

The Influence of Video Modeling on Mother's Ability in Readiness to Implement Toilet Training in Toddler Age

Indra Rahmad^{1*}, Julhana², Heni Nurhaeni³, Saimi⁴

^{1*,2} Poltekkes Institution of the Ministry of Health of Mataram , Indonesia

³ Poltekkes Institution of the Ministry of Health Jakarta, Indonesia

⁴ Qamarul Huda Badaruddin University, Indonesia

Email: ^{1*}indrarahmad912@gmail.com, ²julhana27@gmail.com,

³hnurhaeni@gmail.com, ⁴saimi.imi@gmail.com

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ABSTRACT

Toddler age (1-3 years) is a golden age because children in At this age, growth and development are very rapid. One of the tasks of toddler development is toilet training (Khaironi, 2018). Exercise CHAPTER or BAK in children really needs preparation for the mother, both physically, psychologically, and intellectually. Quantitative research with a quasi experimental approach with control group design. Research design pre-test and post-test control group design. The sampling technique was in the form of purposive sampling involving 100 respondents. The results of data analysis using the Wilcoxon test obtained a p-value of 0.000 ($p < 0.05$) in the variables of knowledge, attitudes, mother's actions, and child's abilities. Before and after the intervention was given to the experimental group using video modeling. These results indicate that H_a is accepted and H_0 is rejected so that it can be interpreted that there is an effect of giving video modeling on the knowledge, attitudes, actions of the mother, and the ability of the child in the readiness of the mother to carry out toilet training at toddler age. The results of statistical tests in the control group showed a value of 0.002 ($p < 0.05$) on the knowledge variable, which means the value of toilet training ability in the control group there was an increase before and after it was given intervention. Then on the variables attitude, mother's actions, and children's abilities obtained by 0.001 ($p < 0.05$) which means there was an increase before and after the intervention was given to the control group using the booklet.

INTRODUCTION

Toddler age (1-3 years) is the golden *age* because child in this age experiences very rapid growth and development. One oftask development during *toddlerhood* is *toilet training* (Khaironi, 2018). Exercise Defecation or BAK in children really requires preparation for the mother, both physically physical, psychological and intellectual. Through this preparation, children are expected to can control the ability to defecate or urinate independently. *Toilet success training* depends on readiness from self child and family, especially Mother, like Physical readiness means that the child is strong and capable. Likewise with readiness psychology where every child needs a comfortable atmosphere to be able to control and concentrate on defecating or urinating (Andriyani, Ibrahim,

& Wulandari, 2017).

The facts of the current condition illustrate that most parents *are lacking* play an active role and do not understand readiness to urinate and defecate children (Mendur P, Rottie, & Bataha, 2018). Some parents have inappropriate habits in defecating and urinating, which causes the child to urinate and defecate in his pants without telling the mother or the child to urinate and defecate while crying. This condition may be caused by the mother's lack of knowledge regarding how to train children to defecate and urinate, which causes parents to give a negative attitude towards toilet training their children and some even never give their children toilet training (Susilowati & Pratiwi, 2016). Based on the facts from this research, providing information as a method of increasing knowledge is very important to provide, because this will influence the implementation of toilet training in children. Mothers who have a good level of knowledge mean they have a good understanding of the benefits and impacts of toilet training, so that mothers will have a positive attitude towards the concept of toilet training (Musfiroh & Wisudaningtyas, 2014).

According to Riskesdas data in 2018, the number of children under five in Indonesia is 30% of the total 250 million Indonesian citizens. West Nusa Tenggara is the province with the 2nd largest population in Indonesia, with the number of children under five in 2019 being 2,280,239 people. Data obtained from the Central Statistics Agency of West Nusa Tenggara Province, the number of children under five in West Nusa Tenggara in 2020 reached 506,146 people. Researchers collected initial data on January 23 2022 by interviewing mother and child program holders at the Woha Community Health Center. The results show that the number of toddlers under the Woha Health Center Area is 156 people. The mother and child service program at the Woha Community Health Center is carried out in collaboration with posyandu cadres at the beginning of every month, however it is known that education on BAK preparation or toilet training has never been given to mothers who have children aged 1-3 years. Researchers conducted interviews with several mothers in local residents' homes and it was discovered that 4 respondents out of 5 mothers still had inappropriate habits in toilet training their children, for example the mother seemed less responsive when her child urinated, got angry and shouted at the child when the child was unable to defecate. Water in place, and so on. Lack of parental role in the child's toilet training phase can lead to toilet training failure.

Various efforts have been made to overcome toilet training failures, including through counseling, demonstrations and stimulation of mothers. This is in line with research conducted by (Sintawati, 2016) which used the counseling method as stimulation to increase mothers' readiness in teaching toilet training to their children, which showed improvement after being given stimulation in the form of counseling. Another study conducted using the psychoeducation method by (Machmudah, 2017) showed the results after being given psychoeducation in the treatment group that mothers' knowledge increased after being given psychoeducation. Then regarding children's toileting abilities, the results show that children's ability to carry out toilet training increases after being given psychoeducation.

The use of video modeling as an alternative for learning/forming new behavior provides stimuli for the eyes, hearing and other senses that are more quickly accepted by respondents. One of the functions of video modeling can be used to train toilet training skills in mothers and children. Video modeling is widely applied because respondents can immediately see and remember what they see through the broadcast and apply it because the video exemplifies the meaning of the flow of steps to the respondent, so that respondents can quickly grasp what is given through the video. Apart from that, toilet training steps can be combined with other film techniques such as animation which combines still images and movement, and can be played back (Nurfajriyani, Prabandari, & Lusmilasari, 2016). The use of video modeling to support the success of toilet training was also carried out by (Nurfajriyani et al., 2016) with the results that video modeling had a greater impact on improving urination and defecation skills compared to oral techniques. Based on the basic assumption that video modeling can improve mothers' ability to prepare their children for toilet training, researchers are interested in examining the "effect *modelling videos* animation to increased capabilities Mother in readiness implementation *toilet training* on child *toddler age*".

