

BUKTI KORESPONDENSI
ARTIKEL JURNAL NASIONAL BEREPUTASI

Judul Artikel : Associated Factors that Supporting Toilet Training for Children with Intellectual Disabilities: A Systematic Review

Jurnal : Journal of ICSAR
<https://journal2.um.ac.id/index.php/icsar/article/view/43647/11947>
ISSN (print): 2548-8619; ISSN (online): [2548-8600](#)
Volume 8 Number 1; DOI: <http://dx.doi.org/10.17977/um005v8i1p65>
Januari 2024, hal 65-75

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No.	Perihal	Tanggal
1.	Registrasi telah diterima	1 Februari 2023
2.	Hasil Review	28 Mei 2023
3.	Artikel sudah direvisi	26 Juli 2023
4.	LoA Journal of ICSAR	27 Juli 2023
5.	Publikasi	1 Januari 2024

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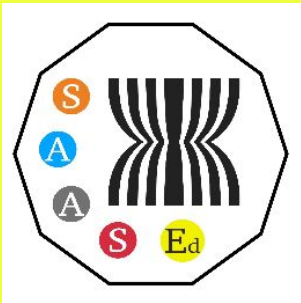
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Associated Factors That Supporting Toilet Training for Children with Intellectual Disabilities: A Systematic Review

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Abstract

The basic aspect that must be mastered by children with intellectual disabilities before mastering other self-development skills is doing toilet training independently. Learning for children with intellectual disabilities in carrying out toilet training activities requires a separate technique and needs to pay attention to the factors that support the success of the program. This study aims to describe the associated factors that support toilet training for children with intellectual disabilities. This study uses a qualitative approach with a type of literature review research that seeks to describe the related factors that support toilet training for children with intellectual disabilities. This literature review was conducted from August to December 2022 using PRISMA. The authors conducted searches in online databases with large repositories of academic studies and fully accessible by the authors. The results showed that: (1) the toilet training program was made based on the results of an assessment containing the abilities, needs, and potential of children with intellectual disabilities, (2) knowledge and intervention skills possessed by parents provide a great opportunity for successful toilet training for children, and (3) there is collaboration between parents and teachers regarding the implementation of toilet training. The success of toilet training for children with intellectual disabilities is influenced by many factors so that the toilet training process requires intensive assistance, especially for parents.

Keywords: toilet training, children with intellectual disabilities, associated factors, systematic review

Introduction

Anak tunagrahita adalah anak yang mengalami gangguan intelektual, dimana kondisi akademiknya berada di bawah rata-rata anak pada umumnya (Sartinah, Sri, dan Pamuji, 2023). Anak tunagrahita mempunyai dorongan untuk berkembang dari posisi ketergantungan (*dependent*) ke posisi bersifat mandiri (*independent*) (Astati, 2010). Anak tunagrahita yang mandiri akan bertindak dengan penuh rasa percaya diri, dan tidak selalu mengandalkan bantuan orang lain atau orang dewasa dalam bertindak (Astati, 2010). Kemandirian diartikan sebagai suatu sikap yang ditandai dengan adanya kepercayaan diri dan terlepas dari kebergantungan. Anak tunagrahita yang mandiri akan mampu melakukan aktivitasnya sendiri tanpa banyak bergantung kepada orang lain. Kemandirian berkembang selain dipengaruhi oleh faktor intrinsik (pertumbuhan dan kematangan individu itu sendiri) juga oleh faktor ekstrinsik (melalui proses sosialisasi di lingkungan tempat individu berada). Faktor intrinsik seperti kematangan individu, tingkat kecerdasan dan faktor ekstrinsik adalah hal-hal yang berasal dari luar diri anak seperti perlakuan orang tua, guru, dan masyarakat (Astati, 2010).

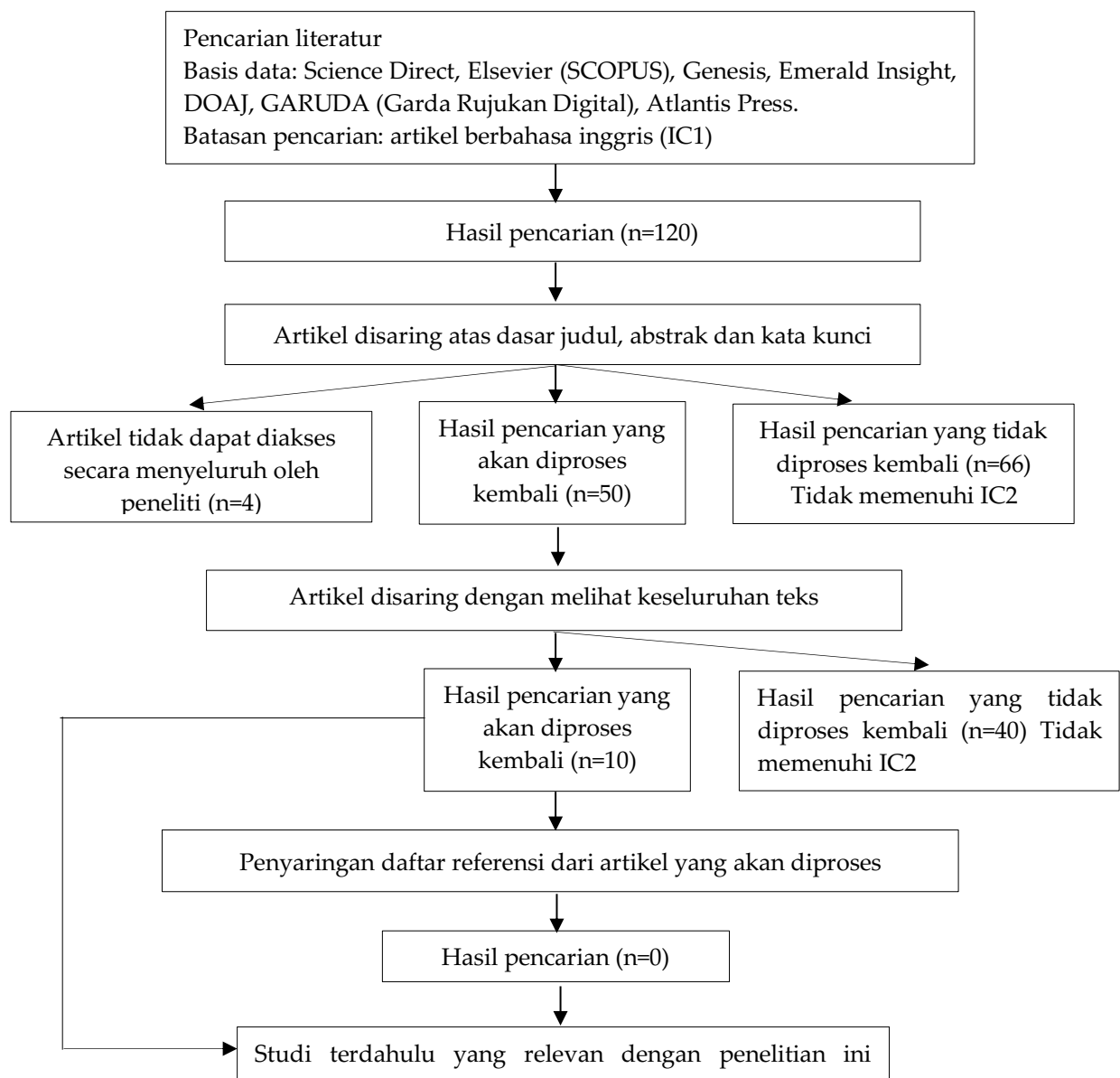
Dalam proses menumbuhkan kemandirian tersebut kemampuan anak tunagrahita berbeda dengan kemampuan anak pada umumnya, mengingat keterbatasan yang dimilikinya. Untuk mengembangkan kemandirian anak tunagrahita tersebut maka perlu adanya kegiatan pengembangan diri yang berupaya untuk membantu kemandirian anak tunagrahita. Menyelenggarakan pendidikan bagi penyandang disabilitas intelektual pada dasarnya adalah untuk menjadikan mereka mandiri (Ratnengsih, dkk., 2021). Untuk terwujudnya kemandirian tersebut maka guru perlu berupaya secara maksimal dalam melaksanakan serangkaian kegiatan yang mendukung kemandirian anak tunagrahita (Astati, dkk., 2010). Anak tunagrahita sedang mengalami hambatan dalam kecerdasan maka target pengembangan kemandiriannya tentu harus dirumuskan sesuai dengan potensi yang mereka miliki, sehingga dapat dikatakan bahwa kemandirian bagi anak tunagrahita adalah adanya kesesuaian antara kemampuan yang aktual dengan potensi yang mereka miliki. Jadi pencapaian kemandirian bagi anak tunagrahita tidak dapat diartikan sama dengan pencapaian kemandirian anak pada umumnya.

Salah satu hal yang menjadi perhatian orang tua dan guru adalah kemandirian anak dalam menggunakan toilet, sehingga diperlukan toilet training baik oleh orang tua di rumah maupun guru di sekolah. Untuk mendapatkan hasil yang maksimal dalam toilet training khususnya mengenai kemandirian anak, setidaknya ada beberapa faktor yang perlu diperhatikan dalam mempengaruhi kemandirian anak yaitu lingkungan, pola asuh dari orang tua dan pendidikan (Santrock, 2003, h. 145-146). Merawat anak tunagrahita seringkali membutuhkan upaya yang cukup besar dari orang tua. (Yoneda dan Miura, 2021)

Hasil studi pendahuluan yang dilakukan di SLB Negeri 3 Banjarmasin di Kota Banjarmasin pada 35 anak tunagrahita, didapatkan 21 anak yang belum mampu menggunakan toilet, 19 anak belum mampu membersihkan diri setelah buang air kecil dan 24 anak belum mampu membersihkan diri setelah buang air besar. Sebagian besar anak memiliki kebiasaan untuk menggunakan popok sekali pakai baik saat beraktivitas di rumah maupun ketika bepergian. Sebagai upaya mengatasi rendahnya kemandirian anak tunagrahita dalam melakukan *toilet training*, maka peneliti tertarik untuk mengkaji faktor-faktor terkait dengan keberhasilan pembelajaran *toilet training* bagi anak tunagrahita.

Method

Penelitian ini menggunakan pendekatan kualitatif dengan jenis penelitian kajian literatur yang berusaha menggambarkan faktor-faktor terkait yang mendukung keberhasilan toilet training untuk anak dengan hambatan intelektual. Sumber data dalam penelitian ini berupa jurnal, buku, hasil penelitian mulai tahun 2012. Studi literatur ini dilakukan dari Agustus hingga Desember 2022 dengan menggunakan pedoman pelaporan PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). Berdasarkan pedoman tersebut, ada beberapa langkah dalam penelitian ini: 1) mendefinisikan kriteria kelayakan; 2) mendefinisikan sumber informasi; 3) pemilihan studi; 4) proses pengumpulan data; dan 5) pemilihan item data. Gambar 1. menjelaskan langkah-langkah penelitian ini dalam melakukan tinjauan sistematis.



