's perspective on the message received. Another study by Hernanta, Istichomah and Lubis (2017) states a significant relationship between the mother's level of knowledge and the mother's attitude in toilet training. Notoatmodjo (2014) states that the higher a

person's education level, the easier it is to accept new messages and adapt to them.

Mothers in this study were housewives who had a positive attitude and had children ready for toilet training. Consistent with Fatmawati's (2017) study, it states that housewives with positive attitudes are better at parenting and have more time to train their children. The researcher presumes that work will affect the mother's attitude in toilet training. Research by Ernawati (2021) states that the mother's job affects their readiness for toilet training. The majority of housewives have children who are ready to do toilet training compared to mothers who work outside the home because housewives tend to have more time at home so that mothers can monitor and assess the development of children in toilet training.

The mother's positive attitude, but the child is not ready to do toilet training, can be caused by the child's age. When mothers start toilet training at the wrong time, it can create fear and no progress in toilet training. In this study, most of the children were 25-36 months and had readiness for toilet training. At this point, the child has reached more signs of toilet training readiness. This issue conforms to research by Kaerts *et al.* (2012), which states that signs of readiness appear at the age of 18 months and will continue to develop until the child reaches the age of 30 months. While not all children will acquire all the signs of readiness by this age, many are likely ready for toilet training. However, children should start toilet training earlier than 30 months of age.

Table 6. Correlation Between the Mother's Role and Toilet Training Readiness in Toddler

Mother's Role	Toilet Training Readiness				Total		OR (95%CI)	p-value
	Not Ready		Ready					
	n	%	n	%	N	%		
Not Good	21	47,7	23	52,3	44	100	5,022 1,927 – 13,087	0.001
Good	8	15,4	44	84,6	52	100		
Total	29	30,2	67	69,8	96	100		

Table 6 shows the analysis results of the relationship between the mother's role and toilet training readiness in toddlers. It was found that there were 21 mothers (47.7%) who had a wrong role and had children who

were ready to carry out toilet training, while mothers who played a good role had 44 children (84.6%) who were ready to do toilet training. This study shows that mothers who have a good role have

children ready to do toilet training. The role of a good mother is that the mother is responsible for educating, nurturing, and guiding children to achieve toilet training readiness. In contrast, the role of the mother who is not good is that the mother is less responsible for educating, nurturing, and guiding children to achieve toilet training readiness. The chi-square statistical test results found a relationship between the mother's role and the readiness of toilet training in toddlers (p-value 0.001; alpha 0.05). This response is in line with Rachmah (2019), which states there is a relationship between the role of parents and the success of toilet training in toddlers. The Odds Ratio (OR) value in this study was 5.02, meaning that mothers who played a good role had 5.02 times the opportunity to have toddlers ready to do toilet training. This response is in line with Iskandar and Sari (2017), showing that a good parent's role will enable children to do toilet training.

This study found that a good role of mother, then children are ready to do toilet training. This event can be caused by several factors such as maternal age, education, and occupation. This issue concurs with Rusita and Ardianti's (2018) research, which states that parents' role is influenced by age, education, occupation, and the number of

children. The first factor that influences the mother's role in toilet training readiness is the mother's age. Maternal age in this study was in the early adult age category. This study shows that mothers in early adulthood have a good role in educating, nurturing, and guiding children to achieve toilet training readiness. Age affects the role of the mother because the older the mother, the more mature the mother will be.

The second factor is the mother's education. Mothers whose education level is senior high school have a good role and have children ready to carry out toilet training. Education will affect the role of mothers in toilet training. This response is in line with Yuniati's research (2017), which states that parents' role is influenced by education. A good mother's education will support in educating and training children to be ready for toilet training. This idea is supported by the theory of Wong (2009), which states that parental education and experience are essential in carrying out their role because one's education and experience will affect readiness in carrying out the parenting role of toilet training.

The third factor is the mother's occupation. This study shows that housewives have a good role and have children ready to do toilet training. Housewives have a lot of

time at home so that mothers can be more optimal in monitoring children's development. The more time mothers are at home, the better the role of mothers in toilet training. Researchers assume that work will affect a person's role in being responsible for educating, nurturing, and guiding their children. In line with Mismadonaria and Simbolon's (2020) research, there is a link between work and motherhood on the success of children's toilet training.

The role of the mother is not good, but the child is ready for toilet training, depending on the child's age. It was found that the majority of children who were ready for toilet training were between the ages of 31-36 months (100%). This event is because children aged 31-36 months are more mature in development, so it can affect toilet training readiness. There is no standard age at which children should start toilet training because it depends on the signs of readiness that have appeared in the child. Researchers have carried out research according to the plan (proposal) but still found limitations in the form of the number of toddlers in this study is not evenly distributed so that it could affect the study results.

## **CONCLUSION**

There is a relationship between mothers' attitude and toilet training readiness in toddlers, and there is a relationship between the mother's role and toilet training readiness in toddlers. Suggestions for mothers to be more patient and caring in educating and taking care of children to achieve toilet training readiness properly. We also hoped that mothers could reduce the use of diapers and start training their children when signs of readiness to do toilet training appear.

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