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THE EFFECTIVENESS OF THE  
PSYCHOEDUCATION TOILET  
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DEMONSTRATION VIDEO AND  
CARD PICTURE TOWARD  
INCREASING  
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# 1 THE EFFECTIVENESS OF THE PSYCHOEDUCATION TOILET TRAINING WITH DEMONSTRATION VIDEO AND CARD PICTURE TOWARD INCREASING MOTHER'S KNOWLEDGE AND ABILITY TO TOILET TRAINING TODDLER IN INFORMAL SCHOOL PLAY GROUP

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## 1 ABSTRACT

**Introduction:** The purpose of this research is to determine whether Psychoeducation with media video and picture card can increase mother knowledge and toilet training ability for toddler. **Method:** It is a quantitative research. This research is quasy experiment with pre and post test control group design non randomized. The population was devided into two group, experimental group and control group. It was all toddlers in informal school play group. The total sample is 30 toddlers. It was divided into two groups using purposive totally sampling technique. The data collection technique was : Mother Knowledge Scale; Observation sheet about toilet training ability; and Elimination toddler schedule in 24 hours. The analyzed of date using mann whitney u test & wilcoxon rank test with a signifikansi 5% ( $\alpha = 0,05$ ). **Result:** The finding research showed that there was influence and Psychoeducation with demonstration media video and picture card toward increasing mothers knowledge and toilet training ability for toddler. There was significant improvement (influence) in p value = 0.001 (p value < 0.05). **Discussion:** This result gave recomendation for play group and parents to give modeling media video and picture card about toilet training to increase mother knowledge and ability toilet training toddler.

**Keyword :** Psychoeducation,video, picture card, toilet training, toddler

## INTRODUCTION

The first five years of life the child is beginning to the process of growing flower child, either physical or psikisnya. Children who can accomplish the task of growing important role at this stage will experience delay on the next flower growing stage (Wong, 2008). The age of the toddler (1-3 years) is a golden age because children in this age are experiencing growth and development a very quick. Psychological development in the age of a toddler is a great change from the phase of trust vs. not believe into a phase of autonomy vs. doubt malu, indicated by the attitude of self-reliance that is increasingly widespread. At this time the child can control the parts of his body, the ability to speak is increasing, and at this phase is also located on the anal phase where the child capable to control urination (BAK) and bowel movements (chapter) (Luxner, 2005).

One of the tasks the future development of toddler is toilet training. Toilet training in children is an attempt to train the child to be able to control the conduct of urination and defecation. Actions to exercise urinate and greater in children requires preparation both physically, psychologically and intellectually, through the preparation of the expected child is able to control the small bowel or individually (Hidayat, 2009). Toilet training requires a complex psychophysiological factors for readiness. The child must be able to recognize the urgency to issue and hold sensation elimination and able to communicate this to parents, on the other hand there may be a variety of motivations that are essential to satisfy the parents to hold, rather than satisfying itself with issuing elimination (Wong, 2008). One important parental stimulation is stimulation of the child's independence in performing bowel and bladder. The habit of bedwetting in children aged under 2 years is still regarded as a natural thing. Bedwetting

child under 2 years is because children are not able to control the bladder completely. Wetting generally still brought up the age of 4-5 years. Cases found in Indonesia children aged 6 years still wet the bed about 12% (Asti, 2008). According to the research of the American Psychiatric Association, reported that 10-20% of children aged 5 years, 5% of children aged 10 years, nearly 2% of children aged 12-14 years, and 1% of children aged 18 years still wet (nocturnal enuresis), and the number of boy who wet the bed more than girls.

In addition to toilet training train a child in the control of bowel movements and little can also be useful in sex education because when children engage in that activity their own children learn anatomy and function. The process of toilet training is expected to take place settings impulses or stimuli and instincts of children in defecating or urinating and please note that defecation is a means of gratification to release the tension, with the exercise of children expected to defecate or small individually (Hidayat, 2009). Toilet training requires a complex psychophysiological factors for readiness. The child must be able to recognize the urgency to issue and hold sensation elimination and able to communicate this to parents, on the other hand there may be a variety of motivations that are essential to satisfy the parents to hold, rather than satisfying itself with issuing elimination (Wong, 2008).