The problem formulation for this research is whether there is an influence of video modeling

on mothers' ability to prepare for toilet training in toddler-aged children. The general aim of this research is to determine the effect of video modeling on mothers' ability to prepare for toilet training in toddler-aged children. The specific objectives include identifying the mother's knowledge, attitudes, actions and abilities before and after being given the video modeling intervention, analyzing the mother's knowledge, attitudes, actions and children's toilet training abilities before and after the intervention. It is hoped that the theoretical benefits of this research can contribute to thinking and become the basis for the development of pediatric nursing, especially related to increasing toilet training readiness in mothers and children through video modeling education. Practically, this research provides benefits for respondents, institutions, the nursing profession, and future researchers in the context of increasing toilet training abilities in toddler-aged children.

RESEARCH METHODS

This research is quantitative research with a quasi-experimental approach using a pre-test and post-test control group design. In this experiment, the experimental group received treatment in the form of video media and booklets, while the control group only received booklets. The research subjects were mothers and children entering toddler age at the Posyandu in the Woha Community Health Center working area.

The research population included mothers and children entering toddler age at the Posyandu in the Woha Community Health Center working area. The sample was selected using a purposive sampling technique with predetermined inclusion and exclusion criteria. The sample size was calculated using a statistical formula, and the researcher added 20% to anticipate dropout, so the total sample was 100 respondents.

The research variables consist of independent variables (showing animation video modeling) and dependent variables (mother's knowledge, attitudes and actions in toilet training, as well as children's toilet training abilities). Operational definitions of variables are explained using appropriate measuring tools, such as questionnaires.

Research tools and materials involved laptops, questionnaires, SAK, speakers, and toilet training learning videos. The research instrument involved a questionnaire to measure the mother's knowledge, attitudes, actions, and children's toilet training abilities. The validity and reliability of the instrument have been tested previously.

The research was conducted at the Posyandu in the Woha Community Health Center working area for six months, from February to July 2023. The data collection procedure involved preparation, implementation stages with pre-test, intervention and post-test, as well as data analysis using Wilcoxon and Mann-Whitney statistical tests. .

The research operational framework shows that the experimental group received the video modeling intervention and the booklet, while the control group only received the booklet. Research ethics are considered by providing freedom, informed consent, anonymity and confidentiality of data.

This research contributes to understanding the effect of animated video modeling on increasing toilet training readiness in toddler-aged children through careful statistical analysis and detailed research procedures.

RESULTS AND DISCUSSION

A. Research result

Based on research conducted by researchers, general data was obtained including the characteristics of respondents consisting of age, level of education, occupation, knowledge, attitudes, and actions of mothers and children's abilities before and after intervention in the form of animated video modeling which is presented in the table as follows:

Data on Mother's Characteristics in Readiness for Implementing Toilet Training at Toddler Age at PKM Woha Kab. Bima in 2023

Table 1. Characteristics of Respondents Based on Age, Education Level, and Occupation at PKM Woha Kab. Bima in 2023

Variable	Experiment		Control	
	n	%	n	%
Age				
18 - 25 years old	10	20	13	26
26 - 30 years old	19	38	20	40
31 - 35 years old	14	28	11	22
36 - 40 years old	7	14	6	12
Level of education				
JUNIOR HIGH SCHOOL	6	12	7	14
SENIOR HIGH SCHOOL	19	38	20	40
PT	25	50	23	46
Work				
IRT	13	26	13	26
Private	13	26	12	24
Honorary	10	20	11	22
Civil servants	14	28	14	28

Based on table 1 of 100 respondents, 50 experimental respondents and 50 control respondents, almost half of the respondents' ages were in the 26-30 year age range, 19 people (38%) in the experimental group and 20 people (40%) in the control group, the respondent's education level half of them were PT (University) as many as 25 people (50%) in the experimental group and almost half as many as PT (Higher Education) as many as 23 people (46%) in the control group. The jobs of almost half of the civil servant respondents were 14 people (28%) in the experimental group and the control group.

1. Data on Characteristics of Toddler Age Children in Readiness for Implementing *Toilet Training* at PKM Woha Kab. Bima in 2023

Table 2. Characteristics of Toddler Age Children Based on Age and Gender at PKM Woha Kab. Bima in 2023

Variable	Experiment		Control	
	n	%	n	%
Age				
12 - 23 months	18	36	17	34
24 - 36 months	32	64	33	66
Gender				
Woman	31	62	29	58
Man	19	38	21	42

Based on table 2, in the experimental group and control group, the majority of toddler age children were in the age range of 24-36 months, 32 children (64%) in the experimental group, and 33 children (66%) in the control group, and the gender of the children in the experimental group. The experimental group was mostly female with 31 children (62%) and in the control group there were 29 children (58%).