Gambar 1. Diagram Alir PRISMA

Results and Discussion

Hasil

Pembelajaran bagi Anak Tunagrahita

Pembelajaran bagi anak tunagrahita harus bersifat kontekstual, artinya pelaksanaan pembelajaran mengikuti konteks yang akan diajarkan dan berkaitan dengan tujuan yang ingin dicapai. Untuk melaksanakan pembelajaran yang fungsional, relevan, dan kontekstual, guru dapat mengembangkan beberapa model pembelajaran (Browder, Hudson, & Wood, 2013 dalam Supena dan Hasanah, 2020).

Ada beberapa pendekatan berbeda yang harus dilakukan orang tua saat melaksanakan pembelajaran di rumah bagi anak tunagrahita. Orang tua harus bekerja sama dengan sekolah untuk mengikuti arahan, membuat perubahan, dan menyesuaikan diri untuk mengidentifikasi sumber daya di rumah untuk kegiatan di rumah dan belajar sehari-hari (Srivastava, de Boer, & Pijl, 2017). Di sini, orang tua dan siswa harus saling belajar dan memahami. Tidak hanya itu, kondisi setiap rumah juga mempengaruhi pembelajaran pada anak tunagrahita. Oleh karena itu, diharapkan orang tua dan anak dapat saling belajar. Sekolah juga harus membantu memecahkan masalah dengan aktivitas di rumah (Srivastava, de Boer, & Pijl, 2015 dalam Supena dan Hasanah, 2020).

Salah satu model pembelajaran efektif yang diterapkan untuk anak tunagrahita adalah model individu berbasis proyek. Model ini dapat memfasilitasi berbagai perbedaan karakter anak tunagrahita yang mengakomodasi gaya belajar mereka. Hal ini juga memberikan pengaruh positif bagi anak tunagrahita dan menekankan pembelajaran keterampilan vokasional sesuai dengan tahapan pelaksanaan yang telah disederhanakan oleh guru. Penggunaan proyek dapat membangkitkan minat belajar kepada anak tunagrahita agar lebih mudah memahami materi pembelajaran yang disajikan (Supena dan Hasanah, 2020).

Model efektif yang diterapkan oleh guru dan orang tua selama pandemi COVID-19 adalah berbasis proyek. Model pembelajaran ini berpusat pada anak dan memberikan pengalaman belajar yang bermakna bagi anak. Pengalaman dan konsep belajar anak dibangun di atas produk yang dihasilkan dalam proses pembelajaran berbasis proyek. Dalam model berbasis proyek, anak memahami konten dan mengembangkan keterampilan pada anak untuk berperan dalam masyarakat (Bron & Barrio, 2019; Eckardt, Craig, & Kraemer, 2018; Parker, 2020). Pada anak tunagrahita, proyek lebih diarahkan pada keterampilan vokasional dalam soft skills dan hard skills. Keterampilan vokasional ini bertujuan untuk membekali anak agar memiliki kemampuan yang dapat digunakan untuk memenuhi kebutuhan sehari-hari setelah menyelesaikan pendidikan formal. Keterampilan tersebut dalam pengembangan diri, menjahit, memasak, berhitung sederhana, dan sebagainya. Pembelajaran untuk anak dengan disabilitas intelektual idealnya harus fungsional, relevan, dan kontekstual (Carmichael, 1993; Stančín, Hoic-Bozic, & Skocic, 2020). Pembelajaran fungsional diartikan sebagai pembelajaran yang berguna dalam kehidupan (Supena dan Hasanah, 2020).

Dengan demikian dapat disimpulkan, pembelajaran bagi anak tunagrahita dapat membantu memudahkan anak tunagrahita dalam menyelesaikan aktivitasnya sehari-hari. Pembelajaran yang berkualitas sangat tergantung dari motivasi kreativitas pengajar, pembelajaran yang memiliki motivasi tinggi motivasi tinggi ditunjang dengan mengajar yang mampu memfasilitasi tersebut akan membawa pada keberhasilan pencapaian anak tunagrahita yang dapat diukur melalui perubahan sikap dan kemampuan siswa melalui proses belajar. Pembelajaran yang dilaksanakan harus bersifat kontekstual, fungsional dan harus adaptif. Pembelajaran bagi anak tunagrahita harus bersifat kontekstual, artinya pelaksanaan pembelajaran mengikuti konteks yang akan diajarkan dan berkaitan dengan tujuan yang

ingin dicapai. Bersifat fungsional agar pembelajaran mengikuti keadaan dan kebutuhan anak. Selain fungsional, bahan tambahan belajar juga relevan dengan kehidupan sehari-hari. Pembelajaran yang relevan akan menjadi fungsional karena anak disajikan pembelajaran yang berkaitan dengan kehidupan sehari-hari, dan anak diharapkan memfungsikan pengetahuannya untuk memecahkan masalahnya.

Penerapan Toilet Training

Pencapaian kontrol kandung kemih dan buang air besar merupakan tonggak perkembangan yang penting dan toilet training adalah gambaran umum dari sejumlah praktik berbeda yang bertujuan untuk membantu anak menjadi mandiri (Breinbjerg et al.). Toilet training merupakan usaha untuk melatih anak agar mampu mengontrol melakukan buang air kecil dan buang air besar (Khoiruzzadi dan Fajriyah, 2019). Toilet training merupakan salah satu pendidikan seks untuk anak usia dini, supaya anak mampu menggunakan toilet dengan baik (Hayati dan Suparno, 2020). Agar anak dapat meningkatkan kemampuan toilet training perlu dilakukan latihan secara terus menerus pada anak (Hayati dan Suparno, 2020). Tujuan dari toilet training adalah melatih kemandirian anak dalam bertoilet, mengenalkan sejak dini tentang najis, mengenali barang-barang yang terdapat di toilet dan mengajarkan BAK dan BAB secara benar (Khoiruzzadi dan Fajriyah, 2019).

Toilet training secara umum dapat dilaksanakan pada setiap anak yang sudah mulai memasuki fase kemandirian pada anak (Keen, 2007, h. 292; Wald, 2009, h. 295). Kemandirian merupakan suatu keadaan dimana seseorang dapat mengusahakan dan berbuat sesuatu atas kesadaran dan usaha sendiri, dan ia tidak mudah menggantungkan diri kepada orang lain (Siswanto, Kholidah, & Minarti, 2010, hlm. 195). Pada anak usia toddler mengalami tiga fase yaitu : fase autonomi (anak dapat mengambil inisiatif sendiri dan mampu melakukan semuanya sendiri, namun lebih pada menunjukkan keinginannya sendiri menolak sesuatu yang tidak dikehendaki dan mencoba sesuatu yang diinginkan), fase anal (anak memasuki masa toilet training), dan fase praoperasional (anak mulai mampu membuat penilaian sederhana terhadap objek dan kejadian di sekitarnya (Musfiroh & Wisudaningtyas, 2014, h. 159).

Kemandirian harus dilatih dan dikembangkan pada anak sedini mungkin agar tidak menghambat tugas-tugas perkembangan anak selanjutnya (Yamin & Sanan, 2010, h. 94). Dengan menanamkan kemandirian akan menghindarkan anak dari sifat ketergantungan pada orang lain, dan yang terpenting dalam menumbuhkan keberanian anak dilakukan dengan memberikan motivasi pada anak untuk terus mengetahui pengetahuan-pengetahuan baru melalui pengawasan baik orang tua di rumah maupun guru di sekolah (Khoiruzzadi dan Fajriyah, 2019). Ada dua bentuk kemandirian anak yaitu kemandirian secara fisik dan secara psikologis (Nurfalah, 2010, h. 13). Secara fisik, anak mampu mengurus dirinya sendiri seperti contoh sederhana dalam menggunakan toilet, BAK, BAB, berwudhu, dan mandi. Sedangkan secara psikologis yaitu anak berani untuk toilet training secara mandiri, dan anak tidak segan untuk meminta pertolongan kepada guru di sekolah saat toilet training (Khoiruzzadi dan Fajriyah, 2019). Berdasarkan teori di atas disimpulkan bahwa toilet training adalah upaya untuk melatih anak agar mampu mengontrol kegiatan BAB atau BAK sesuai pada tempatnya, mengenali barang-barang yang terdapat di toilet dan mengajarkan BAK dan BAB secara benar. Kemandirian dalam bertoilet harus mulai diperkenalkan kepada anak sedini mungkin.

Toilet training efektif bisa diajarkan pada anak usia mulai dari 24 bulan sampai dengan 3 tahun, karena anak usia 24 bulan memiliki kecakapan bahasa untuk mengerti dan berkomunikasi (Khoiruzzadi dan Fajriyah, 2019). Dalam melakukan pelatihan buang air kecil dan besar pada anak membutuhkan persiapan baik secara fisik, psikologis maupun secara intelektual melalui persiapan tersebut diharapkan anak mampu mengontrol buang air besar dan buang air kecil (Yektiningsih & Infanteri, 2016, hlm. 47).

Pelaksanaan kegiatan belajar mengajar diawali dengan:

Perencanaan

Pada tahap perencanaan, guru memproyeksikan tindakan apa yang akan dilaksanakan dalam suatu pembelajaran dengan mengatur dan menetapkan komponen-komponen pengajaran, sehingga tujuan isi materi, metode dan teknik, serta evaluasi menjadi jelas dan sistematis (Suryana, 2016, h. 218). Perencanaan dilakukan sehari sebelum kegiatan dilaksanakan berdasarkan tema, yang sebelumnya sudah dirancang mulai dari kegiatan untuk satu tahun, menentukan tema, membagi tema di setiap semesternya, memilih kegiatan untuk sub-sub tema sampai dengan program harian peserta didik (Khoiruzzadi dan Fajriyah, 2019). Dimulai dari penyambutan peserta didik, kegiatan sebelum masuk kelas, berbaris bersama, kegiatan inti sampai dengan waktu pulang dan evaluasi (Khoiruzzadi dan Fajriyah, 2019).

Pelaksanaan

Pelaksanaan toilet training dapat dilakukan melalui beberapa metode, yaitu metode bercerita, praktek langsung, dan metode pembiasaan. Metode bercerita yang digunakan untuk kegiatan toilet training bertujuan agar anak paham dengan apa yang dimaksudkan oleh guru mengenai pembelajaran toilet training yang akan anak lakukan, dan anak akan tertarik dengan buku yang digunakan oleh guru (Khoiruzzadi dan Fajriyah, 2019). Hal ini sangat efektif dilakukan guru, karena anak pada usia 2-3 tahun lebih tertarik dengan cerita-cerita yang menarik ditambah dengan gambar-gambar yang ada (Silranti & Yaswinda, 2019, h. 39). Sehingga anak akan jauh lebih antusias dalam mengikuti toilet training. Secara perkembangan kognitif anak pada usia 2-3 tahun masuk dalam tahapan operasional (Berk, 2012, h. 30). Dan salah satu ciri anak pada usia 2-3 tahun adalah *perceptually bound* yaitu anak menilai sesuatu apa yang dilihat atau yang didengar. Selain itu juga *centration*, yaitu anak memusatkan perhatiannya kepada sesuatu ciri yang paling menarik menurut anak tersebut (Ibda, 2015, h. 32–33).

