Introduction Activities Toilet Training for Children Age 5 -6 Years at TK Paud Terpadu Seruni, Malomba Village, Dondo Palu District, Central Sulawesi

Andi Agusniatih¹, Masita²

^{1,2}University of Tadulako, Indonesia andiagusniatih@gmail.com, masita00016@gamil.com

Abstract

This study aims to help children increase their success in defecation activities through the introduction ofactivities toilet training. This research was conducted on children aged 5-6 years at the TK PAUD Terpadu Seruni, Malomba Village, Dondo District. The research approach used in this study is a qualitative approach. Data collection techniques were carried out through observation, interviews and documentation. The results of initial observations showed that there were 3 children out of 12 children who had not been able to carry out defecation activities according to the observed indicators. After being given an introduction through toilet training in 9 meetings for 2 weeks, the results of the study showed that the three previously unsuccessful children were able to perform the steps to defecate well. The results of the study were obtained from the observation of the 3 aspects used. First, the cognitive aspect, namely the child knows when it is time to defecate and urinate, the child is able to communicate when he wants to defecate, the child knows the cause of the urge to defecate, the child knows the benefits of defecating, the child knows the steps to defecate, the child can imitate behavior. Such as defecation and urination in the right place, children know the benefits of defecating in place, children know etiquette when entering the toilet or bathroom. Second, the affective aspect, namely the child shows shame if he does not urinate in the toilet, the child is not fussy when urinating in the toilet, the child does not hold back the urge to urinate, the child takes steps to defecate, the child uses the toilet when defecating, the child does toilet etiquette. Third, the psychomotor aspect, namely the child fulfills the aspect of motor readiness, the child can carry out activities after defecation and urination, the child performs etiquette in and out of the toilet correctly. Thus, all children aged 5-6 years who are in TK PAUD Terpadu Seruni, Malomba Village, Dondo District and can carry out defecation activities according to the indicators mentioned above. And it is hoped that parents and teachers will continue to provide supervision of children's defecation activities.

Keywords

Introduction of toilet training activities; early childhood



I. Introduction

Education is a process of changing attitudes and behavior of a person or group of people in an effort to mature human beings through teaching and training efforts; process, method, the act of educating. In education, there are terms of informal education and formal education. Informal education is education carried out in the family environment, and formal education is education carried out in a formal school environment.

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Education is a very important human need because education has a duty to prepare Human Resources (HR) for the development of the nation and state (Pradana et al. 2020). According to Astuti et al (2019) Education is an obligation of every human being that must be pursued to hold responsibilities and try to produce progress in knowledge and experience for the lives of every individual. Education is one of the efforts to improve the ability of human intelligence, thus he is able to improve the quality of his life (Saleh and Mujahiddin, 2020). Education is expected to be able to answer all the challenges of the times and be able to foster national generations, so that people become reliable and of high quality, with strong characteristics, clear identities and able to deal with current and future problems (Azhar, 2018). Education and skills are the main keys in gaining social status in community life (Lubis et al, 2019).

The role of education is very large in helping children achieve their developmental tasks, one of the developmental tasks is to carry out waste activities correctly and independently. According to data from the 2018 Indonesian Health Profile, there are 64.15% of households have access to proper sanitation in Central Sulawesi Province. This data is in contrast to data from the 2018 Basic Health Research Main Results (RISKESDAS) issued by the Indonesian Ministry of Health in 2019, where it is estimated that 80% of Central Sulawesi people aged 10 years and over still have children who do not understand using the latrine when defecating big. From these two data, it is concluded that the majority of children aged 10 years and over are still children who do not have good awareness and understanding of the importance of defecating in the space provided.

Based on the results of initial interviews conducted by researchers with class B teachers at TK PAUD Terpadu Seruni, it was found that, out of 12 children aged 5-6 years who were in group B, there were 3 children who had not been able to defecate properly. According to the teacher, the 3 children were not independent in defecating (defecation) and BAK (urinating). Such as asking to be accompanied when urinating, asking to clean the area around his genitals, and not cleaning the toilet, and washing his hands after defecating. This behavior should not be taken lightly because it will make children defecate carelessly, especially in the current state of the covid-19 pandemic, clean and healthy living behavior (PHBS) is something important to do as an effort to avoid the virus that has spread a lot cause death in many countries.