2. Frequency Distribution of Mother's Knowledge, Attitudes, Actions, and Children's Abilities Before and After Being Given *Video Modeling* on Mothers' Ability to Prepare for *Toilet Training at Toddler Age* at PKM Woha Kab. Bima in 2023

Table 3. Frequency Distribution of Mother's Knowledge, Attitudes, Actions, and Children's Abilities Before and After Being Given *Video Modeling* on Mothers' Ability to Prepare for *Toilet Training at Toddler Age* at PKM Woha Kab. Bima in 2023

Variable	Experiment				Control			
	Pre Test		Post Test		Pre Test		Post Test	
	n	%	n	%	n	%	n	%
Mother's Knowledge Mean ± SD	4.68 ± 1.168		8.98 ± 1.378		4.66 ± 1.171		6.86 ± 1.578	
Tall	0	0	44	88	0	0	26	52
Currently	31	62	6	12	30	60	20	40
Low	19	38	0	0	20	40	4	8
Mother's attitude Mean ± SD	27.54 ± 5.195		44.36 ± 8.007		27.54 ± 5.195		40.52 ± 9.163	
Good	0	0	34	68	0	0	32	64
Enough	32	64	16	32	32	64	17	34
Not enough	18	36	0	0	18	36	1	2
Mother's Actions Mean ± SD	27.54 ± 5.195		44.36 ± 8.007		27.40 ± 5.264		37.34 ± 7.102	
Good	0	0	34	68	0	0	33	66
Enough	32	64	16	32	32	64	17	34
Not enough	18	36	0	0	18	36	0	0
Children's Abilities Mean ± SD	16.88 ± 2.833		26.42 ± 3.737		16.48 ± 2.929		22.60 ± 4.969	
Good	0	0	37	74	0	0	30	60
Enough	34	68	13	26	30	60	19	38
Not enough	16	32	0	0	20	40	1	2

Based on table 3, it was found that the majority of mothers' pre-test knowledge before being given *toilet training video modeling* was in the medium category, namely 31 people (62%) in the experimental group with an average pre-test score of 4.68 with a standard deviation of 1,168 and 30 people (60%) in the control group with an average pre-test score of 4.66 with a standard deviation of 1.171. Then, after being given *toilet training video modeling*, a post-test was carried out, almost all of the mothers' knowledge was in the high category, as many as 44 people (88%) in the experimental group with an average post-test score of 8.98 with a standard deviation of 1,378 and as many as 26 people (52%) in the control group with an average post-test score of 6.86 with a standard deviation of 1.578.

In the attitude variable before being given *toilet training video modeling*, the majority of respondents were in the sufficient category, 32 people (64%) in the experimental group with an average pre-test score of 27.54 with a standard deviation of 5,195 and 32 people (64%) in the control group. with an average pre-test score of 27.54 with a standard deviation of 5.195. Then, after being given *toilet training video modeling*, a post test was carried out, most of the mothers' attitudes were in the good category, as many as 34 people (68%) in the experimental group with an average post-test score of 44.36 with a standard deviation of 8.007 and as many as 32 people (64%) with The average post-test score is 40.52 with a standard deviation of 9.163. In the maternal action variable, the majority of respondents were in the sufficient category, 32 people (64%) in the experimental group with an average pre-test score of 27.54 with a standard deviation of 5.195 and 32 people (64%) in the control group with an average score. pre-test 27.40 with a standard deviation of 5.264. Then, after being given *toilet training video modeling*, a post test was carried out, most of the mothers' actions were in the good category, as many as 34 people (68%) in the experimental group with an average post-test score of 44.36 with

a standard deviation of 8.007 and as many as 33 people (66%) in the control group with an average post-test score of 37.34 with a standard deviation of 7.102.

In the child ability variable, the majority of respondents were in the sufficient category, 34 people (68%) in the experimental group with an average pre-test score of 16.88 with a standard deviation of 2.833 and 30 people (60%) in the control group with an average score. pre-test 16.48 with a standard deviation of 2.929. Then, after being given *toilet training video modeling*, a post test was carried out, most of the mothers' attitudes were in the good category, 37 people (74%) in the experimental group with an average post-test score of 26.42 with a standard deviation of 3,737 and 30 people (60%) in the control group with an average post-test score of 22.60 with a standard deviation of 4.969.

3. Normality Test of Knowledge, Attitudes, Actions and Abilities in the Experimental Group and Control Group Before and After Being Given *Video Modeling* on Mothers' Ability to Prepare for *Toilet Training for Toddler Age Children* at PKM Woha Kab. Bima in 2023

Table 4. Normality Test Results of Children's Knowledge, Attitudes, Actions and Abilities Before and After Being Given *Video Modeling* on Mothers' Ability to Prepare for *Toilet Training at Toddler Age* at PKM Woha Kab. Bima in 2023

Group	n	p value	sig value.
Pre-test experimental knowledge	50	< 0.05	,000
Post-test experimental knowledge	50	< 0.05	,000
Pre-test experimental attitude	50	< 0.05	,004
Post-test experimental attitude	50	< 0.05	,000
Pre-test experimental action	50	< 0.05	,002
Post-test experimental measures	50	< 0.05	,000
Pre-test experimentation capabilities	50	< 0.05	,000
Post-test experimentation capabilities	50	< 0.05	,000
Pre-test control knowledge	50	< 0.05	,000
Post-test control knowledge	50	< 0.05	,000
Pre-test control attitude	50	< 0.05	,002
Post-test control attitude	50	< 0.05	,001
Pre-test control measures	50	< 0.05	,001
Post-test control measures	50	< 0.05	,000
Pre-test control ability	50	< 0.05	,000
Post-test controllability	50	< 0.05	,006

The normality test results in table 4 show that the experimental pre-test, experimental post-test, control pre-test, control post-test values have sig. < 0.05 means that the data is not normally distributed on the variables of knowledge, attitudes, maternal actions and child abilities.

4. Analysis of the Average Value of Knowledge, Attitudes, Actions and Abilities on Mothers' Ability to Prepare for Toilet Training at Toddler Age at PKM Woha Kab. Bima in 2023.