Selain itu, anak berperilaku dalam kemandirian bert Toilet juga berdasarkan pengamatan secara langsung sehingga menurut Bandura dilakukan proses peniruan (*imitation*) dan konsep percontohan (*modelling*) (Suryono & Haryanto, 2012, h. 88). Jadi di sini peran guru sangat urgen dalam menjelaskan apa saja yang perlu dilakukan anak ketika dia mau BAK, BAB, berwudhu, mandi, dan lain sebagainya yang berkaitan dengan kegiatan-kegiatan yang ada di toilet. Guru menjadi contoh dan memberikan rangsangan kepada anak, agar anak meniru apa yang sesuai guru lakukan dalam menggunakan toilet (Khoiruzzadi dan Fajriyah, 2019). Selain itu, guru perlu memotivasi anak agar anak tetap semangat dalam mengikuti toilet training (Khoiruzzadi dan Fajriyah, 2019).

Metode yang diajarkan secara langsung (praktek) yaitu guru memberikan arahan pada anak untuk melakukan toilet training secara langsung di kamar mandi (Khoiruzzadi dan Fajriyah, 2019). Dari pemberian tugas secara praktek langsung, guru akan mengetahui perkembangan anak dalam menggunakan toilet (Khoiruzzadi dan Fajriyah, 2019). Selain itu, akan penugasan secara langsung dengan praktek akan mengembangkan kemandirian anak (Rochwidowati & Widyana, 2016, h. 63; Silranti & Yaswinda, 2019, h. 60).

Penggunaan metode pembiasaan juga dipandang sebagai alternatif terbaik, supaya anak mengingat dan mau mengulang kembali di esok harinya (Khoiruzzadi dan Fajriyah, 2019). Penggunaan metode pembiasaan itu merupakan metode yang sangat membantu anak untuk mengingat apa yang telah anak lakukan pada hari itu, kemudian akan terulang keesokan harinya dan seterusnya sampai anak itu hafal dengan sendirinya (Khoiruzzadi dan Fajriyah, 2019). Metode pembiasaan digunakan agar anak tidak cepat lupa dan diusahakan untuk membiasakan pembelajaran-pembelajaran dalam bert Toilet yang baik dan benar (Iswantiningtyas & Raharjo, 2016, h. 62; Silranti & Yaswinda, 2019, h. 39). Menurut Pavlov dari pembiasaan yang dilakukan oleh anak, juga diperlukan penguatan berupa pengulangan-pengulangan (Soekanto & Winaputra, 1997, h. 37) dari toilet training tersebut.

Upaya dalam memberikan kemudahan untuk membantu anak memahami materi tentang toilet training dengan menyediakan media yang kongkrit, seperti buku cerita bergambar atau video kartun yang berkaitan dengan toilet training (Ratne, Heni Purwaningsih, 2019). Sebagai mana pendapat Piaget (Santrock, 2011) anak usia 2 – 7 tahun masih berada dalam tahap praoperasional. Dimana pada usia praoperasional ini anak mulai belajar dengan simbol, anak mulai menjelaskan apa yang dilihatnya

dengan gambar dan kata-kata. Sehingga seorang guru memerlukan media untuk membantu mengkomunikasikan materi tentang toilet training kepada anak usia dini dengan mudah (Hayati dan Suparno, 2020).

Evaluasi

Penilaian evaluasi yakni pemberian tugas; pemberian tugas dapat bersifat mandiri atau kelompok. Kaitannya dengan pembelajaran toilet training, anak diberi tugas untuk mengenali barang-barang yang ada di toilet dan praktek secara langsung tentang buang air kecil dan cuci tangan yang benar (Khoiruzzadi dan Fajriyah, 2019). Adapun indikator-indikator yang digunakan untuk melihat keberhasilan toilet training yaitu, kesiapan fisik yang meliputi usia anak dan kemampuan anak untuk berjalan, duduk, jongkok, dan meloncat (Hayati dan Suparno, 2020). Selanjutnya kegiatan menahan diri yang meliputi kemampuan anak untuk mengungkapkan keinginannya untuk BAK dan BAB baik secara verbal maupun non verbal, dan menjaga celana tetap kering dari BAK dan BAB (Hayati dan Suparno, 2020). Berikutnya ada penguasaan diri yang meliputi kemampuan anak untuk pergi ke toilet sendiri, kemampuan anak untuk membuka dan memasang pakaian sendiri, kemampuan anak untuk BAK dan BAB di tempatnya (toilet), kemampuan anak membersihkan dirinya sendiri dan mengguyur BAK dan BAB nya, dan kemampuan anak untuk membersihkan tangannya setelah BAK dan BAB (Hayati dan Suparno, 2020).

Pembahasan

Faktor-faktor yang Berpengaruh Terhadap Toilet Training

Ada beberapa faktor yang mempengaruhi kesiapan toilet training pada anak yaitu kesiapan fisik, mental, psikologi dan kesiapan orang tua (Iskandar dan Sari, 2017). Ada beberapa anak yang menunjukkan tanda-tanda kesiapan toilet training pada usia 18-36 bulan, namun ada juga anak yang siap lebih awal atau lebih terlambat dari usia tersebut. Hal itulah yang akan menyebabkan orang tua tidak yakin kapan harus memulai toilet training pada anaknya dan menuntut anaknya agar mampu melakukan toilet training (Kessler, 2012)

Pada dasarnya faktor usia pada anak berperan penting dalam keberhasilan toilet training, apabila dilakukan Toilet Training pada anak dengan usia yang tidak tepat maka anak akan menolak untuk melakukan toileting. Adapun usia dalam mencapai kemampuan Toilet Training yang optimal adalah 24-36 bulan (Islamiyah dan Anhusadar, 2022).

Menurut Gilbert (2012), usia rata-rata anak menguasai latihan toilet adalah usia 35 bulan bagi anak perempuan dan 39 bulan bagi anak laki-laki, hampir 90% anak dapat mengendalikan kandung kemihnya saat siang hari yaitu pada usia 3 tahun, sekitar 90% anak biasanya berhenti mengompol pada usia 5-6 tahun, sementara yang lainnya baru bisa melakukan beberapa tahun kemudian. Menurut Rahmi (2012) toilet training efektif bisa diajarkan pada anak usia mulai dari 18 – 36 bulan, tetapi tidak menutup kemungkinan diajarkan pada anak sampai usia 5 tahun karena pada usia tersebut anaj memiliki kecakapan bahasa untuk mengerti dan berkomunikasi. Balita memiliki keinginan yang kuat untuk meniru orang tuanya. Di Indonesia kasus anak yang masih mengompol hingga di usia 6 tahun mencapai 12%. Hal ini disebabkan oleh kurangnya kesadaran orang tua dan orang dewasa dalam mengajarkan toilet training pada anak sejak usia dini. Hidayat (2010) mengatakan bahwa kemandirian toilet training yang tidak diajarkan sejak dini akan membuat orang tua semakin sulit untuk mengajarkan kepada anak ketika anak bertambah usianya.

Anak usia toddler (1-3 tahun) mengalami tiga fase yaitu, Fase otonomi dan ragu-ragu atau malu dalam tahap ini berkembangnya kemampuan anak yaitu belajar untuk makan atau berpakaian sendiri. Fase anal pada fase ini sudah waktunya anak dilatih untuk buang air atau Toilet Training (pelatihan buang

air pada tempatnya). Fase praoperasional yaitu dimana anak mulai mengimajinasikan sesuatu akan tetapi belum logis, disini peran orang tua adalah mengarahkan dengan tegas kearah yang logis dan benar sehingga anak menjadi paham (Pulungan, et al., 2017). Ada beberapa tanda-tanda anak mampu mengontrol rasa ingin berkemih dan defekasi yang dapat dijadikan acuan antara lain yaitu kesiapan fisik, mental dan kesiapan psikologis. Sedangkan kesiapan orang tua itu sendiri antara lain yaitu mengenal kesiapan anak untuk berkemih dan defekasi, menyediakan waktu dan tidak mengalami konflik atau stress kekeluargaan.

The American association of Paediatrics merekomendasikan untuk memulai pelatihan, ketika anak menunjukkan tanda-tanda kesiapan tertentu, termasuk pencapaian fisik, emosional, dan perilaku. (Breinbjerg et al.). Namun, belajar menggunakan toilet tidak bisa dilakukan sampai anak mampu dan ingin, anak harus belajar mengenali kebutuhan tersebut, belajar menahan air besar atau kecil sampai dia berhasil melakukannya sendiridi toilet tanpa bantuan orang lain (Khoiruzzadi dan Fajriyah, 2019). Kebanyakan anak usia toddler belum siap, baik secara fisiologis yaitu kemampuan mengendalikan perkemihan dan pencernaan (Rahayuningsih & Rizki, 2012, h. 274). Guru perlu melakukan pembiasaan secara berkesinambungan sampai anak benar-benar mampu mandiri (Iswantiningtyas & Raharjo, 2016, h. 62; Silranti & Yaswinda, 2019, h. 39) dalam melakukan aktivitasnya di toilet. Selain itu perlakuan guru yang positif terhadap anak juga menjadi kesuksesan dalam membuat anak menjadi mandiri (Anggraeni, 2017, hlm. 45). Pengajaran latihan penggunaan toilet pada anak memerlukan beberapa tahapan, seperti: pembiasaan menggunakan toilet pada anak untuk buang air sehingga anak cepat beradaptasi, perlu rutinitas apalagi ketika anak terlihat ingin buang air, anak dibiarkan duduk pada waktu-waktu tertentu setiap hari, terutama 20 menit setelah bangun tidur dan selesai makan, ini bertujuan agar anak usia dini dibiasakan dengan jadwal buang airnya (Pramono dan Risnawati, 2018).