Table 1. Results of Initial Observation of the Success of Toilet Training for Children aged 5-6 years

No	Name of	Child's Success in	
	Child	toilet training	
		Success	Not
			Success
1.	Alif		√
2.	Arsya	√	
3.	Andri	√	
4.	Fatiya	√	
5.	Fariz		V
6.	Fadil	√	
7.	Mahfud	√	
8.	Naila	√	
9.	Nunu	√	
10.	Rafa	√	
11.	Trimadika		√
12	Yumna	√	

Based on the table above, it can be explained that at the time of initial observation, from 12 children there were 9 children who had succeeded in activities toilet training and there were 3 children who had not succeeded in activities toilet training. Researchers used the 3 children who had not succeeded to become research subjects.

In line with the description above, the researcher gave an introduction to activities of toilet training for 3 children who had not succeeded in toilet training, then conducted interviews with parents. Researchers want to get information about how children defecate after being given an introduction to activities toilet training by conducting interviews with children's parents.

The introduction of activities toilet training is an effort to familiarize children with clean and healthy living behavior (PHBS) by defecating on time, defecating in the right place, cleaning themselves properly, and training children's independence as a provision to enter the next level of education.

Based on the description of the background above, the researcher is interested in focusing on a qualitative type of research entitled "Introduction to activities for Toilet Training Children aged 5-6 Years in TK PAUD Terpadu Seruni, Malomba Village, Dondo District".

II. Research Method

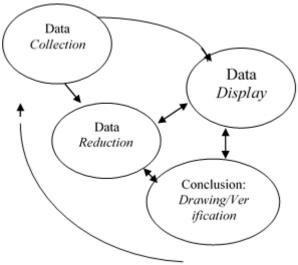
The research approach used in this study, namely a qualitative research approach, is because the researcher wants to describe clearly and in-depth the introduction of toilet training activities in children, and obtain the right data in finding the picture that is the focus of this research.

The source of data in this study is very important for researchers because the accuracy in choosing data sources will determine the accuracy of the data and information obtained. The types of data sources used in this study are as follows:

- 1. Respondents in this case teachers and parents
- 2. Activities Toilet training
- 3. Place and location of research in TK PAUD Terpadu Seruni, Malomba Village, Dondo District

This study uses a qualitative approach with data analysis carried out together with data collection, the techniques used in data collection are interview techniques, observation techniques, and documentation techniques. The data collection tools used in this research are an Interview Guide, Observation Guide, and Documentation Data. In research, data validity tests are often emphasized on validity and reliability tests.

The data analysis technique in qualitative research uses a descriptive qualitative data analysis model. It is carried out before entering the field, while in the field, and after finishing in the field. However, data analysis is more focused during the field process along with data collection. Miles and Huberman in Sugiyono (2010:246) suggest that activities in qualitative data analysis are carried out interactively and take place continuously until complete so that the data is saturated. The activities in data analysis include data reduction, data display, and conclusion drawing/verification. Further shown in the image below.



Source: Miles and Huberman in Sugiyono (2010:246)

Figure 1. Components of Interactive Data Analysis Model (interactive model)

From the diagram above, this research proceeds from the stage of providing data, reducing or selecting data, displaying or presenting data, and drawing data conclusions. And the above process does not run linearly but is an interactive cycle.

III. Result and Discussion

The research was carried out beginning with observing children aged 5-6 years in TK PAUD Terpadu Seruni, Malomba Village, Dondo District, by observing children who had not succeeded in toilet training. Then the researcher gave an introduction toactivities toilet training for children, after that the researchers conducted interviews with the children's parents, which would then be presented in the research data regarding the form of introduction toactivities toilet training in children. The data that has been obtained will be analyzed by referring to the Miles and Huberman model.

Researchers will describe several forms of implementing the introduction ofactivities toilet training that researcher provide to children. The following table below is a series of activities in the form of implementing the introduction ofactivities toilet training for children aged 5-6 years at TK PAUD Terpadu Seruni, Malomba Village, Dondo District in 9 meetings held for 2 weeks, as follows:

Table 2. Introduction to Activities Toilet Training

No	Name of Activity
1	Movement and song
2	Educational shows ofactivities toilet training
3	Question and Answer Method

According to the table above, it can be explained that there are 3 activities carried out in the process of implementing the introduction of toilet training activities, namely movement activities and the song "pee poopy first", educational shows toilet training, and conducting questions and answers with children. The following is an explanation of the form of introduction to activities toilet training carried out, as follows;

1. Movement activities and the song "pee poopy first" by Hey Blo

The motion and song used is "piss poopy first" whose lyrics explain when to defecate and the activities that should be done after defecating. In addition, it also explains the impact felt when defecating properly. By singing this song, it is hoped that it can increase children's knowledge about what activities are toilet training.