Table 5. Mean value of knowledge, attitudes, maternal actions, and abilities in the experimental group and control group before and after being given *video modeling* of mothers' abilities in readiness for *toilet training at toddler age* at PKM Woha Kab. Bima in 2023

Group	Experiment		Control		p value
	pre-test	post-test	pre-test	post-test	
Knowledge	0,000		0.002		0,000
Attitude	0,000		0.001		0.02
Action	0,000		0.001		0,000
Ability	0,000		0.001		0,000

The results of statistical tests using *Wilcoxon* showed that the sig. (2-tailed) value obtained was 0.000 ($p < 0.05$) for both knowledge, attitudes, maternal actions and children's abilities, which means there is enhancement before nor after given intervention on group experiment using *video modeling*. These results show that H_a is accepted and H_o is rejected, so it can be interpreted that there is an influence of providing *video modeling* on the mother's knowledge, attitudes, actions and the child's ability in the mother's readiness to carry out *toilet training* at *toddler age* (1-3 years) at PKM Woha Kab. Bima 2023. Meanwhile, the results of statistical tests in the control group showed a sig. (2-tailed) value obtained of 0.002 ($p < 0.05$) on the knowledge variable means mark ability *toilet training* on group experiments exist enhancement before nor after given intervention. Then the attitude, mother's actions and child's ability variables show a sig. (2-tailed) value obtained of 0.001 ($p < 0.05$) which is means there is enhancement before nor after given intervention on group control using the booklet.

Data analysis of the differences between the treatment group and the control group using the Mann Whitney Test statistical test, shows that the results of p value = 0.000 so $p < 0.05$ so it can be concluded that there are differences in the level of knowledge, maternal actions and children's abilities between the treatment group and control group. Then the mother's attitude shows that the results of p value = 0.02 so $p < 0.05$ so it can be concluded that there is a level of difference in attitude between the treatment group and the control group.

Discussion

1. Identify maternal characteristics based on age, education level, and employment at PKM Woha Kab. Bima in 2023

Based on table 1, almost half of the respondents' ages were in the 26-30 year age range, 19 people (38%) in the experimental group and 20 people (40%) in the control group. In implementing *toilet training*, social maturity is one of the supporting aspects.

Then it can be seen that the majority of parents' education is in the PT (Higher Education) category, as many as 25 people (50%) in the experimental group and almost half of them are PT (Higher Education) as many as 23 people (46%) in the control group. According to Lestari (2018), the mother's education level also determines whether it is easy for someone to absorb and understand the knowledge they gain from family interests. Education itself is very necessary for someone to be more responsive to child development problems, one of which is the implementation of *toilet training* in the family. The level of education will correlate with the level of knowledge. Where mothers who have good knowledge about *toilet training* will have an impact on the mother's early *toilet training*, this has a positive impact on both mother and child, namely that the child can carry out *toilet training independently*.

The jobs of almost half of the civil servant respondents were 14 people (28%) in the experimental group and the control group. Based on this data, it shows the economic condition of the parents. Good parental economics can provide adequate facilities to support children's needs in *toilet training* (Rahayu, 2021).

2. Identify characteristics of toddler age children at PKM Woha Kab. Bima in 2023

Based on table 2, in the experimental group and control group, the majority of toddler age children were in the age range of 24-36 months, 32 children (64%) in the experimental group, and 33 children (66%) in the control group, and the gender of the children in the experimental group. The experimental group was mostly female with 31 children (62%) and in the control group there were 29 children (58%). In implementing *toilet training*, social maturity is one of the supporting aspects. According to the research results of Dewi & Argadireja (2019), one of the factors that influence social maturity is age and gender, where boys tend to be slower when it comes to *toilet training*.

3. Identify mother's previous knowledge, attitudes, actions and abilities And after given *video modeling intervention*

Based on table 3, it was found that the majority of mothers' pre-test knowledge before being given *toilet training video modeling* was in the medium category, namely 31 people

(62%) in the experimental group and 30 people (60%) in the control group.

Based on this data, respondents No Enough know and answer with Correct question which given. Category the medium indicated by the achievement of low scores on several aspects of questions regarding understanding *toilet training*, the normal age limit for bedwetting in children, the right age for *toilet training*, and the age limit for children being able to express the desire to urinate small. Respondents in the control and treatment groups had never received health education about toilet training either through electronic media or verbal media. According to Sidik (2015), the role of information media is important in forming a person's knowledge in understanding health problems. Lack of information or inaccurate information will affect knowledge. Increased exposure to information from this type of media will encourage individual interest in gaining an understanding.

According to Soetjningsih (2012), the factors that influence the level of independence of preschool children are divided into two, namely internal factors and external factors. Internal factors are factors that exist within the child himself, including emotions and intellectuals. This emotional factor is shown by the ability to control emotions and not disturb parents' emotional needs, while the intellectual factor is shown by the ability to overcome various problems faced. Meanwhile, external factors are factors that come or exist from outside the child himself. These factors include the environment, social characteristics, stimulation of loving and affectionate parenting, the quality of information from children and parents, education and employment status of parents. In general, these factors are closely related to the mother's ability to teach her child to toilet train. One of the participant modeling therapy strategies (Fitri & Khairunnisa, 2016).

The success of toilet training intervention in children will have physical and psychological effects. Understanding the skills needed for successful toilet training and a good approach to children can help reduce stress and can help parents know what parents should do.

Children who have never been properly trained in toilet training can develop enuresis, UTIs, urinary dysfunction, constipation, encopresis and refusal to go to the toilet more often. Toilet training is one of the tasks of child development and one of the challenges for parents and children. One of the goals of toilet training is to train children to become independent (Andriani et al, 2014).