Peran orang tua di rumah dan peran guru di sekolah sangat menentukan kemandirian anak dalam melakukan aktivitasnya di toilet (Anggraeni, 2017, h. 45; Rahayu & Firdaus, 2015, h. 68; Salahudin, Pebrianti, & Maulana, 2018, h. 59). Orang tua dan guru juga sebaiknya menjadi pendamping bagi anak yang sedang belatih, agar anak merasa semangat melakukan latihan toilet training (Önen, *et. al.*, 2012). Menurut Jayanti (2014) menunjukkan bahwa adanya hubungan yang erat antara peran ibu terhadap keberhasilan kemandirian toilet training pada anak usia dini, hal ini dipertegas oleh Syahid (2013) menunjukkan bahwa ada hubungan signifikan antara tingkat pengetahuan ibu tentang toilet training dengan penerapan toilet training pada anak usia toddler. Penelitian ini telah banyak dilakukan oleh peneliti sebelumnya. Hasil penelitian Murhadi menjelaskan bahwa keberhasilan Toilet Training yang dilakukan oleh ibu atau pengasuh anak dipengaruhi oleh beberapa faktor yaitu faktor pengetahuan orang tua tentang Toilet Training 69% faktor pendidikan orang tua terhadap Toilet Training 54%, dan faktor penggunaan diapers pada anak masih tinggi 78,3%. Dimana dari hasil penelitian diperoleh bahwa persentase responden yang bersikap negatif lebih banyak yang tidak ada melakukan toilet training. Hal ini disebabkan karena ibu yang bersikap negatif terhadap Toilet Training tidak termotivasi untuk melakukan Toilet Training karena ibu beranggapan menggunakan pampers lebih efektif dan instan sehingga ibu tidak merasa repot (Murhadi, et al., 2019).

Pengetahuan orang tua untuk mengajarkan toilet training pada anaknya akan berdampak besar terhadap kemandirian anak (Bukhari, Rahmatika, Hartaty, & Iskandar, 2017, h. 86; Istianah, Indanah, & Farida, 2014, h. 28). Demikian pula halnya dengan guru dalam melatih kemandirian anak melalui toilet training. Maka dari itu, orang tua dan guru dapat bekerja sama untuk membantu anak dalam mengembangkan kepribadian dan kemandirian anak (Dhamayanti & Yuniarti, 2006, hlm. 19). Dalam mendapatkan pengetahuan tentang toilet training yang baik dan benar, orang tua dan guru perlu mencari informasi tersebut baik melalui buku bacaan atau modul panduan tentang toilet training (Iryanti & Kamsatun, 2016, h. 34) dan dari orang lain seperti program penyuluhan dari ahlinya seperti bidan (Musfiroh & Wisudaningtyas, 2014, h. 157). Keterlambatan keberhasilan toilet training pada anak menyebabkan keterlambatan kontrol buang air. Dampak akibat keterlambatan kontrol buang air adalah meningkatkan prevalensi gangguan fungsi eliminasi, infeksi saluran kemih, enuresis (mengompol),

konstipasi, menolak toileting, encopresis (gangguan kontrol buang air besar) dan gangguan kepercayaan diri (Meilisa, 2022).

Peran aktif orang tua terhadap perkembangan anak-anaknya sangat diperlukan terutama pada saat mereka masih usia dini (Suherman, 2010). Sukses tidaknya toilet training tergantung pada kesiapan yang ada pada diri anak dan peran orang tua. Upaya yang dapat digunakan dalam pengembangan kemandirian anak yaitu peran aktif orang tua dalam menciptakan lingkungan rumah sebagai lingkungan social yang pertama yang dialami oleh anak, dimana anak secara bertahap mampu melepaskan diri dari ketergantungan serta perlindungan yang mutlak dari orang tuanya (Gunarsa, 2010). Keberhasilan toilet training ini tidak terlepas dari peran serta orangtua dalam menerapkan toilet training dalam sehari-hari. Pentingnya orangtua memberikan reinforcement ketika anak menunjukkan kemajuan dalam Toilet Training yaitu anak yang berhasil akan termotivasi untuk melakukan hal yang sama di hari berikutnya sehingga tanpa sadar akan menjadikannya sebagai suatu perilaku yang bersifat lebih menetap (Radina, 2020). Keberhasilan anak dalam melakukan toilet training juga dipengaruhi oleh peran orang tua dalam komunikasi kepada anak. Komunikasi orang tua yang terlalu lemah ataupun terlalu keras akan mempengaruhi tindakan anak dalam melakukan toilet training (Defi, 2011). Beberapa penelitian menunjukkan bahwa anak yang baru mulai belajar menggunakan toilet diatas usis 3 tahun cenderung lebih sering mengompol hingga usia sekolah (Rana, 2013).

Penggunaan diapers yang terlalu lama pada anak juga dapat mengakibatkan dampak negatif terhadap kesiapan Toilet Training pada anak. Dengan kebiasaan menggunakan diapers maka seorang anak akan mendapatkan kenyamanan dari kebiasaan itu, sehingga membuat anak menjadi sulit juga untuk meninggalkan ketergantungan terhadap penggunaan diapers (Islamiyah dan Anhusadar, 2022). Penggunaan diapers berhubungan dengan keberhasilan toilet training namun tidak memiliki hubungan yang signifikan dengan kejadian enuresis. Orang tua hendaknya mempertimbangkan penggunaan diapers dan faktor predisposisi lain dalam mengurangi kejadian enuresis anak dalam tahap usia perkembangannya (Subardiah dan Lestari, 2019).

Conclusions

Keberhasilan toilet training pada anak dengan hambatan intelektual dipengaruhi beberapa faktor. Faktor pendukung dari adanya pelaksanaan pembelajaran toilet training adalah (1) adanya kerja sama antara orang tua wali murid dengan pihak sekolah atau kesepakatan bersama dengan adanya pembelajaran tersebut. Orang tua akan mengimbangi anak untuk belajar toilet training dirumah sendiri sesuai dengan yang diajarkan di sekolah; (2) usia kesiapan anak berpengaruh terhadap kemampuannya untuk menerima pembelajaran toilet training yang diterapkan.; (3) komunikasi antara orang tua dan anak. Komunikasi orang tua yang terlalu lemah ataupun terlalu keras akan mempengaruhi tindakan anak dalam melakukan toilet training; (4) pemberian reinforcement untuk meningkatkan motivasi anak; dan (5) pembiasaan yang terus dilakukan, pembiasaan yang terus menerus dilakukan bertujuan agar anak mudah untuk melakukan toilet training, serta agar anak mudah untuk mengingat. faktor penghambat dalam pembelajaran toilet training adalah (1) usia dari anak yang belum matang untuk melakukan toilet training. kesiapan anak yang belum matang untuk melakukan toilet training disekolah; (2) orang tua yang masih ketergantungan dalam penggunaan popok/ pempers pada anak; dan (3) ketidak sesuaian orang tua terhadap pihak sekolah yang telah memberikan pembelajaran toilet training (orang tua yang bergantung pada penggunaan popok/ pempers pada anak. Orang di sekitar anak juga sangat mempengaruhi keberhasilan toilet training pada anak, karena support system terbesar adalah orang yang ada di sekitar anak untuk mendukung dan memberikan dukungan kepada anak dan orang tua dalam melakukan toilet training. Oleh karena itu, kerja sama dari semua pihak untuk mendukung keberhasilan toilet training. Kemampuan toilet training pada anak dengan hambatan intelektual dapat berkembang dengan baik jika diberikan kesempatan melalui latihan yang dilakukan secara terus menerus dan dilakukan sejak dini.

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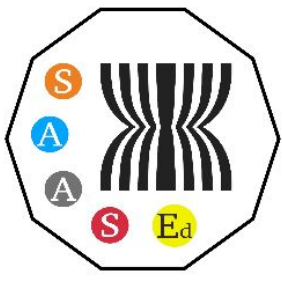
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Associated Factors that Supporting Toilet Training for Children with Intellectual Disabilities: A Systematic Review

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Abstract: The basic aspect that must be mastered by children with intellectual disabilities before mastering other self-development skills is doing toilet training independently. Learning for children with intellectual disabilities in carrying out toilet training activities requires a separate technique and needs to pay attention to the factors that support the success of the program. This study aims to describe the associated factors that support toilet training for children with intellectual disabilities. This study uses a qualitative approach with a type of literature review research that seeks to describe the related factors that support toilet training for children with intellectual disabilities. This literature review was conducted from August to December 2022 using PRISMA. The authors conducted searches in online databases with large repositories of academic studies and fully accessible by the authors. The results showed that: (1) the toilet training program was made based on the results of an assessment containing the abilities, needs, and potential of children with intellectual disabilities, (2) knowledge and intervention skills possessed by parents provide a great opportunity for successful toilet training for children, and (3) there is collaboration between parents and teachers regarding the implementation of toilet training. The success of toilet training for children with intellectual disabilities is influenced by many factors so that the toilet training process requires intensive assistance, especially for parents.

Keywords: Toilet Training; Children With Intellectual Disabilities; Associated Factors; Systematic Review.

INTRODUCTION

Children with intellectual disabilities are children who experience intellectual disorders, whereas academic conditions are below the average of a normal child (Sartinah, Sri, & Pamuji, 2023). Children with special needs who are intellectually limited which affect on intelligence, mental, and motor skills are referred to as intellectually disabled children (Karya, 2022; Putri et al., 2022; Effendi, et al., 2022). Children with intellectual disabilities have the urge to develop from a dependent position to an independent position (Astati, 2010). Children with intellectual disabilities who are independent will act confidently, and will not always rely on the help of other people or adults in acting (Astati, 2010). Independence is defined as an attitude characterized by self-confidence and regardless of dependency. Children with intellectual disabilities who are independent will be able to carry out their own activities without relying much on others. Independence develops apart from being influenced by intrinsic factors (the growth and maturity of the individual itself) as well as by extrinsic factors (through the process of socialization in the environment where the individual is located). Intrinsic factors such as individual maturity, level of intelligence and extrinsic factors are things that come from outside the child such as the treatment of parents, teachers and society (Astati, 2010).

In the process of growing independence, the abilities of children with intellectual disabilities are different from the abilities of children in general, given their limitations. To develop the independence of children with intellectual disabilities, it is necessary to have self-development activities that seek to help children with intellectual disabilities become independent. Organizing education for students with intellectual disabilities is basically to make them independent (Ratnengsih, et al., 2021). In order to realize this independence, teachers need to make maximum efforts in carrying out a series of activities that support the independence of children with intellectual disabilities (Astati, et al., 2010). Children with moderate intellectual disabilities experience barriers in intelligence, so the target of developing their independence must of course be formulated according to their potential, so that it can be said that independence for children with intellectual disabilities is a match between their actual abilities and the potential they have. Achieving independence for children with intellectual disabilities cannot be interpreted the same as achieving independence for children in general.

