

THE RELATIONSHIP BETWEEN FAMILY AND CHILD READINESS WITH THE SUCCESS OF TOILET TRAINING IN TODDLER AGE CHILDREN IN THE KALIABANG TENGAH SUBDISTRICT

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ABSTRACT

Background: Toilet training is a crucial aspect of developmental tasks in toddlers, aiming to train them in urinary and fecal elimination activities. The success of toilet training can be influenced by both family and child factors. Various studies indicate that the physical, mental, and psychological readiness of the child, as well as the teaching methods used by parents, play significant roles in the success of toilet training. **Objective:** This study aims to determine the relationship between family and child readiness and the success of toilet training in toddlers in the Kaliabang Tengah Subdistrict. **Methods:** This study uses a descriptive quantitative method with a cross-sectional approach. The population of this study includes families with children aged 2-4 years in the Kaliabang Tengah area, with a sample size of 97 respondents. Data were obtained through questionnaires. The sampling method was conducted using Stratified Random Sampling and analyzed using the Chi-square test. **Results:** The results of the study showed a significant relationship between family readiness ($p=0.002$), child's physical readiness ($p<0.001$), child's mental readiness ($p<0.001$), and child's psychological readiness ($p=0.001$) with the success of toilet training ($p<0.05$). **Conclusion:** There is a significant relationship between family readiness, child's physical readiness, child's mental readiness, and child's psychological readiness with the success of toilet training in toddlers.

Keywords: Family Readiness; Child Readiness; Toddlers; Success Of Toilet Training.

ABSTRAK

Latar Belakang: Toilet training merupakan suatu aspek yang krusial dalam tugas perkembangan pada anak usia toddler untuk melatih kemampuan anak dalam melakukan kegiatan eliminasi urin dan juga eliminasi fekal. Keberhasilan toilet training dapat dipengaruhi oleh faktor keluarga dan juga faktor anak. Berbagai penelitian menunjukkan bahwa kesiapan fisik, mental, dan psikologis anak, serta metode pengajaran yang digunakan oleh orang tua, sangat berperan dalam keberhasilan toilet training. **Tujuan:** Penelitian ini bertujuan untuk mengetahui hubungan antara kesiapan keluarga dan anak dengan keberhasilan toilet training pada anak usia toddler di Kelurahan Kaliabang Tengah. **Metode:** Penelitian ini menggunakan metode deskriptif kuantitatif dengan pendekatan cross-sectional. Populasi dari penelitian ini adalah keluarga yang memiliki anak usia 2-4 tahun di wilayah Kaliabang Tengah dengan jumlah sampel sebanyak 97 responden. Data diperoleh melalui kuesioner. Metode pengambilan sampel dilakukan dengan Teknik Stratified Random Sampling dan dianalisis menggunakan uji Chi-square. **Hasil:** Hasil penelitian menunjukkan bahwa terdapat hubungan yang bermakna antara kesiapan keluarga ($p=0.002$), kesiapan fisik anak ($p<0.001$), kesiapan mental anak ($p<0.001$), dan kesiapan psikologis anak ($p=0.001$) dengan keberhasilan toilet training ($p<0.05$). **Simpulan:** Terdapat hubungan yang bermakna antara kesiapan keluarga, kesiapan fisik anak, kesiapan mental anak, dan kesiapan psikologis anak dengan keberhasilan toilet training pada anak usia toddler.

Kata kunci: *Kesiapan Keluarga; Kesiapan Anak; Anak Usia Toddler; Keberhasilan Toilet Training.*

INTRODUCTION

One of the stages of child development that will be passed during the toddler period is toilet training. Toilet training is a crucial aspect of developmental tasks in toddler age children to train children's ability to perform urine elimination and fecal elimination activities. The American Psychiatric Association notes that around 10-20% of children aged 12-24 months still experience enuresis, with more boys affected than girls (Meysialla & Alini, 2018). The results of the 2015 national Household Health Survey (SKRT) showed that although the majority of children under five years old were able to control the process of defecation and urination, around 30% of 4-year-olds and 10% of 6-year-olds still felt anxious about going to the bathroom, especially at night (Permatasari et al., 2018).