According to the theory of Sigmund Freud in this phase it is time children are trained to defecate or toilet training (bowel training in place). Children can also show some of its parts make up two words danmengulang new words. Toddler age children (1-3 years) who are in the anal phase is characterized by the development of satisfaction (kateksis) and dissatisfaction (antikateksis) around the function of elimination (Luxner, 2005). Based on observations and interviews of researchers, with mothers Daycare and Preschool in the region Ketintang Surabaya by interviewing 10 mothers who have children aged 2-3 years to identify problems toilet training in children ages toddler, found that as many as 7 people mothers of children 2-3 years of age declared to choose to use diapers for the reason that is more practical and not enough time to their children because of work, one person mothers of children aged 29 months to say that her son had problems when going BAB thus requiring to use diapers, and as many as 2 mothers children

aged 2-3 years have declared their already successful in applying toilet training and was able to tell people around if you'd like BAK and BAB, one mother admitted that her son saw an example of her brother who was able BAK and BAB to the toilet. Researchers also interviewed the mothers in Children's Playgroup different, discovered five children aged 30-36 months, 3 Mother says her son has been trained to alert her if you want to pee, one mother said every waking always bring their children to the bathroom, and one person's mother said her son has always been taught by him how to urinate into the bathroom.

Researchers also interviewed other mothers in Daycare Ketintang Surabaya, a mother says that has taught her toilet training to tell Mom if you want to pee, but often failed because his son always tells the mother after completion pee, especially if pipisnya on the carpet and on the sofa, sometimes unintentionally mother scolding her child. Unlike the other mother, in the same way to tell Mom if you want to pee first, making her often hold pipisnya, because the mother claimed her son was always scared and crying when taken pee into the toilet. One mother said that her son again if the home was able to pee into the toilet, but if it is deposited in a Child Care, children always pee in my pants, and eventually had to use diapers.

Efforts to train children in the urination and defecation can be done by providing examples and children imitate correctly, observe when giving examples of toilet training, giving praise when children are successful and do not scold when children fail in doing toilet training (Gupte, 2004). Bandura mentions that learning through observation can occur simply by watching the model alone and in with the observation that a child can learn to behave. Kids may not immediately provide a response (behavior) that is directly observable, but the child store what observed in the form of cognitive (cognitive form). This cognitive shape remains active in the child and when the child is in a similar situation or conditions, spontaneously form cognitive earlier participated determine the child's behavior in these conditions. Behavioral models that have been observed children through TV shows, video movies, pictures, and video games can be a form of cognitive material child.

The cognitive behavioral model form into a subconscious reference material, which,

if the child meets with a similar situation in the future will respond as he has seen how the model responds (Alwisol, 2004). Research conducted Ken and Cruskelly (2007) in the Toilet training for children with autism: the effects of video modeling show that the model can improve the achievement BAK video during the day among children with autism. BAK in toilet frequency greater for autistic children who watched the video of toilet training than children who do not mention. Penelitian also mention children with autism who were given instructions on the direction of picture cards to go to the toilet, increased frequency of urinating in the toilet. Research conducted Salimah (2011) with the title of the impact of the play with the media image series in developing speaking skills and vocabulary early childhood affect the speaking skills and vocabulary children than to play without using the media image of the series, this is indicated in the increased number of vocabulary the word used in speaking. Based on the above phenomenon researchers are interested to know whether No "Effect of psychoeducation toilet training through demonstration video and a picture card of the mother's knowledge and ability toddler toilet training in children."

## THE PROBLEM AND RESEARCH METHOD

Muscari (2005) states that there should be children aged 18-24 months of age or period of pre-ekolah should have earned the implementation of toilet training by his parents, but the fact that researchers can sakitar environment researchers and interviews with some of the mothers who leave their children in place daycare in Surabaya, there are still many available toilet training problems faced by older people. For example, with a flurry of parents, so parents do not have the time to teach children about toilet training. Generally, children are entrusted in Daycare and Preschool aged 18-36 months are still using diapers.

Impact of toilet training is not directly perceived by the child but the result will disrupt development of the child as an adult later. Children will be rentetif where children tend to be stubborn and even miserly, things in the case if the parents often scold the child in the bladder and bowel, otherwise if parents are too casual leave rules in toilet training, the child will

experience the personality of expressive where more children have the heart, tend to be careless, like stirring up trouble, emotional, and arbitrarily in performing daily activities. But there are also children who have been successful in toilet training because of the influence of the model of his brother. Therefore, researchers are interested in examining how the influence of psychoeducation toilet training through demonstration video and picture cards to increase the mother's knowledge and ability toddler toilet training in children?