Modeling participants in the intervention group basically teaches patients about the skills and rules of toilet training behavior, in addition to serving as a reminder or cue for patients to carry out toilet training behavior. In behavioral therapy modeling participants' independent toilet training behavior can be improved by learning new behavior methods through observing a model, adding information through cognitive processes and producing changes in behavior according to what is modeled, namely independent toilet training behavior. This is in line with Nursalim's (2009) description of the 4 basic components in participant modeling that can form a new behavior, namely: (1) Rational, this process involves learning cognitively and through logic of new behavior, (2) Model demonstration, model demonstrating one part of the ability, (3) Guided participation, after the behavior demonstration, the client is given the opportunity and guidance to display the modeled behavior, (4) Experience of success as reinforcement of behavior. This research is in line with research conducted by Kartika Fatmawati, et al (2020) entitled "The effect of animation on mother's ability in preparing toilet in toddler" which states that the level of readiness of mothers in carrying out toilet training (knowledge, attitudes, actions) and children Children's ability in toilet training at Flamboyan and Delima Posyandu after being given the animated video modeling intervention experienced a significant increase in knowledge and action variables.

4. Analyze knowledge Mother before And after given intervention *modelling videos*

Based on table 3, it was found that the majority of mothers' pre-test knowledge before being given *toilet training video modeling* was in the medium category, namely 31 people (62%) in the experimental group with an average pre-test score of 4.68 with a standard deviation of 1,168 and as many as 30 people (60%) in the control group with an average pre-test score of 4.66 with a standard deviation of 1.171. Respondents did not have enough

knowledge and answered the questions given correctly. The medium category is indicated by achieving low scores on several aspects of questions regarding the meaning of toilet training, the normal age limit for wetting a child's bed, the appropriate age for toilet training, and the age limit for a child being able to express the desire to urinate.

Respondents in the control and treatment groups had never previously received health education about toilet training either through electronic media or verbal media. According to Sidik (2015), the role of information media is important in forming a person's knowledge in understanding health problems. Lack of information or inaccurate information will greatly affect knowledge. Increased exposure to information from this type of media will encourage individual interest in gaining understanding. As for the treatment group, after being given intervention in the form of *animated video modeling*, the researchers conducted a post test on respondents with the results of the post test score experiencing a significant increase, namely being in the good category. Providing *animated video modeling intervention* had an effect on respondents by showing an increase in scores from pre-test to post-test.

The research results of Nurfajriyati, et al (2016) showed that mothers' knowledge about *toilet training* in the treatment group was higher because *video modeling* gave rise to motivation and desires through the models in the video, then processed in the respondents' minds and the information was transferred to reality in everyday life. *Video modeling* can connect the senses of sight and hearing so that the brain will provide a stronger response than one active sense. This will affect the natural ability to remember so that a person's thinking ability increases. Providing *video modeling* learning media makes the process of absorbing information more interesting, thereby giving mothers who have *toddler-aged children the opportunity* to understand more about the developmental tasks that must be achieved in children, in this case *toilet training*, so that mothers can early identify their child's readiness for the *toilet. Training* and get solutions to possible problems arise consequence *toilet training* on child *toddlers*.

The results of demographic data show that on average respondents have a history of tertiary education. Notoatmodjo (2014) stated that knowledge increased when the learning process itself is influenced by education. The higher it is The level of a person's education makes it easier for that person to receive information Good from person other meupon media mass so that increasingly Lots also knowledgeWhich obtained. Enhancement knowledge This in accordance with study Fitria, Ida, et al(2016) that background behind education person old is something element education that influences parents to set an example, guide and directing their children to go through development phases optimally. Parents with a high educational background are more likely to sensitive to change, development, and problem which currently faced child.With background behind education which tall, person old can absorb informationso choose the right method in guiding and motivating children for improve cognitive abilities. Meanwhile, *in the post test* in the control group, the score still showed it was in the poor category even though it had been previously given similar health education uses booklet media without being explained clearly details handle information about *toilet training*. In research Kurnianingsih (2019) revealed that to increase knowledge need given method learning education health which interesting so thatcan involve all over five sense moment process learning. Intervention using the booklet media provided only form writing and picture which simple so that onlyinvolve senses just sight.

5. Analyze the mother's attitude before And after given intervention *modelling videos*

In the attitude variable before being given *toilet training video modeling*, the majority of respondents were in the sufficient category, 32 people (64%) in the experimental group with an average pre-test score of 27.54 with a standard deviation of 5,195 and 32 people (64%) in the control group. with an average pre-test score of 27.54 with a standard deviation of 5.195.

In the treatment and control groups, most of the respondents in the pre-test had a negative category level which was indicated by aspects of questions answered incorrectly, namely aspects regarding still letting the child wet the bed, still wearing clothes that are difficult to remove, not being able to remind the child to urinate according to the time, and still wearing diapers at night. Almost all respondents had never received information before,

either through electronic mass media or from social media. Rusmiati & Hastono, (2015) stated that attitudes are formed starting from knowledge that is perceived as something which positive nor negative, Then in internalize it within oneself. If someone is able to perceive with Already own knowledge Which Good And positive so attitude the willwell formed too, but if someone perceives it with negative, in other words, because of lack of knowledge, the attitude will be appear or formed too negative action.

In *the post test* group treatment show that all over respondents experienced an increase in positive attitudes and no respondents were in negative attitude. This is because respondents were given intervention form animation *video modeling*. Kartika et al., (2016) in their research stated that the success of *toilet training* using *modeling techniques* is more effective compared to use technique orally Because superiority from *technique modeling*, namely that it can be seen and imitated by respondents. This statement is in accordance with Nursalam's opinion, (2017) is that toddlers *prefer* to imitate things done by person other, especially member his family. Mother which given modelling animated videos can provide good training through imitation of the steps step Which There is in videos. Child will faster understand something which newwith method see other people doing it.