Children can begin toilet training at 18-24 months of age (Ifalahma & Hikmah, 2019). Some studies have examined successful toilet training in the age range of up to 2-4 years (Arum, 2019; Irmayanti et al., 2020), but some children may not be ready for toilet training until 3-4 years of age (Gilbert, 2003). Research in Dusun II Karang Rahayu Subdistrict, Bekasi Regency reported that 54.5% of children aged 3-5 years had not been successful in toilet training (Aprilina Sartika, 2018). Factors such as teaching methods, emotional readiness, and parenting patterns influence toilet training success (Agustina & Sapta, 2015).

Research shows that most children (40.3%) have optimal toilet training skills at the age of 2.1-3 years. In the study, it was reported that the toilet training abilities of boys and girls do not show a significant difference. However, girls tend to follow instructions and be guided more easily, which often leads them to achieve toilet training skills faster than boys (Sari et al., 2020). The success of toilet training is strongly influenced by the child's readiness. The results of research by Putri, Indriati and Herlina (2021) report that 68.6% of toddler-age children are physically ready for toilet training. Meanwhile, 72.5% of children have mature mental readiness, and 68.6% of children are psychologically ready for toilet training. Most of them were aged 25-36 months. A child's health condition, such as Down syndrome or Autism Spectrum Disorder (ASD), also affects the success of toilet training. Children with special health conditions tend to have more difficulty accepting the stimulus given so that the toilet training process is hampered (Dewi et al., 2019).

Family factors such as age, gender, experience, education and occupation also influence parents' readiness for toilet training. Research shows that parents with a high level of readiness have a higher rate of toilet training success in their children (Ifalahma & Hikmah, 2019). By considering these various factors, the author is interested in conducting research on the relationship between family and child readiness with the success of toilet training in toddler age children in the Kaliabang Tengah subdistrict.

METHODS

This research was conducted using quantitative descriptive research methods using a cross-sectional approach model. Sampling using stratified random sampling technique. The main independent variables in this study are family readiness and child readiness. In addition, there are also variables that influence the age, gender, education level, and employment status of family members, as well as the age and gender of the child. The dependent variable of this study is successful toilet training. The research was conducted from March to May 2024 in the Kaliabang Tengah area, precisely in RW 011. This area is a densely populated settlement with a significant number of toddlers. This area also supported by the active integrated health post (*Posyandu*), which indicates relatively good access to healthcare facilities and facilitates data collection. These conditions make the findings of this study potentially generalizable to other urban areas in Indonesia with similar demographic characteristics and healthcare access. The population of this study was 124 families who had children aged 2-4 years in the Kaliabang Tengah area, with a sample size of 97 respondents. The family members selected as respondents with the inclusion criteria: family members living in the same household and having a biological relationship with children aged 2–4 years, family members who could communicate effectively, and those willing to participate as respondents. The exclusion criteria included family members with children who have special conditions such as autism, Down syndrome, or other similar conditions, family members with children who have chronic illnesses, and individuals hired to care for the child. The approach was made by directly visiting the families, explaining the purpose of the study, and ensuring that participation was voluntary. The instruments used to collect data were a demographic questionnaire, a family and child readiness questionnaire adopted from Rachmawati (2020) and a child toilet training success questionnaire adopted from Tawakalni (2021). The questionnaire has been tested for validity and reliability in the Setia Mulya village area, Tarumajaya District, Bekasi Regency, with a sample of 30 respondents. The results of this test yielded a Cronbach's Alpha value of 0.943 for the family and child readiness questionnaire and

a value of 0.867 for the child toilet training success questionnaire, with Cronbach's Alpha ≥ 0.6 , indicating that the questions in these instruments are reliable. Data were analyzed using the Chi-square test. Before conducting the univariate test, the Normality test was conducted first to see the data distribution. In this study, the ethical aspects applied include the principles of informed consent, autonomy, anonymity, and confidentiality. This research has received a certificate of ethical feasibility from the Ethics Commission Poltekkes Kemenkes Jakarta III with Letter Number LB.02.02/F.XIX.21/3761/2024.