One of the things that concerns parents and teachers is the independence of children in using the toilet, so that toilet training is needed by both parents at home and teachers at school. To get maximum results in toilet training, especially regarding children's independence, there are at least several factors that need to be considered in influencing children's independence, namely the environment, parenting from parents and education (Santrock,

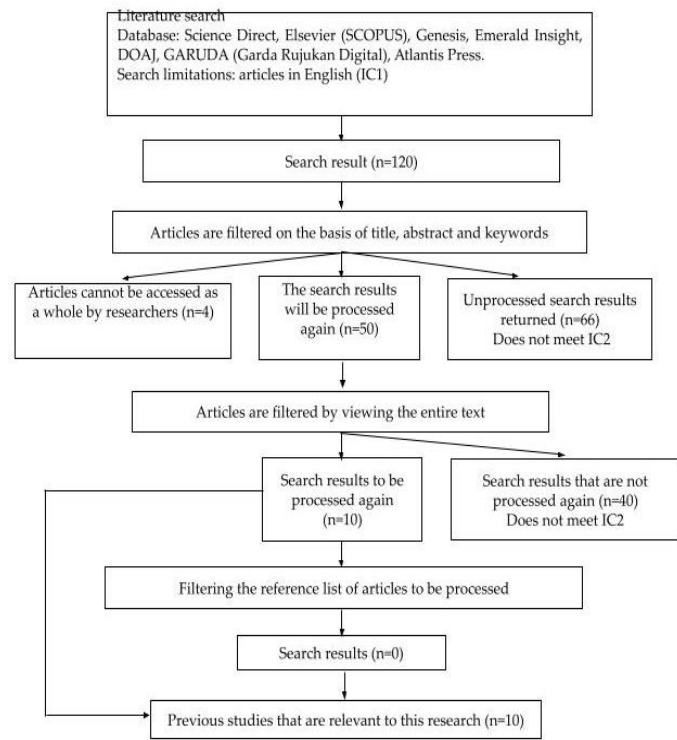
2003, p. 145-146). Caring for children with intellectual disabilities often requires considerable effort from parents (Yoneda & Miura, 2021).

The results of a preliminary study conducted at SLB Negeri 3 Banjarmasin in Banjarmasin City on 35 children with intellectual disabilities, found that 21 children were not able to use the toilet, 19 children were unable to clean themselves after urinating and 24 children were unable to clean themselves after defecating. Most children have the habit of using disposable diapers both when doing activities at home and when traveling. As an effort to overcome the low independence of intellectual disabilities in toilet training, researchers are interested in examining factors related to the success of learning toilet training for intellectual disabilities.

METHOD

This study uses a qualitative approach with a type of literature review research that seeks to describe the related factors that support the success of toilet training for children with intellectual disabilities. Sources of data in this study were journals, books, research results starting in 2012. This literature study was conducted from August to December 2022 using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) reporting guidelines. Based on these guidelines, there are several steps in this study: 1) define the eligibility criteria; 2) define information sources; 3) study selection; 4) data collection process; and 5) selection of data items. Figure 1. describes the steps of this research in conducting a systematic review.

Figure 1. PRISMA Flowchart



RESULT AND DISCUSSION

Results

Learning for Children with Intellectual Disabilities

Learning for children with intellectual disabilities must be contextual, meaning that the implementation of learning follows the context that will be taught and relates to the goals to be achieved. To carry out functional, relevant and contextual learning, teachers can develop several learning models (Browder, Hudson, & Wood, 2013 in Supena and Hasanah, 2020).

There are several different approaches parents should take when implementing home-based learning for children with intellectual disabilities. Parents should work closely with the school to follow directions, make changes, and adapt to identify resources at home for daily home and learning activities (Srivastava, de Boer, & Pijl, 2017). Here, parents and students must learn and understand each other. Not only that, the conditions of each house also affect learning in children with intellectual disabilities. Therefore, it is hoped that parents and children can learn from each other. Schools must also help solve problems with activities at home (Srivastava, de Boer, & Pijl, 2015 in Supena and Hasanah, 2020).

One of the effective learning models applied to children with intellectual disabilities is the project-based individual model. This model can facilitate various differences in the characteristics of children with intellectual disabilities that accommodate their learning styles. This also has a positive effect on children with intellectual disabilities and emphasizes the learning of vocational skills according to the implementation stages that have been simplified by the teacher. The use of projects can generate interest in learning for children with intellectual disabilities so that it is easier to understand the learning material presented (Supena and Hasanah, 2020).

The project-based learning model is child-centered and provides meaningful learning experiences for children. Children's learning experiences and concepts are built on the products produced in a project-based learning process. In a project-based model, children understand content and develop skills in children to play a role in society (Bron & Barrio, 2019; Eckardt, Craig, & Kraemer, 2018; Parker, 2020). For children with intellectual disabilities, the project is more directed at vocational skills in soft skills and hard skills. These vocational skills aim to equip children to have abilities that can be used to meet their daily needs after completing formal education. These skills are in self-development, sewing, cooking, simple arithmetic, and so on. Functional learning is defined as learning that is useful in life (Supena and Hasanah, 2020).

Implementation of Toilet Training

The achievement of bladder and bowel control is an important developmental milestone and toilet training is an overview of a number of different practices aimed at helping children become independent (Breinbjerg et al.). Toilet training is an attempt to train children to be able to control urination and defecation (Khoiruzzadi and Fajriyah, 2019). Toilet training is one form of sex education for early childhood, so that children are able to use the toilet properly (Hayati and Suparno, 2020). In order for children to improve their toilet training skills, it is necessary to continuously train children (Hayati and Suparno, 2020). The purpose of toilet training is to train children to be independent in toileting, introduce cleanliness from an early age, identify items in the toilet and teach bowel movements and bowel movements correctly (Khoiruzzadi and Fajriyah, 2019).

Toilet training in general can be carried out for every child who has started to enter a phase of independence in children (Keen, 2007, p. 292; Wald, 2009, p. 295). Independence is a condition where a person can try and do something on his own awareness and effort, and he is not easily dependent on others (Siswanto, Kholidah, & Minarti, 2010, p. 195). In toddler-age children, they experience three phases, namely: the autonomic phase (children can take their own initiative and are able to do everything on their own, but rather show their own desire to reject something they don't want and try something they want), the anal phase (the child enters the toilet training period), and the preoperational phase (children begin to be able to make simple judgments about objects and events around them (Musfiroh & Wisudaningtyas, 2014, p. 159).

Independence must be trained and developed in children as early as possible so as not to hinder further child development tasks (Yamin & Sanan, 2010, p. 94). By instilling independence will prevent children from being dependent on other people, and most importantly in growing children's courage is done by providing motivation for children to continue to learn new knowledge through supervision of both parents at home and teachers at school (Khoiruzzadi and Fajriyah, 2019). There are two forms of child independence, namely physical independence and psychological independence (Nurfalah, 2010, p. 13). Physically, children are able to take care of themselves, such as simple examples of going to the toilet, urinating, defecating, ablution, and bathing. Meanwhile, psychologically, that is, children dare to toilet train independently, and children do not hesitate to ask teachers at school for help during toilet training (Khoiruzzadi and Fajriyah, 2019). Based on the theory above, it can be concluded that toilet training is an attempt to train children to be able to control defecation or urination activities according to the place, identify items in the toilet and teach proper urination and defecation. Independence in toileting should be introduced to children as early as possible.

Effective toilet training can be taught to children aged 24 months to 3 years, because children aged 24 months have the language skills to understand and communicate (Khoiruzzadi and Fajriyah, 2019). In carrying out urination and defecation training in children requires preparation both physically, psychologically and intellectually through this preparation it is hoped that children will be able to control defecation and urination (Yektiningsih & Infanteri, 2016, p. 47).

Implementation of teaching and learning activities begins with:

Planning

At the planning stage, the teacher projects what actions will be carried out in a lesson by organizing and establishing teaching components, so that the objectives of the content, methods and techniques, and evaluation become clear and systematic (Suryana, 2016, p. 218). Planning is carried out the day before the activity is carried out based on the theme, which has previously been designed starting from activities for one year, determining the theme, dividing the theme in each semester, selecting activities for sub-themes up to the students' daily program (Khoiruzzadi and Fajriyah, 2019). Starting from welcoming students, activities before entering class, marching together, core activities until the time to go home and evaluate (Khoiruzzadi and Fajriyah, 2019).

Implementation

Implementation of toilet training can be done through several methods, namely the method of storytelling, hands-on practice, and the method of habituation. The storytelling method used for toilet training activities aims to make children understand what the teacher means about toilet training learning that children will do, and children will be interested in the books used by teachers (Khoiruzzadi and Fajriyah, 2019). This is very effective for teachers to do, because children aged 2-3 years are more interested in interesting stories coupled with pictures (Silranti & Yaswinda, 2019, p. 39). So that children will be much more enthusiastic in participating in toilet training. In terms of cognitive development, children aged 2-3 years enter the operational stage (Berk, 2012, p. 30). And one of the characteristics of children at the age of 2-3 years is perceptually bound, that is, children judge something what they see or hear. Apart from that, centration, that is, the child focuses his attention on the characteristics that are most attractive to the child (Ibda, 2015, p. 32–33).

In addition, children's behavior in toilet independence is also based on direct observation, so according to Bandura, imitation and modeling are carried out (Suryono & Haryanto, 2012, p. 88). So here the teacher's role is very urgent in explaining what children need to do when they want to urinate, defecate, perform ablution, bathe, and so on related to activities in the toilet. The teacher sets an example and provides stimulation to children, so that children imitate what the teacher does in the toilet (Khoiruzzadi and Fajriyah, 2019). In addition, teachers need to motivate children so that children remain enthusiastic about participating in toilet training (Khoiruzzadi & Fajriyah, 2019).

The method is taught directly (practice), namely the teacher gives directions to children to use toilet training directly in the bathroom (Khoiruzzadi and Fajriyah, 2019). From giving practical assignments directly, the teacher will know the child's development in toileting (Khoiruzzadi and Fajriyah, 2019). In addition, direct assignments with practice will develop children's independence (Rochwidowati & Widyana, 2016, p. 63; Silranti & Yaswinda, 2019, p. 60).

The use of the habituation method is also seen as the best alternative, so that children remember and want to repeat it the next day (Khoiruzzadi and Fajriyah, 2019). The use of the habituation method is a method that really helps the child to remember what the child has done that day, then it will be repeated the next day and so on until the child memorizes it by himself (Khoiruzzadi and Fajriyah, 2019). The habituation method is used so that children do not quickly forget and try to get used to learning in the toilet that is good and right (Iswantiningtyas & Raharjo, 2016, p. 62; Silranti & Yaswinda, 2019, p. 39). According to Pavlov, from habituation carried out by children, reinforcement is also needed in the form of repetitions (Soekamto & Winaputra, 1997, p. 37) from the toilet training.

Efforts to make it easy to help children understand toilet training material by providing concrete media, such as picture story books or cartoon videos related to toilet training (Ratne, Heni Purwaningsih, 2019). As Piaget's opinion (Santrock, 2011) children aged 2-7 years are still in the pre-operational stage. Where at this pre-operational age children begin to learn with symbols, children begin to explain what they see with pictures and words. So a teacher needs media to help communicate material about toilet training to early childhood easily (Hayati and Suparno, 2020).