Study Ningsih, (2012) state that exists influence *modelling video* on improving mothers' attitudes towards carrying out *toilet training* is wrong the other is caused by age. Based on data on the demographic characteristics of respondents it is known that the age of the respondents in the treatment group was the highest 26-30 years old so it is easy to accept the information conveyed. Age 25-30 years is the age of early adulthood where critical thinking skills increase regularly during age this. Experience education formal and informality, life experience, and opportunities for work can enhance draft self, ability finish problem, and And Skills motor individual. The decision-making process in early adulthood must be meaningful flexible. Matter This caused Because period mature beginning Keep going develop And mustinvolved in changes of home, workplace and mid. *Post test* results after being given *toilet training video modeling*, most of the mothers' attitudes were in the good category, as many as 34 people (68%) in the experimental group with an average post-test score of 44.36 with a standard deviation of 8.007 and as many as 32 people (64%) with a The post-test average is 40.52 with a standard deviation of 9.163. This shows that there is an increase in attitude after being given treatment.

The highest score results are in all aspects except the aspect of using tools such as dolls or toys for practice child Want to throw away water (question no 3) in toilet And put on pants/clothes that are difficult to take off (question number 6). The data shows there is increase knowledge so that influential also on enhancement attitude respondents. Meanwhile, for the control group *post test*, there was an improvement in attitude with show that part big respondents still constant show a negative attitude. This negative attitude can be caused by influence intervention Which given, that is media booklet Which containing steps It's simple in the form of short writing and pictures so it doesn't cause any confusion interest respondents For increase intention For behave Which positive.

6. Analyze actions Mother before And after given intervention *modelling videos*

In the maternal action variable, the majority of respondents were in the sufficient category, 32 people (64%) in the experimental group with an average pre-test score of 27.54 with a standard deviation of 5.195 and 32 people (64%) in the control group with an average score. pre-test 27.40 with a standard deviation of 5.264. This shows that the majority of respondents were in the treatment and control groups in *the pre-test* own level action Enough with he showed aspect What was answered incorrectly was the aspect of getting children used to washing their hands after eating toilet, offer child to toilet before O'clock throw away water small, And do *toilet training* at night. Things that influence parents' actions implementing *toilet training* for toddlers *is* an experience gained, in this case the experience gained from learning. All respondents in the treatment group had never previously received information and guidance education health health handle *toilet training*. According to Kurnianingsih, (2019) in his research state that *toilet training* requires parental commitment, this is due to the *toilet training process* It's quite troublesome and tiring because parents have to be alert when carrying their children who want to defecate/defecate

in the toilet, clean the floor when the child wets the bed because he doesn't use *diapers*, he often has to wake up at night so hear The child is restless and wants to defecate. After being given intervention to the treatment group, it showed that some respondents experienced increased action in implementation *toilet training* in a way Good and no there is respondents Which Still in category not enough. After being given *toilet training video modeling*, a post test was carried out, most of the mothers' actions were in the good category, as many as 34 people (68%) in the experimental group with an average post-test score of 44.36 with a standard deviation of 8.007 and as many as 33 people (66%) in the control with an average post-test score of 37.34 with a standard deviation of 7.102.

This improvement includes mothers teaching the terms defecation, dressing clothes that are easy to remove, take the child to the bathroom if there is a sensation defecating, sitting/squatting the child in the bathroom when defecating, give praise to children, get them into the habit of washing their hands after defecating, and do *toilet training* at night. The mother's actions can increase this occurs because of the information conveyed via video media respondents. According to Langford (2018) Audio visual depend on hearing and seeing the target. The use of audio visuals involves all the learning sense organs, so that more and more sense organs are involved for accept and process information, the more big possibility fill information it can understood and maintained in memory. Apart from the information conveyed through *video modeling*, this increase in action is also due to several factors, namely maternal education most of which are PT where the higher the mother's education level the easier it will be to master the material. The correct actions when *toilet training* a child will be reduce parents' worries, so that child gets ability *toilet training* in accordance with developmental tasks.

Meanwhile , the control group *post test* showed that the respondents has increased action to be good but remains mostly constant in level Enough showed with No exists change score from answer respondents in a way significant. Respondent Which is at in level not enough indicated by several aspects that were still answered incorrectly, namely the no aspect invite child to toilet before O'clock throw away water small, No show use toilets according to gender, and do not wait until the child is born feel comfortable to urinate independently. The interventions provided are limited form leaflets which containing steps *toilet training* accompanied explanation short and picture. So that, intervention the No give effect trigger respondents to improve *toilet training actions/practices*.

7. Analyze abilities *toilet training* child before And after giving intervention *modeling videos* on Mother

In the child ability variable, the majority of respondents were in the sufficient category, 34 people (68%) in the experimental group with an average pre-test score of 16.88 with a standard deviation of 2.833 and 30 people (60%) in the control group with an average score. pre-test 16.48 with a standard deviation of 2.929. Then, after being given *toilet training video modeling*, a post test was carried out, most of the mothers' attitudes were in the good category, 37 people (74%) in the experimental group with an average post-test score of 26.42 with a standard deviation of 3,737 and 30 people (60%) in the control group with an average post-test score of 22.60 with a standard deviation of 4.969. This means that through *toilet training video modeling*, it can help improve children's *toilet training abilities*. After being given *video media modeling intervention*, the level of *toilet training* ability was mostly in the good category.

This research is in line with Alvionita et al., (2019) that there was an increase in respondents' *toilet training abilities* after being given training. The results show that there is development of *toilet training abilities* in mentally retarded children after watching video media *modeling*. Supported by research by Kuo et al., (2019) that video media modeling can attract children's interest and focus in watching videos or *toilet training skills* demonstrated by the models in the video. In line with Wiana's statement (2018) which states that "Media in learning has a function as a tool to clarify the message conveyed by the teacher". It can be concluded that media is a tool to clarify learning. According to Febriani & Irdawarni (2019), the use and provision of media during learning makes it very easy for students to understand the subject matter, namely material that is abstract and becomes concrete.