RESULTS AND DISCUSSION

1. Results

The results of the normality test obtained a p-value < 0.001 which means that the data is not normally distributed.

1.1 Overview of Respondent Characteristics

Table 1 Overview of Respondent Characteristics

No.	Variables	Frequency (n=97)	Percentage
1.	Family's Age		
	24-31 years	41	42,3%
	32-63 years	56	57,7%
2.	Children's Age		
	2 years	36	37,1%
	3 years	43	44,3%
	4 years	18	18,6%
3.	Children's Gender		
	Male	51	52,6%
	Female	46	47,4%
4.	Family's Education Level		
	Elementary-Middle School	10	10,3%
	High School-College	87	89,7%
5.	Family's Employment Status		
	Working	28	28,9%
	Not Working	69	71,1%

The results of data analysis of respondents' characteristics show that the age characteristics of families who predominantly care for children in RW 011 are mostly aged 32-63 years (57.7%). The characteristics of children's age are mostly 3 years old (44.3%). The gender of children aged 2-4 years in RW 011 is mostly male (52.6%). The majority of family education levels are in the High School-College category (89.7%). The majority of the

family's employment status is not working (71.1%). The family's age variable was categorized using a cut-off point, so that the median value used.

1.2 Overview of Family and Child Readiness and Toilet Training Success

Table 2 Overview of Family and Child Readiness and Toilet Training Success

No.	Variables	Frequency (n=97)	Percentage
Family Readiness			
1.	Low	9	9,3%
	Medium	40	41,2%
	High	48	49,5%
Children's Physical Readiness			
2.	Low	10	10,3%
	Medium	45	46,4%
	High	42	43,3%
Children's Mental Readiness			
3.	Low	7	7,2%
	Medium	58	59,8%
	High	32	33%
Children's Psychological Readiness			
4.	Low	12	12,4%
	Medium	34	35,1%
	High	51	52,6%
Toilet Training Success			
5.	Unsuccessful	63	64,9%
	Successful	34	35,1%

The results of data analysis of family and child readiness show that the majority of families (49.5%) have high readiness in facing toilet training in toddler age children, while most children have medium physical readiness (46.4%), medium mental readiness (59.8%), and high psychological readiness (52.6%) for toilet training. The results of data analysis of toilet training success show that the success of toilet training in toddler age children is mostly in the unsuccessful category (64.9%).

1.3 Relationship between Family and Child Readiness with the Success of Toilet Training in Toddler Age Children in the Kaliabang Tengah Subdistrict

In this analysis, for the mental readiness variable, due to cells with low frequencies that did not meet the assumptions for the chi-square test, the categories 'low' and 'medium' were consolidated into one category, labeled as 'low-medium.' This resulted in a dichotomous variable with two categories: 'low-medium' and 'high'.

Table 3 Relationship between Family and Child Readiness with the Success of Toilet Training in Toddler Age Children in the Kaliabang Tengah Subdistrict

Variables	Toilet Training Success				OR (CI 95%)	P-value
	Unsuccessful		Successful			
	n	%	n	%		
Family Readiness						
Low	8	8,2%	1	1%		
Medium	32	33%	8	8,2%	-	0,002
High	23	23,7%	25	25,8%		
Children's Physical Readiness						
Low	9	9,3%	1	1%		
Medium	39	40,2%	6	6,2%	-	0,000
High	15	15,5%	27	27,8%		
Children's Mental Readiness						
Low-Medium	54	55,7%	11	11,3%	12,545	0,000
High	9	9,3%	23	23,7%	(4,58-34,34)	
Children's Psychological Readiness						
Low	10	10,3%	2	2,1%		
Medium	29	29,9%	5	5,2%	-	0,001
High	24	24,7%	27	27,8%		

The results of this study indicate a significant relationship between family readiness ($p=0.002$), child physical readiness ($p<0.001$), child mental readiness ($p<0.001$), and child psychological readiness ($p=0.001$) with the success of toilet training at toddler age in the Kaliabang Tengah subdistrict. From this study, the results of mental readiness shows an odds ratio (OR) of 12.55 (CI : 4,58-34,34), indicating that children with low-medium readiness have a 12.55 times greater risk of unsuccessful toilet training. However, no odds ratio was calculated for the variables of family readiness, children's physical readiness, and children's psychological readiness, as chi-square tests with tables larger than 2x2 do not permit the calculation of odds ratios.