The number of samples in this study was a population of as many as 30 people, all of whom enroll in classes / groups A1 and A2. Then the sample was divided into two groups of 15 people each. A1 group was given the intervention of so-called treatment group, then the next kelompok referred to as the control group. The group division is based on a procedure matching (match), by dividing into two equal groups, equalizes the number of samples between the treatment group and the control group.

As a means of collecting data in this study are: 1. Knowledge Capital Measurement Scale; 2. Sheet Observation Checklist Toilet training ability Children; 3. Elimination Schedule Sheets (BAK and BAB) for 24 hours. While data analysis, using statistical test of Wilcoxon Signed Rank Test (paired sample comparison test 2) and Mann Whitney U with a significance level of  $p < 0.05$ .

## RESULT

### Knowledge Mother and Ability Son before awarded psychoeducation Toilet Training in the Treatment Group and Control Group

Results of analysis table 1: it was found that by Mann Whitney test value obtained  $z = -1.829$ , with  $p = 0.067$ , where  $p > 0.05$ , which means there is no difference in the value of knowledge of mothers before being given psychoeducation about Toilet training between the treatment group and the group control. As for the child's ability in doing toilet training, based on those values obtained Mann Whitney  $z = -0.215$ , with  $p = 0.829$  where  $p > 0.05$ , which means there is no significant difference between the abilities of children in the treatment group and the control group in conducting toilet training before being given psychoeducation.

### **The Effect of psychoeducation on Toilet Training with demonstrations through Video and Picture Cards to the Knowledge Capital**

Based on the above comparison table 2 of knowledge of mothers before and after giving psychoeducation intervention in the form of toilet training with demonstrations through video and picture cards increased maternal knowledge about toilet training. It can be seen from the Wilcoxon Signed Rank Test with significant value of  $p = 0.001$  where  $p < 0.05$ , which means there are significant differences after a given psycho-education, which means that  $H_0$  refused. Thus there is the effect of psychoeducation with demonstrations through video and picture cards to increased knowledge of the mother. The results mean that the original 46.27 (pre) meningkat be 78.07 (post), indicating quantitatively that the mother's knowledge increased after a given intervention. Statistical test with Mann-Whitney U Test showed that significant values ( $p$ ) = 0.000, which means the knowledge of mothers who received psychoeducation through demonstration video and picture cards completely different from the control group who did not receive psychoeducation, although quantitatively there are changes (in column the middle of the average of 51.93 into 53.40), but the change is very little / no mean. In addition the results mean = 78.07 (post) in the treatment group was higher than the control group (53.40) shows quantitatively the increase pengetahuan.pada treatment groups.

### **Effect of psychoeducation on Toilet Training with demonstrations through video and the ability Children's Picture Cards Carry Toilet Training**

Based on the comparison table 4.1.5 in the ability of children before and after giving psychoeducation intervention in the form of toilet training with demonstrations through video and picture cards increased children's ability to carry out toilet training. It can be seen from the Wilcoxon Signed Rank Test with

significant value of  $p = 0.001$  where  $p < 0.05$ , which means there are significant differences after a given psycho-education, which means that  $H_0$  refused. Thus there is the effect of psychoeducation with demonstrations through video and picture cards to increase children's ability to carry out toilet training.

The results mean that the original 11.33 (pre) meningkat be 14.80 (post), indicating quantitatively that toilet training the child's ability to implement given increased after the intervention. Statistical test with Mann-Whitney U Test showed that the significant value of  $p = 0.000$ , which means the ability of children receiving psycho-education through demonstration video and picture cards completely different from the control group who did not receive psychoeducation, although quantitatively there is a change (in the column middle of the average of 11.47 to 11.80), but the change is very little / no mean. In addition the results mean = 14.80 (post) in the treatment group was higher than the average in the control group (11.80), it indicates quantitatively the increase a child's ability. carry toilet training in the treatment group.