Supported by Fahrurrozi et al., (2017) that multimedia is used to make lessons more interesting and at the same time provide students with real examples of how multimedia works. Even though the respondents were not completely able to do it themselves, there were changes in a positive direction in improving children's abilities.

According to Parulian et al., (2020), children's abilities are influenced by several factors, including the child's interests, the child's experience, the child's environment, and the development of the child's abilities. *Toilet training* is said to be successful if the stages of *toilet training* can be fulfilled or known to the child, such as conveying the desire to urinate or defecate, taking off and wearing his own trousers, cleaning himself, flushing and washing his hands after urinating and defecating. This research is in line with research by Aziz (2018) with a p-value of 0.000 which shows the strength of the level of correlation between the influences of video media modeling on increasing *toilet training abilities* in mentally retarded children. This is also supported by research by Saragih & Andayani (2019) which shows the strength of the level of correlation between family support and the social skills abilities of deaf children.

The higher the mother's knowledge, attitudes and actions have an influence also on when the mother implements *toilet training* on child. Wong et al., (2009) ability child in a way optimal will obtained if there is interaction which positive between person old especially Mother And child. Imposing Children getting *toilet training skills* from an early age will have an impact negative for both the child and the parents, especially if the child is not above it formerly identified its readiness. Indrawati, (2010) state that most children will gain *toilet training skills* by the second year. At this stage too, children will imitate the behavior of other people around them and this learning process.

CONCLUSION

This research confirms that the application of video modeling makes a positive contribution to various aspects of toilet training readiness in toddler-aged children. The results of the research show that the use of video modeling significantly increases mothers' knowledge regarding toilet training, improves mothers' attitudes in facing this stage, encourages changes in actions taken by mothers, and overall improves toilet training abilities in toddler-aged children. Thus, these findings highlight the potential of video modeling as an effective strategy in strengthening the preparation of mothers and children for the toilet training process at toddler age.

REFERENCES

- Andriyani s, Ibrahim k, Wulandari s, c. A. (2014). Analysis of factors related to *toilet training* in preschool children. *Nursing journal*, 2(1), 56–53.
- Alvionita, N., Lestari, L., Nurfianti, A. (2019). Effectiveness of the Picture and Learning Method Picture of Toilet Training Skills: Baths for Children with Disorders Autism Spectrum Disorder (ASD) Ages 5-7 Years at Children's Polyclinic with Needs Specifically for RSJD Sungai Bangkong, West Kalimantan Province. *Proners Journal*, 4 (1), 2–12. <https://jurnal.untan.ac.id/index.php/jmkebayarFK/article/view/34336>
- Alwisol. (2006). *Personality Psychology*. Poor: UMM Press.
- Azhar, A. (2008). *Teaching Media*. Jakarta: PT Raja Grafindo.
- Aziz Alimul Hidayat. (2013). *Introduction to Pediatric Nursing 1*. Jakkarta: Salemba Medika.
- Aziz, A. (2018). The Influence of Animation Videos on the Self-Development Ability of Children with Mild Intellectual Disability in Self-Development Learning at SLB Tunas Kasih Surabaya. *Journal of Special Education*, 1–21. Retrieved from <https://jurnalmahasiswa.unesa.ac.id/index.php/jurnal-pendidikancepat/article/download/23731/21693>
- Bandura, A. (1999). Social cognitive theory: an agentic perspective. *Asian Journal of Social Psychology*. <https://doi.org/10.1111/1467-839X.00024>

- Choby, B. A., & George, S. (2008). Toilet training. *American Family Physician*.
- Daryanto Setiawan. (2017). the development of communication technology and its impact on life. *Journal of Education*. <https://doi.org/10.1155/2015/146250>
- Dewi, AF, & Argadireja, DS (2019). The relationship between age and gender and social maturity in mentally retarded children at SLBN-A Citeureup, Cimahi City. *Proceedings of Medical Education*, 7 (1). 1–4. <http://karyailmiah.unisba.ac.id/index.php/dokter/article/view/26700>
- Diana, F. (2010). Monitoring the development of toddlers. *Andalas Public Health Journal*. Jakarta: Grasindo.
- Fatmawati K, Arief YS, Kurnia ID. The effect of animation video modeling on mother's ability in preparing toilet training in toddlers. *EurAsian J Biosci*. 2020; 14(1):1575–81
- Febry, F., & Destriatania, S. (2016). Analysis of providing MP-ASI with nutritional stratus to children aged 12-24 months in the work area of the Lesung Batu Community Health Center, Empat Lawang. *Journal of Public Health Sciences*.
- Febriani, S., & Irdawarni, I. (2019). Video Tutorials Can Improve Skills Brushing the Teeth of Medium Category Mentally Impaired Children. *Domain Research*, 1 (4), 991–997. <https://jurnal.ranahresearch.com/index.php/R2J/article/view/161>
- Fitria, i., & Khairunnisa. (2016). The relationship between the implementation of *Toilet Training* and the independence of children aged 4-6 years at Sirajul Huda Kindergarten, Jeumpa District. *Journal of Muslim Health*, (3), 14–18.
- Henry, D. (2018). Pediatric pain. *Fundamentals of Pain Medicine*. https://doi.org/10.1007/978-3-319-64922-1_34
- Hidayat, T. (2015). Application of augmented reality technology as a media model for dental health education for children. *Creative Information Technology Journal*. <https://doi.org/10.24076/citec.2014v2i1.39>
- Indrawati, T. (2010). Mother's knowledge about *toilet training* and implementation of toilet training for toddlers aged 18-36 months. *Indonesian journal of health promotion*, 120–126.
- Kartika, U., Mulidah, S., & Girinda S, K. (2016). Effectiveness of Oral Techniques and modeling on the Success of Toilet Training in Toddlers. *Soedirman Nursing Journal*, 11(1).
- Kuo, CC, Tseng, YC, Chang, CF, Chen, CS, Li, YJ, & Wang, H.T. (2019). Using Video Modeling Package on Improving Workplace Social Skills of Young Adults with Talent Traits and Autism: A Case Study. *Universal Journal of Educational Research*, 7(12), 2806–2816. <https://doi.org/10.13189/ujer.2019.071231>
- Kurnianingsih, m (2019). Effectiveness Use Combination Media Audio Visualand Booklet compared to Media Booklet on Toilet Training Knowledge on Mother Which Own Toddler. *Smart Medical Journal*, 2 (1), 1. <https://doi.org/10.13057/smj.v2i1.2566>
- Langford, P E., & Langford, P E. (2018). Piaget. In *Approaches to the Development of Moral Reasoning*. <https://doi.org/10.4324/9781315791258-5>
- Lestari, FP (2018). Contribution of Parenting Patterns to the Self Care Skills of Children with Intellectual Disabilities at SDLB/C ALPA Kumara Wardhana II Surabaya. *Journal of Education Special*, 1-16. <https://ejournal.unesa.ac.id/index.php/jurnal-pendidikancepat/article/view/24397/22323>
- Macheasy. (2017). Implementation of toilet training psychoeducation through video demonstrations and flash cards to increase mothers' knowledge and toddler children's toilet training abilities at toddler schools, mothers hope. *Education and Human Development Journal*.
- Mus seenun, WN (2014). Neonatal care for infants and toddlers. Yogyakarta: Fitramaya. <https://doi.org/10.1016/j.ijcard.2015.09.075> .
- Ningsih, SF (2012). The relationship between mother's knowledge and behavior in implementing toilet training with bedwetting habits in toddler-aged children in RW 02, Babakan Village, Tangerang City (Thesis). UIN Jakarta.
- Nurfajriyani, I., Prabandari, Y., & Lusmilasari, L. (2016). Influence of video modeling to the toileting skill in toddlers. *International Journal of Community Medicine and Public Health*, 3(8), 2029–2034. <https://doi.org/10.18203/2394-6040.ijcmph20162540>