1.4 Relationship between Respondents' Characteristics with the Success of Toilet Training in Toddler Age Children in the Kaliabang Tengah Subdistrict

Table 4 Relationship between Respondents' Characteristics with the Success of Toilet Training in Toddler Age Children in the Kaliabang Tengah Subdistrict

Variables	Toilet Training Success				OR (CI 95%)	P-value
	Unsuccessful		Successful			
	n	%	n	%		
Family's Age						
<32 Years	27	27,8%	14	14,4%	-	0,999
≥32 Years	36	37,1%	20	20,6%		
Children's Age						
2 Years	33	34,0%	3	3,1%	-	0,000
3 Years	26	26,8%	17	17,5%		
4 Years	4	4,1%	14	14,4%		
Children's Gender						
Male	34	35,1%	17	17,5%	-	0,873
Female	29	29,9%	17	17,5%		
Family's Education Level						
Low	7	7,2%	3	3,1%	-	0,999
High	56	57,7%	31	32%		
Family's Employment Status						
Work	23	23,7%	5	5,2%	3,335 (1,134-9,809)	0,043
Not Working	40	41,2%	29	29,9%		

The results of this study indicate a significant relationship between children's age ($p < 0.001$), and employment status ($p = 0.043$). The odds ratio (OR) for family employment status is 3.335 (CI: 1.134-9.809), meaning that children cared for by working family members have a 3.33 times greater risk of unsuccessful toilet training compared to those cared for by non-working family members.

2. Discussion

The results of this study showed that there is a significant relationship between family readiness and the success of toilet training in toddler age children in the Kaliabang Tengah subdistrict. Parents' readiness in accompanying children during toilet training has an important role because it will help children get used to using the toilet on their own regularly. Close

interaction between parents and children in this process will create a safe atmosphere and increase children's self-confidence (Ifalahma & Hikmah, 2019). A similar study reported that there was a significant relationship between maternal readiness and successful toilet training in children aged 18-36 months with a p-value of 0.000. The mother's readiness to assist the child in toilet training and patience in modeling to her child will affect the child's success in toilet training. Parents who often reprimand or prohibit their children when defecating and urinating, even limiting children's freedom when traveling can affect the development of the child's personality so that the child may tend to show a careless attitude, like to create problems, irritable, and less organized in daily activities (Lestari et al., 2022). Parents' delayed or inappropriate toilet training can be an important factor in a child's nighttime bedwetting. Factors such as unavailability, insecurity, anxiety, and rigid parental behavior can be barriers to enuresis management, so families need to identify and understand the causes if their child experiences this problem (Damanik & Lasmawanti, 2019). The author assumes that family behavior will affect how they teach toilet training to children, because children will learn by seeing and imitating the behavior of adults. In addition, good interactions between families and children will foster a sense of security and also foster confidence in children to carry out toilet training, so that careful preparation is needed for families to obtain maximum toilet training results in (Hendrawati et al., 2020).