Evaluation

Assessment evaluation, namely giving assignments; assignments can be independent or group. In relation to learning toilet training, children are given the task of identifying items in the toilet and practicing directly about urinating and washing hands properly (Khoiruzzadi and Fajriyah, 2019). The indicators used to see the success of toilet training are physical readiness which includes the age of the child and the child's ability to walk, sit, squat

and jump (Hayati and Suparno, 2020). Furthermore, self-restraint activities which include the child's ability to express his desire to urinate and defecate both verbally and non-verbally, and keep his pants dry from urinating and defecating (Hayati and Suparno, 2020). Next is self-mastery which includes the child's ability to go to the toilet on his own, the child's ability to open and put on his own clothes, the child's ability to urinate and defecate in its place (toilet), the child's ability to clean himself and flush his bladder and bowel movements, and the child's ability to clean their hands after urinating and defecating (Hayati and Suparno, 2020).

Discussion

Factors Affecting Toilet Training

There are several factors that influence the readiness of toilet training in children, namely physical, mental, psychological readiness and parents' readiness (Iskandar and Sari, 2017). There are some children who show signs of toilet training readiness at the age of 18-36 months, but there are also children who are ready earlier or later than that age. This is what will cause parents to be unsure when to start toilet training their children and demand that their children be able to do toilet training (Kessler, 2012).

Basically the age factor in children plays an important role in the success of toilet training, if toilet training is carried out on children of the wrong age, the child will refuse to do toileting. The age for achieving optimal Toilet Training skills is 24-36 months (Islamiyah and Anhusadar, 2022).

According to Gilbert (2012), the average age of children mastering toilet training is 35 months for girls and 39 months for boys, almost 90% of children can control their bladder during the day, namely at the age of 3 years, about 90% children usually stop wetting the bed at the age of 5-6 years, while others can only do it a few years later. According to Rahmi (2012) effective toilet training can be taught to children aged 18-36 months, but does not rule out the possibility of teaching it to children up to the age of 5 because at that age children have language skills to understand and communicate. Toddlers have a strong desire to imitate their parents. In Indonesia, cases of children who still wet the bed up to the age of 6 reach 12%. This is caused by the lack of awareness of parents and adults in teaching toilet training to children from an early age. Hidayat (2010) said that toilet training independence that is not taught from an early age will make it more difficult for parents to teach their children when their children get older..

Toddler aged children (1-3 years) experience three phases, namely, the phase of autonomy and doubt or shame in this stage of the development of children's abilities, namely learning to eat or dress themselves. The anal phase in this phase is the time for the child to be trained to defecate or Toilet Training (training to urinate in its place). The preoperational phase is where the child begins to imagine something but is not yet logical, here the role of the parents is to direct firmly in a logical and correct direction so that the child understands (Pulungan, et al., 2017). There are several signs that a child is able to control the urge to urinate and defecate which can be used as a reference, including physical, mental and psychological readiness. While the readiness of the parents themselves includes knowing the child's readiness to urinate and defecate, providing time and not experiencing familial conflict or stress.

The American association of Paediatrics recommends starting training when a child shows certain signs of readiness, including physical, emotional, and behavioral accomplishments. (Breinbjerg et al.). However, learning to use the toilet cannot be done until the child is able and willing, the child must learn to recognize these needs, learn to hold large or small water until he can do it himself in the toilet without the help of others (Khoiruzzadi and Fajriyah, 2019). Most toddlers are not ready, both physiologically, namely the ability to control urination and digestion (Rahayuningsih & Rizki, 2012, p. 274). Teachers need to carry out continuous habituation until children are truly able to be independent (Iswantiningtyas & Raharjo, 2016, p. 62; Silranti & Yaswinda, 2019, p. 39) in carrying out their activities in the toilet. In addition, the teacher's positive treatment of children is also a success in making children become independent (Anggraeni, 2017, p. 45). Teaching toilet training to children requires several stages, such as: getting the child used to using the toilet to defecate so that the child quickly adapts, routines are needed especially when the child seems to have the urge to defecate, the child is allowed to sit at certain times every day, especially 20 minutes after wake up and finish eating, it is intended that early childhood get used to the schedule for defecating (Pramono and Risnawati, 2018).

The role of parents at home and the role of the teacher at school largely determines the independence of children in carrying out their activities in the toilet (Anggraeni, 2017, p. 45; Rahayu & Firdaus, 2015, p. 68; Salahudin, Pebrianti, & Maulana, 2018, p. 59). Parents and teachers should also become companions for children who are practicing, so that children feel excited about toilet training (Önen, et. al., 2012). According to Jayanti (2014) shows that there is a close relationship between the mother's role and the success of toilet training independence in early childhood, this is emphasized by Syahid (2013) showing that there is a significant

relationship between the level of knowledge of mothers about toilet training and the implementation of toilet training in children toddler age. This research has been carried out by many previous researchers. The results of Murhadi's research explained that the success of toilet training conducted by mothers or child caregivers was influenced by several factors, namely parents' knowledge about toilet training 69%, parental education about toilet training 54%, and the use of diapers in children is still high 78.3 %. Where from the results of the study it was found that the percentage of respondents who had a negative attitude was more who did not do toilet training. This is because mothers who have a negative attitude towards toilet training are not motivated to do toilet training because mothers think using pampers is more effective and instantaneous so that mothers do not feel bothered (Murhadi, et al., 2019).

Parents' knowledge of teaching toilet training to their children will have a major impact on children's independence (Bukhari, Rahmatika, Hartaty, & Iskandar, 2017, p. 86; Istianah, Indanah, & Farida, 2014, p. 28). Likewise with teachers in training children's independence through toilet training. Therefore, parents and teachers can work together to help children develop their personality and independence (Dhamayanti & Yuniarti, 2006, p. 19). In obtaining good and correct knowledge about toilet training, parents and teachers need to seek this information either through reading books or guide modules about toilet training (Iryanti & Kamsatun, 2016, p. 34) and from other people such as counseling programs from experts such as midwives (Musfiroh & Wisudaningtyas, 2014, p. 157). Delay in the success of toilet training in children causes delays in defecation control. The impact of delayed bowel control is increasing the prevalence of impaired elimination function, urinary tract infections, enuresis (wetting the bed), constipation, refusing to toilet, encopresis (impaired bowel control) and impaired self-esteem (Meilisa, 2022).

The active role of parents in the development of their children is needed, especially when they are still young (Suherman, 2010). The success or failure of toilet training depends on the readiness that exists in the child and the role of the parents. Efforts that can be used in developing children's independence are the active role of parents in creating the home environment as the first social environment experienced by children, where children are gradually able to escape from dependence and absolute protection from their parents (Gunarsa, 2010). The success of toilet training is inseparable from the role of parents in implementing toilet training on a daily basis. It is important for parents to provide reinforcement when their child shows progress in toilet training, that is, a child who is successful will be motivated to do the same thing the next day so that he will unconsciously turn it into a more sedentary behavior (Radina, 2020). The success of children in toilet training is also influenced by the role of parents in communicating with children. Parental communication that is too weak or too strong will affect children's actions in toilet training (Defi, 2011). Several studies have shown that children who are just starting to learn to use the toilet over the age of 3 tend to wet the bed more often until school age (Rana, 2013).

Using diapers for too long in children can also have a negative impact on children's readiness for toilet training. With the habit of using diapers, a child will get comfort from that habit, thus making it difficult for children to leave dependence on using diapers (Islamiyah and Anhusadar, 2022). The use of diapers is related to the success of toilet training but does not have a significant relationship with the incidence of enuresis. Parents should consider the use of diapers and other predisposing factors in reducing the incidence of enuresis in children at their developmental age (Subardiah and Lestari, 2019).

CONCLUSION

The success of toilet training in children with intellectual disabilities is influenced by several factors. The supporting factors for the implementation of toilet training learning are (1) the existence of cooperation between the parents of students and the school or a mutual agreement with the learning. Parents will compensate their children for learning toilet training at home according to what is taught at school; (2) the age of readiness of the child influences his ability to accept the applied toilet training learning; (3) communication between parents and children. Parental communication that is too weak or too strong will affect the child's actions in toilet training; (4) providing reinforcement to increase children's motivation; and (5) habituation that is continuously carried out, habituation that is continuously carried out aims to make it easy for children to do toilet training, and so that children can easily remember. The inhibiting factors in learning toilet training are (1) the age of the child who is not yet mature enough to do toilet training. readiness of immature children to do toilet training at school; (2) parents who are still dependent on using diapers/pads for their children; and (3) parents' incompatibility with schools that have provided toilet training lessons (parents who depend on using diapers/pads for children. People around children also greatly influence the success of toilet training for children, because the biggest support system is the person who is around the child to support and provide support to children and parents in carrying out toilet training. Therefore, cooperation from all parties to support the success of toilet training. Toilet training

abilities in children with intellectual disabilities can develop well if given the opportunity through training that is carried out continuously and carried out from an early age.

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Title of the journal : Journal of ICSAR

Article Title : Associated Factors that Supporting Toilet Training for Children with Intellectual Disabilities: A Systematic R

Article Reference number : 43647

Received : July 20, 2023

Revision : July 24, 2023

Accepted : July 27, 2023

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Journal of ICSAR

Malang, 27 July 2023

Siti Jaleha, Ahmad Hufad, Imas Diana Aprilia, Sunardi
Universitas Pendidikan Indonesia, Bandung, Indonesia

ARTICLE ACCEPTANCE LETTER

Dear Authors,

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Article Title : Associated Factors that Supporting Toilet Training for Children
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Article Reference number : 43647
Received : July 20, 2023
Revision : July 24, 2023
Accepted : July 27, 2023
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Associated Factors that Supporting Toilet Training for Children with Intellectual Disabilities: A Systematic Review

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Abstract: The basic aspect that must be mastered by children with intellectual disabilities before mastering other self-development skills is doing toilet training independently. Learning for children with intellectual disabilities in carrying out toilet training activities requires a separate technique and needs to pay attention to the factors that support the success of the program. This study aims to describe the associated factors that support toilet training for children with intellectual disabilities. This study uses a qualitative approach with a type of literature review research that seeks to describe the related factors that support toilet training for children with intellectual disabilities. This literature review was conducted from August to December 2022 using PRISMA. The authors conducted searches in online databases with large repositories of academic studies and fully accessible by the authors. The results showed that: (1) the toilet training program was made based on the results of an assessment containing the abilities, needs, and potential of children with intellectual disabilities, (2) knowledge and intervention skills possessed by parents provide a great opportunity for successful toilet training for children , and (3) there is collaboration between parents and teachers regarding the implementation of toilet training. The success of toilet training for children with intellectual disabilities is influenced by many factors so that the toilet training process requires intensive assistance, especially for parents.

Keywords: Toilet Training; Children With Intellectual Disabilities; Associated Factors; Systematic Review.