### **Effect of psychoeducation Toilet Training with demonstrations through video and picture cards to Capital Knowledge and Ability to Implement Toilet Training Children in Children Toddler**

Base on Table 4. by Mann-Whitney U Test showed that the significant value of  $p = 0.000$  both the variable mother's knowledge and abilities of children in after given psychoeducation, where  $p < 0.005$ , meaning that either the mother's knowledge and the ability of children who received psychoeducation through demonstration video and picture cards really no significant difference with the control group that did not get psychoeducation, so  $H_0$  rejected. It can be concluded that there is the effect of psychoeducation about toilet training to the knowledge of the mother and the child's ability in executing toddler toilet training.

Table 1. Knowledge Mother and Ability Son before Awarded psychoeducation Toilet Training <sup>3</sup> in the Treatment Group and Control Group

Variable	Mean	SD	Z	P (2-tailed)	Makna
Mothers Knowledge (Y1)	49,10	7,984	-1,829	0,067	> 0,05 T'ada beda
Ability Toddler (Y2)	11,40	1,102	-0,215	0,829	> 0,05 T'ada beda

Table 2. Comparison of knowledge of mothers <sup>3</sup> before and after giving psychoeducation in the treatment group and the control group.

	Intervension group		Control		Intervension group		Control	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
<b>Mean</b>	46,27	78,07	51,93	53,40	78,07	53,40		
<b>SD</b>	7,478	2,712	7,675	8,007	2,712	8,007		
	p = 0,001 z = -3,410		p = 0,011 z = -2,555		p = 0,000 z = -4,681			
	<i>Wilcoxon Signed Rank Test</i>		<i>Wilcoxon Signed Rank Test</i>		<i>Mann-Whitney U Test</i>			

Table 3. Comparison of the ability of children <sup>3</sup> before and after giving psychoeducation in the treatment group and the control group.

	Intervension group		Control		Intervension group		Control	
	Pre	Post	Pre	Post	Post	Post	Post	Post
<b>Mean</b>	11,33	14,80	11,47	11,80	14,80	11,80		
<b>SD</b>	1,234	0,941	0,990	1,014	0,941	1,014		
	p = 0,001 z = -3,430		p = 0,25 z = -2,236		p = 0,000 z = -4,543			
	<i>Wilcoxon Signed Rank Test</i>		<i>Wilcoxon Signed Rank Test</i>		<i>Mann-Whitney U Test</i>			

Table 4. Comparison before and after giving psycho-education, both in knowledge of the mother and the child's ability in executing toilet training

Intervensi	Kelompok	Variabel	Z	P	Makna
Sebelum	Perlakuan & Kontrol	Pengetahuan Ibu	-1,829	0,067	> 0,05 T'ada beda
		Kemampuan Anak	-0,215	0,829	> 0,05 T'ada beda
Sesudah	Perlakuan	Pengetahuan Ibu	-3,410	0,001	< 0,05 Ada Beda
		Kemampuan Anak	-3,430	0,001	< 0,05 Ada Beda
	Perlakuan & Kontrol	Pengetahuan Ibu	-4,681	0,000	< 0,05 Ada Beda
		Kemampuan Anak	-4,543	0,000	< 0,05 Ada Beda

## DISCUSSION

After analysis, the meaning of the section of this discussion will be reviewed on the effect of psychoeducation with demonstrations through video and picture card to the mother's knowledge about toilet training and the ability toddler toilet training in children before and after the intervention. Knowledge Of the mother about Toilet Training 4.1.4 Analysis of the data in the table shows that the ratio of knowledge of mothers before and after giving psychoeducation intervention in the form of toilet training with demonstrations through video and picture cards increased maternal knowledge about toilet training. It can be seen from the Wilcoxon Signed Rank Test with significant value of  $p = 0.001$  where  $p < 0.05$ , which means there are significant differences after a given psychoeducation, thus there is the effect of psychoeducation with demonstrations through video and picture card to the mother's knowledge. The results mean that the original 46.27 (pre) meningkat be 78.07 (post), indicating quantitatively that the mother's knowledge increased after a given intervention. It is influenced by:

Their provision of information from the outside through a process of learning / psychoeducation using the demonstration through video and picture cards also provide leaflets. Psychoeducation is given in the classical and individual, as an evaluation of the success of the provision of psycho-education materials with a lecture and question and answer researchers also repeated demonstrations by the respondent. The demonstration was done with the hope that the mother / respondent is not simply knowing and understanding the material toilet training, but also capable of practicing orally, as a model for their children during home, even able to practice using the tools if need.