The results of this study showed that there is a significant relationship between children's physical readiness and the success of toilet training in toddler age children in the Kaliabang Tengah subdistrict. Physical readiness involves the maturity or strength of the muscles, allowing the child to receive and undergo training. In the age range of 18-24 months, children have the responsibility to be able to regulate their body's elimination function. Therefore, to succeed in toilet training, mental and physical readiness is needed so that the child can control the process of urination and defecation independently (Widianingtyas and Juanita, 2022). Similar research reported a p-value of 0.000 ($p < 0.05$) so that it can be concluded that there is a significant relationship between physical readiness and the success of toilet training in Ababil and Baitul Izzah PAUD children. The ability to perform toilet training independently is influenced by several factors, including physical readiness, such as the ability to sit or squat for about 2 hours, regular bowel movements, and gross motor skills such as sitting, walking, and fine motor skills such as undressing (Ifalahma & Hikmah, 2019). The author assumes that children's physical ability is crucial to the toilet training process because it involves the ability of muscles such as the ani sphincter and urethra to control defecation and urination, as well as

motor skills such as walking to the bathroom, squatting or sitting on the toilet, and putting on and taking off clothes. Qualified physical abilities will support children to get used to using the toilet so that children's toilet training skills will achieve maximum results. This is also supported by the fact that as children get older, their physical abilities develop further.

The results of this study showed that there is a significant relationship between children's mental readiness and the success of toilet training in toddler age children in the Kaliabang Tengah subdistrict. Mental readiness in children can be measured by their cognitive ability to obey instructions from parents and accurately imitate the behavior that has been modeled (Putri et al., 2021). Children's mental readiness for toilet training includes recognition of the sensations that arise suddenly when urinating and defecating, the ability to communicate both verbally and nonverbally when feeling the need to urinate and defecate, and the cognitive ability to follow instructions and imitate the behavior of others (Ifalahma & Hikmah, 2019). The author assumes that children's mental readiness for toilet training includes the cognitive ability to understand and follow instructions, imitate modeled behaviors, and recognize and communicate physical sensations related to toileting. As children get older, their cognitive development matures, allowing them to more effectively comply with instructions and imitate behaviors, which ultimately increases the success of toilet training. This is also supported by the ability of parents to provide stimulus and support to children.

The results of this study showed that there is a significant relationship between children's psychological readiness and the success of toilet training in toddler age children in the Kaliabang Tengah subdistrict. Psychological readiness in toilet training is characterized by the behavior of children who are not fussy when they want to defecate, as well as facial expressions that show excitement and desire to do it independently. The role of parents is an important factor in children's psychological readiness for *toilet training*. It is important for parents to motivate and support children to keep practicing, by enforcing discipline in the *toilet training* process from the age of 1 year (Ernawati et al., 2021). The author assumes that psychological ability is related to the emotional and behavioral aspects of children, as well as how they feel and react to the *toilet training* process. Children's psychological readiness for *toilet training* is strongly influenced by the active role of parents who provide support, motivation, and discipline from an early age, increasing children's self-confidence.

The results of this study showed that there is no significant relationship between family's age and the success of toilet training in toddler age children in the Kaliabang Tengah subdistrict. The age factor of parents affects the success of toilet training in children because the more

mature the age of the parents, the mother will pay more attention to the child's toilet training (Sari et al., 2020). This contradicts the research by Mendur, Rottie and Bataha (2018) which reported that the majority of mothers (90%) were aged 26-35 years. At that age, mothers tend to be busy with work, often feeling reluctant to take their children to the toilet and having limited time to manage household tasks. The author assumes that age can influence a person's actions or behavior, but at a mature age, many parents also have other roles and activities so that they often do not have time to assist the toilet training process in children so that the age of the family is not very influential in the success of children's toilet training (Harahap et al., 2021).

The results of this study showed that there is a significant relationship between children's age and the success of toilet training in toddler age children in the Kaliabang Tengah subdistrict. The research of Sari, Ekawaty and Eka Saputra (2020) where the study showed that most children who succeeded in toilet training were in the age range of 2.1 - 3 years as much as 40.3%. This is supported because at that age the child's language and motor skills are developing. In line with the theory of psychosexual development which states that at the age of 1-3 years the child will enter the anal phase, where the nerves in the sphincter and ureter muscles develop so that the child's ability to control the urge to urinate and defecate increases (Supartini, 2012). This is supported by literature studies Li *et al.* (2020) which states that children who are toilet trained before the age of 24 months have a lower chance of experiencing low urinary tract (LUT) problems in the lower urinary tract. The author assumes that the abilities that support the success of the toilet training process in children will develop with age, such as language and motor skills, as well as the development of muscles that support the child's ability to control defecation, so that the age of the child is very influential on the maximum toilet training results.