INTRODUCTION

Children with intellectual disabilities are children who experience intellectual disorders, whereas academic conditions are below the average of a normal child (Sartinah, Sri, & Pamuji, 2023). Children with special needs who are intellectually limited which affect on intelligence, mental, and motor skills are referred to as intellectually disabled children (Karya, 2022; Putri, et al., 2022; Effendi, et al., 2022). Children with intellectual disabilities have the urge to develop from a dependent position to an independent position (Astati, 2010). Children with intellectual disabilities who are independent will act confidently and will not always rely on the help of other people or adults in acting (Astati, 2010). Independence is defined as an attitude characterized by self-confidence and regardless of dependency. Children with intellectual disabilities who are independent will be able to carry out their own activities without relying much on others. Independence develops apart from being influenced by intrinsic factors (the growth and maturity of the individual itself) as well as by extrinsic factors (through the process of socialization in the environment where the individual is located). Intrinsic factors such as individual maturity, level of intelligence and extrinsic factors are things that come from outside the child such as the treatment of parents, teachers and society (Astati, 2010).

In the process of growing independence, the abilities of children with intellectual disabilities are different from the abilities of children in general, given their limitations. To develop the independence of children with intellectual disabilities, it is necessary to have self-development activities that seek to help children with intellectual disabilities become independent. Organizing education for students with intellectual disabilities is basically to

make them independent (Ratnengsih, et al., 2021). In order to realize this independence, teachers need to make maximum efforts in carrying out a series of activities that support the independence of children with intellectual disabilities (Astati, et al., 2010). Children with moderate intellectual disabilities experience barriers in intelligence, so the target of developing their independence must of course be formulated according to their potential, so that it can be said that independence for children with intellectual disabilities is a match between their actual abilities and the potential they have. Achieving independence for children with intellectual disabilities cannot be interpreted the same as achieving independence for children in general.

One of the things that concerns parents and teachers is the independence of children in using the toilet, so that toilet training is needed by both parents at home and teachers at school. To get maximum results in toilet training, especially regarding children's independence, there are at least several factors that need to be considered in influencing children's independence, namely the environment, parenting from parents and education (Santrock, 2003, p. 145-146). Caring for children with intellectual disabilities often requires considerable effort from parents (Yoneda & Miura, 2021).

The results of a preliminary study conducted at SLB Negeri 3 Banjarmasin in Banjarmasin City on 35 children with intellectual disabilities, found that 21 children were not able to use the toilet, 19 children were unable to clean themselves after urinating and 24 children were unable to clean themselves after defecating. Most children have the habit of using disposable diapers both when doing activities at home and when traveling. As an effort to overcome the low independence of intellectual disabilities in toilet training, researchers are interested in examining factors related to the success of learning toilet training for intellectual disabilities.

METHOD

This study uses a qualitative approach with a type of literature review research that seeks to describe the related factors that support the success of toilet training for children with intellectual disabilities. Sources of data in this study were journals, books, research results starting in 2012. This literature study was conducted from August to December 2022 using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) reporting guidelines. Based on these guidelines, there are several steps in this study: 1) define the eligibility criteria; 2) define information sources; 3) study selection; 4) data collection process; and 5) selection of data items. Figure 1. describes the steps of this research in conducting a systematic review.

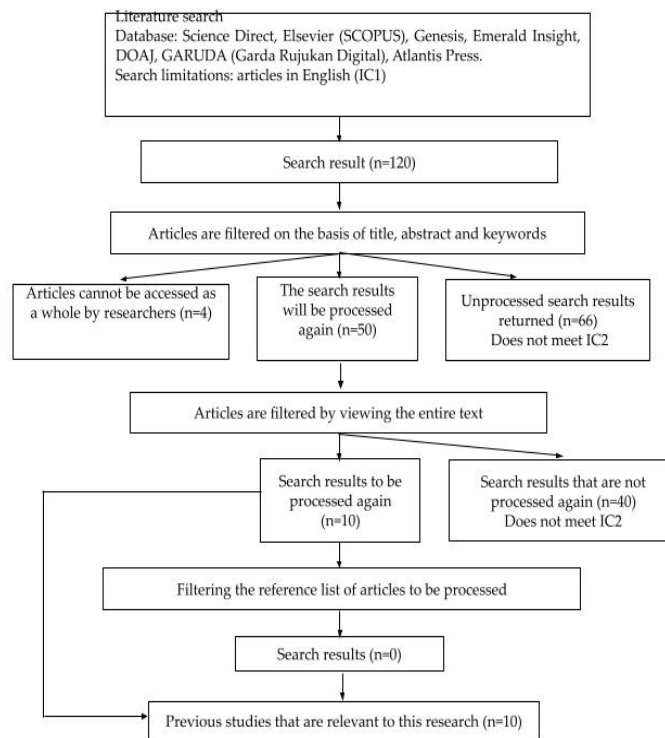


Figure 1. PRISMA Flowchart

RESULT AND DISCUSSION

Results

Learning for Children with Intellectual Disabilities

Learning for children with intellectual disabilities must be contextual, meaning that the implementation of learning follows the context that will be taught and relates to the goals to be achieved. To carry out functional, relevant and contextual learning, teachers can develop several learning models (Browder, Hudson, & Wood, 2013 in Supena & Hasanah, 2020).

There are several different approaches parents should take when implementing home-based learning for children with intellectual disabilities. Parents should work closely with the school to follow directions, make changes, and adapt to identify resources at home for daily home and learning activities (Srivastava, de Boer, & Pijl, 2017). Here, parents and students must learn and understand each other. Not only that, the conditions of each house also affect learning in children with intellectual disabilities. Therefore, it is hoped that parents and children can learn from each other. Schools must also help solve problems with activities at home (Srivastava, de Boer, & Pijl, 2015).

One of the effective learning models applied to children with intellectual disabilities is the project-based individual model. This model can facilitate various differences in the characteristics of children with intellectual disabilities that accommodate their learning styles. This also has a positive effect on children with intellectual disabilities and emphasizes the learning of vocational skills according to the implementation stages that have been simplified by the teacher. The use of projects can generate interest in learning for children with intellectual disabilities so that it is easier to understand the learning material presented (Supena & Hasanah, 2020).

The project-based learning model is child-centered and provides meaningful learning experiences for children. Children's learning experiences and concepts are built on the products produced in a project-based learning process. In a project-based model, children understand content and develop skills in children to play a role in society (Bron & Barrio, 2019; Eckardt, Craig, & Kraemer, 2018; Parker, 2020). For children with intellectual disabilities, the project is more directed at vocational skills in soft skills and hard skills. These vocational skills aim to equip children to have abilities that can be used to meet their daily needs after completing formal education. These skills are in self-development, sewing, cooking, simple arithmetic, and so on. Functional learning is defined as learning that is useful in life (Supena & Hasanah, 2020).

Implementation of Toilet Training

The achievement of bladder and bowel control is an important developmental milestone and toilet training is an overview of a number of different practices aimed at helping children become independent (Breinbjerg & Kamperis, 2021). Toilet training is an attempt to train children to be able to control urination and defecation (Khoiruzzadi and Fajriyah, 2019). Toilet training is one form of sex education for early childhood, so that children are able to use the toilet properly (Hayati & Suparno, 2020). In order for children to improve their toilet training skills, it is necessary to continuously train children (Hayati & Suparno, 2020). The purpose of toilet training is to train children to be independent in toileting, introduce cleanliness from an early age, identify items in the toilet and teach bowel movements and bowel movements correctly (Khoiruzzadi & Fajriyah, 2019).

Toilet training in general can be carried out for every child who has started to enter a phase of independence in children (Keen, 2007, p. 292; Wald, 2009, p. 295). Independence is a condition where a person can try and do something on his own awareness and effort, and he is not easily dependent on others (Siswanto, Kholidah, & Minarti, 2010, p. 195). In toddler-age children, they experience three phases, namely: the autonomic phase (children can take their own initiative and are able to do everything on their own, but rather show their own desire to reject something they don't want and try something they want), the anal phase (the child enters the toilet training period), and the preoperational phase (children begin to be able to make simple judgments about objects and events around them (Musfiroh & Wisudaningtyas, 2014, p. 159).

Independence must be trained and developed in children as early as possible so as not to hinder further child development tasks (Yamin & Sanan, 2010, p. 94). By instilling independence will prevent children from being dependent on other people, and most importantly in growing children's courage is done by providing motivation for children to continue to learn new knowledge through supervision of both parents at home and teachers at school (Khoiruzzadi & Fajriyah, 2019). There are two forms of child independence, namely physical independence and psychological independence (Nurfalah, 2010, p. 13). Physically, children are able to take care of themselves, such as simple examples of going to the toilet, urinating, defecating, ablution, and bathing. Meanwhile, psychologically, that is, children dare to toilet train independently, and children do not hesitate to ask teachers at school for help during toilet training (Khoiruzzadi and Fajriyah, 2019). Based on the theory above, it can be concluded that toilet training is an attempt to train children to be able to control defecation or urination activities according to the place, identify items in the toilet and teach proper urination and defecation. Independence in toileting should be introduced to children as early as possible.

Effective toilet training can be taught to children aged 24 months to 3 years, because children aged 24 months have the language skills to understand and communicate

(Khoiruzzadi & Fajriyah, 2019). In carrying out urination and defecation training in children requires preparation both physically, psychologically and intellectually through this preparation it is hoped that children will be able to control defecation and urination (Yektiningsih & Infanteri, 2016, p. 47).

Implementation of teaching and learning activities begins with:

Planning

At the planning stage, the teacher projects what actions will be carried out in a lesson by organizing and establishing teaching components, so that the objectives of the content, methods and techniques, and evaluation become clear and systematic (Suryana, 2016, p. 218). Planning is carried out the day before the activity is carried out based on the theme, which has previously been designed starting from activities for one year, determining the theme, dividing the theme in each semester, selecting activities for sub-themes up to the students' daily program (Khoiruzzadi & Fajriyah, 2019). Starting from welcoming students, activities before entering class, marching together, core activities until the time to go home and evaluate (Khoiruzzadi & Fajriyah, 2019).

Implementation

Implementation of toilet training can be done through several methods, namely the method of storytelling, hands-on practice, and the method of habituation. The storytelling method used for toilet training activities aims to make children understand what the teacher means about toilet training learning that children will do, and children will be interested in the books used by teachers (Khoiruzzadi & Fajriyah, 2019). This is very effective for teachers to do, because children aged 2-3 years are more interested in interesting stories coupled with pictures (Silranti & Yaswinda, 2019, p. 39). So that children will be much more enthusiastic in participating in toilet training. In terms of cognitive development, children aged 2-3 years enter the operational stage (Berk, 2012, p. 30). And one of the characteristics of children at the age of 2-3 years is perceptually bound, that is, children judge something what they see or hear. Apart from that, centration, that is, the child focuses his attention on the characteristics that are most attractive to the child (Ibda, 2015, p. 32–33).