The education level of the mother, hopes the higher the mother's education level, the more easy to master the material, but in this study the majority of recent education mother / respondent is SMP (47%) and high school (40%) and only 13% have the latest educational academy / College. Therefore, the provision of interventions in this study made it interesting not just cermah, frequently asked questions and the distribution of leaflets, but also accompanied by method-meode other support such as video, picture cards, so expect material

psychoeducation can be understood and absorbed optimally (Notoatmodjo 2007). Basic education junior high school which, according Notoadmojo (2007) is a secondary education does not necessarily make a person unable to optimally capture the material but by using certain strategies or teaching methods, in this case using the demonstration method of learning materials may be arrested in opimal. This is consistent with that put forward Muchtar (2005) that learning dem onstrasi method can be used to achieve the purpose of psychomotor for primary and secondary education levels.

Memory, interests and concerns also affect the increase of knowledge (Nursalam, 2005), as well as interest / enthusiasm of respondents to toilet training materials. Originally mothers / respondents underestimate the benefits of toilet training, but after knowing the positive and negative impacts, they became enthusiastic to continue the program's toilet training, so that the developmental tasks of their children can be resolved completely. Many of those who did not think that the stages of toilet training skills such details. Psychoeducation This gives an opportunity to the parents of children toddler to better understand the developmental tasks that must be achieved in children toddler in this case is toilet training, so that parents can early identify the readiness of the child in toilet training and find solutions to problems that may arise due toddler toilet training in children. Noteworthy during the intervention process is the procedure / stage practice of toilet training in children toddler which was the most important part of learning, it is in maksdukan to avoid experiences that are less convenient both for parents and for children whose effects may occur in the future. Practice correct at the time of the child's toddler toddler toilet will reduce fears of the parents so that children get the ability toilet training in accordance with the development tasks

### *Ability Toilet Training in Toddler*

Based on the comparison table 3 in the ability of children before and after giving psychoeducation intervention in the form of toilet training with demonstrations through video and picture cards increased children's ability to carry out toilet training. It can be seen from the Wilcoxon Signed Rank Test with significant value of  $p = 0.001$  where  $p < 0.05$ , which means there are significant differences after a given psychoeducation, thus there is the



effect of psychoeducation with demonstrations through video and picture cards to increase a child's ability carry toilet training.

The results mean that the original 11.33 (pre) meningkat be 14.80 (post), indicating quantitatively that toilet training the child's ability to implement given increased after the intervention. Statistical test with Mann-Whitney U Test showed that the significant value of  $p = 0.000$ , which means the ability of children receiving psycho-education through demonstration video and picture cards completely different from the control group who did not receive psychoeducation. It influenced several factors, among others:

- a. Sex of the child, where the majority of the sex of the child / respondents were female (67%),

Results of previous studies confirms that the boys did start and mastering toilet training much longer compared to girls. This difference may be caused by several factors: (Gilbert, in Eka, 2008):

- 1) The nervous system of a boy growing longer
- 2) Tad less sensitive to the taste of their skin wet
- 3) Children of women may gain the ability to toilet training earlier caused them express a need words, this is an adaptation of the self-limiting mechanism. It also makes it easier to adapt daughter emotionally with their parents so that the response in conducting toilet training children is better. In addition, it may be another consideration is the son neurological maturity limits how quickly they can gain control of the bladder.
- 4) The main coach toilet training is done by the mother (a woman). It can make a complicated experience for the boys. According to Erikson's theory of psychosocial development, children will imitate the behavior of others around them to develop their autonomous function in controlling the body and the environment through the learning process. This makes the toddler age children were more likely to have the nature of imitation, so he needs to figure that really fit to exercise it. In fact, toilet training between men and women differ

in terms of the way bladder / bowel and hygiene proper way.

- b. Children who are elected in accordance with the criteria for inclusion are toddler children who do not have mental and physical disabilities, so as to facilitate the identification of the child's readiness.
- c. The ability of children optimally will get when there is a positive interaction between parents, especially mothers and children. As stated by Stanley (2011, in Hardy; journal of the Faculty of Medicine) that forcing a child to get early toilet training capability will advance in the identification of readiness.

Further Hardy (2011) explains that the children were accompanied by their parents optimally be more successful than their achievement of toilet training was unaccompanied. Therefore, the author establishes a mother who does not work as the criteria for inclusion in this study, given that the limitations in this study were relatively short-term monitoring pre-his post just one week, with the expectation that mothers who do not work can carry out fully the role of the mother as a parent , escorts and models in the practice of toilet training during the intervention process underway (Senjaputri, Journal of Medicine, 2012).