The results of this study showed that there is no significant difference between girls and boys in toilet training success in toddler age children in the Kaliabang Tengah subdistrict. Other similar research shows that there is no significant relationship between gender and age in relation to toilet training. From this study, it can be concluded that both girls and boys can complete toilet training at a similar age (Netto et al., 2021). According to Putri, Indriati and Herlina (2021), the sex of the child does not affect the level of independence in defecating and urinating between girls and boys, what is more important at this stage is to achieve readiness for toilet training. The authors assume that toilet training skills can be achieved within the

same age range by both boys and girls. The success of toilet training is more supported by other factors such as how the family approach and also the child's readiness.

The results of this study showed that there is no significant relationship between parental education level and toilet training success in toddler age children in the Kaliabang Tengah subdistrict. In line with the research of Mismadonaria, Utami and Simbolon (2020), the results of the analysis of the relationship between maternal education and toilet training independence obtained a p-value of 0.458 ($p < 0.05$) which means that there is no significant relationship between education and the independence of toilet training for toddler children. Education at the secondary level can affect respondents' knowledge, but it does not guarantee that individuals with secondary education have low knowledge, because in this millennial era knowledge can be accessed through mass media or electronics (Hendrawati et al., 2020). The author assumes that the last level of education of parents cannot be used as a determinant of the level of knowledge related to toilet training because of the development of technology, information can be accessed from various sources such as social media, the internet, and so on. Parents who have higher education often have jobs or busy schedules that can make them have less time to accompany children during the toilet training process (Buston, 2018).

The results of this study showed that there is a significant relationship between family employment status and the success of toilet training in toddler age children in the Kaliabang Tengah subdistrict. Similiar research reported the results of the relationship between job characteristics and toilet training independence in toddler-age children, the p- value = 0.000 ($p < 0.05$) which means that there is a relationship between the characteristics of maternal education and the independence of toilet training in toddler-age children (Harahap et al., 2021). This is in accordance with several sources which state that having a job will require a person to allocate significant time and energy to complete tasks that are considered important and require special attention. Respondents who are housewives or do not work have greater opportunities and time to pay attention and can directly observe children's independence and readiness for toilet training according to their age (Putri et al., 2021). The author assumes that non-working families have more time to assist children in the toilet training process because toilet training learning must be carried out consistently, so families must have a commitment to achieving successful toilet training in children.

CONCLUSION

1. The majority of families (57.7%) who caring for children were aged 32-63 years, with children aged 2-4 years, with the highest percentage aged 3 (44.3%). The most children (52.6%) were male. The most families (89.7%) had a high school to college education, and the majority did not work (71.1%).
2. The majority of families (49.5%) have high readiness in dealing with toilet training in toddler age children. The majority of children have medium readiness in physical aspects (46.4%), medium readiness in mental aspects (59.8%), and high readiness in psychological aspects (52.6%).
3. The most children (64.9%) were unsuccessful in toilet training, while 35.1% were successful.
4. There is a significant relationship between family readiness, children's physical, mental, and psychological readiness, children's age and family employment status with the success of toilet training in toddler age children.
5. There is no significant relationship between family age, child gender, and family education level with the success of toilet training in toddler age children.

RECOMMENDATIONS

1. For Respondents

It is expected that families can increase awareness of the importance of family readiness and actively support the toddler age children's toilet training process, as well as identify factors that can improve the physical, mental, and psychological readiness of children in facing toilet training.

2. For the Research Area

It is expected that the integrated health post (*Posyandu*) or community health center (*Puskemas*) can optimize health promotion by creating educational programs related to toilet training to enhance the knowledge and skills of families in supporting the children's toilet training process.

3. For Future Researchers

Future researchers are expected to delve deeper into analyzing other factors that influence family and child readiness in toilet training, as well as developing interventions or specific support programs that can improve family and child readiness in facing the toilet training process.

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