In addition, children's behavior in toilet independence is also based on direct observation, so according to Bandura, imitation and modeling are carried out (Suryono & Haryanto, 2012, p. 88). So here the teacher's role is very urgent in explaining what children need to do when they want to urinate, defecate, perform ablution, bathe, and so on related to activities in the toilet. The teacher sets an example and provides stimulation to children, so that children imitate what the teacher does in the toilet (Khoiruzzadi and Fajriyah, 2019). In addition, teachers need to motivate children so that children remain enthusiastic about participating in toilet training (Khoiruzzadi & Fajriyah, 2019).

The method is taught directly (practice), namely the teacher gives directions to children to use toilet training directly in the bathroom (Khoiruzzadi & Fajriyah, 2019). From giving practical assignments directly, the teacher will know the child's development in toileting (Khoiruzzadi & Fajriyah, 2019). In addition, direct assignments with practice will develop children's independence (Rochwidowati & Widyana, 2016, p. 63; Silranti & Yaswinda, 2019, p. 60).

The use of the habituation method is also seen as the best alternative, so that children remember and want to repeat it the next day (Khoiruzzadi & Fajriyah, 2019). The use of the habituation method is a method that really helps the child to remember what the child has done that day, then it will be repeated the next day and so on until the child memorizes it by himself (Khoiruzzadi & Fajriyah, 2019). The habituation method is used so that children do not quickly forget and try to get used to learning in the toilet that is good and

right (Iswantiningtyas & Raharjo, 2016, p. 62; Silranti & Yaswinda, 2019, p. 39). According to Pavlov, from habituation carried out by children, reinforcement is also needed in the form of repetitions (Soekamto & Winaputra, 1997, p. 37) from the toilet training.

Efforts to make it easy to help children understand toilet training material by providing concrete media, such as picture story books or cartoon videos related to toilet training (Ratne, Purwaningsih, & Apriatmoko, (2019). As Piaget's opinion (Santrock, 2011) children aged 2-7 years are still in the pre-operational stage. Where at this pre-operational age children begin to learn with symbols, children begin to explain what they see with pictures and words. So a teacher needs media to help communicate material about toilet training to early childhood easily (Hayati & Suparno, 2020).

Evaluation

Assessment evaluation, namely giving assignments; assignments can be independent or group. In relation to learning toilet training, children are given the task of identifying items in the toilet and practicing directly about urinating and washing hands properly (Khoiruzzadi & Fajriyah, 2019). The indicators used to see the success of toilet training are physical readiness which includes the age of the child and the child's ability to walk, sit, squat and jump (Hayati & Suparno, 2020). Furthermore, self-restraint activities which include the child's ability to express his desire to urinate and defecate both verbally and non-verbally, and keep his pants dry from urinating and defecating (Hayati & Suparno, 2020). Next is self-mastery which includes the child's ability to go to the toilet on his own, the child's ability to open and put on his own clothes, the child's ability to urinate and defecate in its place (toilet), the child's ability to clean himself and flush his bladder and bowel movements, and the child's ability to clean their hands after urinating and defecating (Hayati and Suparno, 2020).

Discussion

Factors Affecting Toilet Training

There are several factors that influence the readiness of toilet training in children, namely physical, mental, psychological readiness and parents' readiness (Iskandar & Sari, 2017). There are some children who show signs of toilet training readiness at the age of 18-36 months, but there are also children who are ready earlier or later than that age. This is what will cause parents to be unsure when to start toilet training their children and demand that their children be able to do toilet training (Kessler, 2012).

Basically the age factor in children plays an important role in the success of toilet training, if toilet training is carried out on children of the wrong age, the child will refuse to do toileting. The age for achieving optimal Toilet Training skills is 24-36 months (Islamiyah & Anhusadar, 2022).

According to Gilbert (2012), the average age of children mastering toilet training is 35 months for girls and 39 months for boys, almost 90% of children can control their bladder during the day, namely at the age of 3 years, about 90% children usually stop wetting the bed at the age of 5-6 years, while others can only do it a few years later. According to Rahmi (2012) effective toilet training can be taught to children aged 18-36 months, but does not rule out the possibility of teaching it to children up to the age of 5 because at that age children have language skills to understand and communicate. Toddlers have a strong desire to imitate their parents. In Indonesia, cases of children who still wet the bed up to the age of 6 reach 12%. This is caused by the lack of awareness of parents and adults in teaching toilet training to children from an early age. Hidayat (2010) said that

toilet training independence that is not taught from an early age will make it more difficult for parents to teach their children when their children get older.

Toddler aged children (1-3 years) experience three phases, namely, the phase of autonomy and doubt or shame in this stage of the development of children's abilities, namely learning to eat or dress themselves. The anal phase in this phase is the time for the child to be trained to defecate or Toilet Training (training to urinate in its place). The preoperational phase is where the child begins to imagine something but is not yet logical, here the role of the parents is to direct firmly in a logical and correct direction so that the child understands (Pulungan, et al., 2017). There are several signs that a child is able to control the urge to urinate and defecate which can be used as a reference, including physical, mental and psychological readiness. While the readiness of the parents themselves includes knowing the child's readiness to urinate and defecate, providing time and not experiencing familial conflict or stress.

The American association of Paediatrics recommends starting training when a child shows certain signs of readiness, including physical, emotional, and behavioral accomplishments. (Breinbjerg & Kamperis, 2021). However, learning to use the toilet cannot be done until the child is able and willing, the child must learn to recognize these needs, learn to hold large or small water until he can do it himself in the toilet without the help of others (Khoiruzzadi & Fajriyah, 2019). Most toddlers are not ready, both physiologically, namely the ability to control urination and digestion (Rahayuningsih & Rizki, 2012, p. 274). Teachers need to carry out continuous habituation until children are truly able to be independent (Iswantiningtyas & Raharjo, 2016, p. 62; Silranti & Yaswinda, 2019, p. 39) in carrying out their activities in the toilet. In addition, the teacher's positive treatment of children is also a success in making children become independent (Anggraeni, 2017, p. 45). Teaching toilet training to children requires several stages, such as: getting the child used to using the toilet to defecate so that the child quickly adapts, routines are needed especially when the child seems to have the urge to defecate, the child is allowed to sit at certain times every day, especially 20 minutes after wake up and finish eating, it is intended that early childhood get used to the schedule for defecating (Pramono & Risnawati, 2018).

The role of parents at home and the role of the teacher at school largely determines the independence of children in carrying out their activities in the toilet (Anggraeni, 2017, p. 45; Rahayu & Firdaus, 2015, p. 68; Salahudin, Pebrianti, & Maulana, 2018, p. 59). Parents and teachers should also become companions for children who are practicing, so that children feel excited about toilet training (Önen, et. al., 2012). According to Jayanti (2014) shows that there is a close relationship between the mother's role and the success of toilet training independence in early childhood, this is emphasized by Syahid (2013) showing that there is a significant relationship between the level of knowledge of mothers about toilet training and the implementation of toilet training in children toddler age. This research has been carried out by many previous researchers. The results of Murhadi's research explained that the success of toilet training conducted by mothers or child caregivers was influenced by several factors, namely parents' knowledge about toilet training 69%, parental education about toilet training 54%, and the use of diapers in children is still high 78.3 %. Where from the results of the study it was found that the percentage of respondents who had a negative attitude was more who did not do toilet training. This is because mothers who have a negative attitude towards toilet training are not motivated to do toilet training because mothers think using pampers is more effective and instantaneous so that mothers do not feel bothered (Murhadi, et al., 2019).

Parents' knowledge of teaching toilet training to their children will have a major impact on children's independence (Bukhari, et al., 2017, p. 86; Istianah, Indanah, & Farida, 2014, p. 28). Likewise with teachers in training children's independence through toilet training. Therefore, parents and teachers can work together to help children develop their personality and independence (Dhamayanti & Yuniarti, 2006, p. 19). In obtaining good and correct knowledge about toilet training, parents and teachers need to seek this information either through reading books or guide modules about toilet training (Iryanti & Kamsatun, 2016, p. 34) and from other people such as counseling programs from experts such as midwives (Musfiroh & Wisudaningtyas, 2014, p. 157). Delay in the success of toilet training in children causes delays in defecation control. The impact of delayed bowel control is increasing the prevalence of impaired elimination function, urinary tract infections, enuresis (wetting the bed), constipation, refusing to toilet, encopresis (impaired bowel control) and impaired self-esteem (Meilisa, 2022).

The active role of parents in the development of their children is needed, especially when they are still young (Suherman, 2010). The success or failure of toilet training depends on the readiness that exists in the child and the role of the parents. Efforts that can be used in developing children's independence are the active role of parents in creating the home environment as the first social environment experienced by children, where children are gradually able to escape from dependence and absolute protection from their parents (Gunarsa, 2010). The success of toilet training is inseparable from the role of parents in implementing toilet training on a daily basis. It is important for parents to provide reinforcement when their child shows progress in toilet training, that is, a child who is successful will be motivated to do the same thing the next day so that he will unconsciously turn it into a more sedentary behavior (Radina, 2020). The success of children in toilet training is also influenced by the role of parents in communicating with children. Parental communication that is too weak or too strong will affect children's actions in toilet training. Several studies have shown that children who are just starting to learn to use the toilet over the age of 3 tend to wet the bed more often until school age (Howe & Walker, 1992).

Using diapers for too long in children can also have a negative impact on children's readiness for toilet training. With the habit of using diapers, a child will get comfort from that habit, thus making it difficult for children to leave dependence on using diapers (Islamiyah & Anhusadar, 2022). The use of diapers is related to the success of toilet training but does not have a significant relationship with the incidence of enuresis. Parents should consider the use of diapers and other predisposing factors in reducing the incidence of enuresis in children at their developmental age (Subardiah & Lestari, 2019).

CONCLUSION

The success of toilet training in children with intellectual disabilities is influenced by several factors. The supporting factors for the implementation of toilet training learning are (1) the existence of cooperation between the parents of students and the school or a mutual agreement with the learning. Parents will compensate their children for learning toilet training at home according to what is taught at school; (2) the age of readiness of the child influences his ability to accept the applied toilet training learning; (3) communication between parents and children. Parental communication that is too weak or too strong will affect the child's actions in toilet training; (4) providing reinforcement to increase children's motivation; and (5) habituation that is continuously carried out, habituation that is continuously carried out aims to make it easy for children to do toilet training, and so that children can easily remember. The inhibiting factors in learning toilet training are (1)

the age of the child who is not yet mature enough to do toilet training. readiness of immature children to do toilet training at school; (2) parents who are still dependent on using diapers/pads for their children; and (3) parents' incompatibility with schools that have provided toilet training lessons (parents who depend on using diapers/pads for children. People around children also greatly influence the success of toilet training for children, because the biggest support system is the person who is around the child to support and provide support to children and parents in carrying out toilet training. Therefore, cooperation from all parties to support the success of toilet training. Toilet training abilities in children with intellectual disabilities can develop well if given the opportunity through training that is carried out continuously and carried out from an early age.

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