The role of mother as parents are watching to monitor the physical and mental readiness of a child to make a schedule for the elimination of BAK / BAB child for 24 hours. The role of mother as a companion and a model in the practice of toilet training that showed the correct place for BAK / BAB correct, accompanying the child when it refused tub / defecate in the toilet so the children feel safe and comfortable, as well as being a model for children, how to teach the child to communicate if the sensation BAK / BAB started dirasaka, taught to sit or squat on the toilet, teach you how to install the bearing / safety devices potty training, teaching how to clean up the feces and genital organs independently, teaches removing and wearing independently (Senjaputri, 2012)

- d. Age, According to Wong (in Supartini 2009) most children will have the ability to toilet training in the second year. At this stage, children will imitate the behavior of others in the vicinity and it is a learning process for children.

Age in achieving optimal ability toilet training is between 24-36 months. This is because at this age children's language development, both verbal and non-verbal been able to communicate their needs in bereliminasi. Besides the motor development of children at this age also shows the development of a more mature so that it can support the upgrading of toilet training. In a previous study James (2010, in Syafitri: Undip medical journal) stated that: things that affect the ability to toilet training in children between the toddler with another child's age and readiness. In addition to the parents should prepare themselves, parents also need to pay attention to signs of readiness that covers children's mental readiness, physical, psychological. The use of demonstration methods can be used for normal children but not necessarily be used for children with special needs (physically and mentally), so the need to find the right method that can be used both for normal children and children with special needs (physical disabilities and mental).

In this reasearch, psychoeducation with the method of demonstration is not only given to the respondent's mother, intervention followed the young respondents to the method demonstration through video and a picture card for 3 days in a row because the final goal of the success of the provision of psycho-education is a child who will carry out the stages of skill toilet training. Told stages of skill, since the implementation of the toilet training for children is not only limited aspects of knowledge / cognition alone but should be able to perform these skills.

From the analysis of this study showed that the original average 11.33 (pre) menigkat be 14.80 (post), indicating quantitatively that toilet training the child's ability to implement given increased after the intervention. Quantitatively, these changes are not so great, that means 8 stages of toilet training a child's ability to target psychoeducation in this study can be said to be completed, and this becomes a limitation of the study. The eight stages of the child's abilities are:

- 1) Sit / squat on the toilet / wc without fussing, crying, or suddenly go
- 2) Communicate verbal / non verbal sensations BAK / BAB
- 3) Request to the toilet or directly go to the toilet
- 4) Remove your pants before going to the toilet
- 5) Clean the genital independently

- 6) Flushing the urine / feces
- 7) Wearing independently
- 8) Washing hands with soap

8 stages of the last three capabilities unresolved during the intervention process takes place, especially in the treatment group, namely; ability no 5, 3 and 1 and. This can be caused by:

- a. Limitations of the lag time between pre-post intervention (for 1 week)
- b. On the ability of five (cleaning genitals independently), based on interviews with the mother / respondent, that they still have not given credence entirely to her children to clean genital independently. In addition to the respondent (kids), some of them perceive the stool was dirty, smelly and disgusting, so there are those who refuse to clean independently
- c. The ability of 1 and 3 (Sit / squat on the toilet / wc without fussing, crying, or suddenly go and ask for toilet or directly go to the toilet) based on interviews with the respondent (mother and child) still have concerns afraid of falling or slipping.

## CONCLUSION

Psychoeducation about toilet training with a demonstration video and a picture card is quite effective as a learning method in changing the behavior of parents, especially mothers in the aspect of knowledge and psychomotor. This is due mainly audio-visual demonstration (video and picture cards) can stimulate cognition someone whose origins are not knowing to knowing or understanding. Psychoeducation about toilet training with demonstrsi video and picture cards are also quite effective in stimulating improve the ability of native children who can not afford to implement it.

For the implementation of the intervention (pause pre-post) should be no distance enough time / not too short so the 8 stages of toilet training skills can be achieved with a thorough. The video content and a picture card infrastructure should be adapted to the respondent (eg squat wc pictures, etc.). Need to develop programs toilet training as a requirement in school kindergarten.. Need to develop procedures toilet training for children with disabilities or special needs.

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