- Nurjannah, N., Sovira, N., & Anwar, S. (2017). Profile of pneumonia in children at RSUD Dr. Zainoel Abidin. Retrospective Study. Sari Pediatrics. <https://doi.org/10.14238/sp13.5.2012.324-8>
- Nursalam. (2017). Nursing research methodology. Practical Approach. Jakarta: Salemba Medika.
- Nursalim, M. (2015) 'Development of the guidance and counseling profession', Jakarta: Erlangga.
- Nursalim, M. (2017) 'Ontological, Epistemological and Axiological Foundations in Psychological Research', KALAM. Doi: 10.24042/klm.v7i2.455.
- Parulian, KR, Supriyanti, SI, & Supardi, S. (2020). Relationship between Child Characteristics, Family Support with Personal Hygiene Independence for Mentally Disabled Children. *Ejournal*, 2 (2), 177–188. <http://ejournal.stiksintcarolus.ac.id/index.php/CJON/article/view/42>
- Pratiwi, D. (2019). Connection between level knowledge Mother about *toilet training* with implementation *toilet training* on child AGE 1-3 year in preschool rainbowin Sukoharjo. *IJMS – Indonesian Journal on Medical Science – Volume 2 No1 – January 2015*, 6 (1), 65–68.
- Rahayu, SF (2021). Relationship Pattern of Working Parents to the Independence of Toilet Training Pre School Children (Literature Study). *Healthy-Mu Journal*, 4 (2), 82–87. <https://journal.mbunivpress.or.id/index.php/healthy/article/view/27>
- Robinson Situmorang, CK (2013). Developing a digital library as a learning resource. Educational Science Perspective. <https://doi.org/10.21009/pip.271.8>
- Sadiman, AS (2018). The cluster learning resource center supports ongoing teacher professional development efforts. Technodic Journal. <https://doi.org/10.32550/teknodik.v12i2.401>
- Santrock, J. W. (2011). Child Development: Children Edition 2. Jakarta: Erlangga. <https://doi.org/10.1016/j.matchemphys.2003.11.036>
- Saragih, AA, & Andayani, B. (2019). A Safe Guidebook for Teaching Personal Development Skills in Clothing to Children with Intellectual Disabilities. *Gajah Mada Journal of Professional Psychology (GamaJPP)*, 5 (2), 173. <https://doi.org/10.22146/gamajpp.49957>
- Sintawati, M. (2016). The effect of counseling about toilet training stimulation on behavior in toilet training in mothers with toddler children in Pundung Nogotirto Gamping Sleman Hamlet (Thesis). 'Aisyiyah University Yogyakarta.
- Supartini, Y., Sulastri, T., & Sianturi, Y. (2015). Quality of life of children suffering from thalassemia. Journal of Nursing.
- Sutherland, J., Carnett, A., Van-Der-Meer, L., Waddington, H., Bravo, A., & McLay, L.(2018). Intensive Toilet Training Targeting Defecation for a Child with Autism Spectrum Disorders. *Research and Practice in Intellectual and Developmental Disabilities*, 5 (1), 87–97. <https://doi.org/10.1080/23297018.2017.1360153>
- Theisen, S., & Erikson, E. H. (2007). Childhood and Society. The American Catholic Sociological Review. <https://doi.org/10.2307/3707421>
- Van Hout, WJPJ and Emmelkamp, PMG (2002) 'Exposure in Vivo Therapy', in Encyclopedia of Psychotherapy. Doi: 10.1016/b0-12-343010-0/00091-x.
- Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M. L., & Schwartz, P. (2009). Wong's Textbook of Pediatric Nursing volume 1. Jakarta: EGC

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