Before singing, the researcher first asked the children to discuss what should be done when going to defecate, during defecation, and after defecating, then the researcher asked the children about their bowel habits then the researcher introduced the movements and songs to the children.

2. Educational Shows activities Toilet Training

Educational activities toilet training shows for shows that contain; as a result of eating and drinking activities, defecating in its place, namely in the toilet, and what to do after defecating. This educational program for activities toilet training is used to help facilitate the process of children's understanding of the introduction of activities toilet training.

3. Question and answer activities with children

In the question and answer activity that was carried out, the researchers asked several questions regarding activities toilet training related to the habit of defecating children, with the question and answer method it is hoped that it can help children to be successful in activities toilet training.

At the first, second, and third meetings, the three children began to show an understanding of several activities in the cognitive aspect. Then at the fourth, fifth, and sixth meetings, the three children showed an understanding of all activities in the cognitive aspect and several activities in the affective and psychomotor aspects. And at the seventh, eighth, and ninth meetings, the three children were able to carry out activities on the three observed aspects.

After the introduction of activities toilet training for 9 meetings, the cognitive abilities of the three children aged 5-6 years, namely children know what defecation and defecation are, why we can defecate and urinate, know where to use to defecate, know when they must urinate and be able to control it, and the child knows the right way to clean the area around the genitals, the child is able to communicate the urge to urinate that he feels, knowing the consequences of holding back the urge to defecate, children already know etiquette when on the toilet, know the correct steps to defecate and the benefits of using the toilet when defecating.

Furthermore, on his affective abilities, during 9 meetings, the child showed shame when they wet the bed, showed a desire to please his parents, the child began to defecate before going to bed and communicated if he wanted to be accompanied, the child used the toilet every time he defecated and urinated, the child takes steps to defecate, performs etiquette to enter the toilet, can control the urge to urinate if not near the toilet.

Children's psychomotor abilities after being given an introduction toactivities toilet training for 9 meetings, namely: The child can perform proper disposal steps starting from cleaning the area around the genitals properly, flushing the toilet, washing hands properly and using soap and drying hands with a tissue or towel, and doing toilet etiquette.

Then interviews were conducted with the parents of the three children. From the results of interviews with the mother of child A, it is known that child A previously did not use the toilet more often when defecating. After introduction became more frequent use of it and even forced others to accompany him when he was afraid to go alone. From the results of interviews with the mother of child F, it is known that previously child F often wet the bed because of holding back the urge to urinate. After the introduction activity was

carried out, child F became more attentive to his bowel habits. And from the results of interviews with the mother of child T, it is known that before the introduction, kindergarten children were afraid to defecate in the bathroom and preferred to defecate in their backyard. This is because previously T's child had fallen from their closet which was quite high for a small child. However, after the introduction activity was carried out, child T showed the courage to defecate in the toilet.

Based on the results of interviews with 3 informants who are mothers of each child, which was carried out after the introduction activities were carried out. Starting from the cognitive aspect, namely interviews with children's parents who said that when at home the child already knew when it was time to defecate, the child used the toilet when defecating, the child knew the functions and benefits of using the toilet when defecating.

The results of interviews with the three informants related to affective aspects, namely the child no longer defecated in the river or behind the house, the child was not fussy when defecating himself, and was independent in defecating.

The results of the interview related to the psychomotor aspect, namely the child was able to carry out defecation activities starting from entering the toilet, taking steps to defecate, to leaving the toilet himself.

Table 3.	Children's	Success i	in Activities	Toilet Training

No	Name of child	Child's Success in toilet training	
	\$ \$r	Success	Not Success
1.	Alif	√	
2.	Fariz		
3.	Trimadika		

Based on the table above, it can be explained that after the children were given an introduction toactivities toilet training, the three previously unsuccessful children, after being given the introduction, the three children were able to take steps to defecate properly, use the toilet every time they defecated, and defecate without the help of someone else other. So that all children aged 5-6 years in TK PAUD Terpadu Seruni, Malomba Village, Dondo District have succeeded inactivities toilet training.

Discussion

Success in toilet training is one of the developmental tasks that must be fulfilled before children enter school age. Considering the impact of successful toilet training is not only in one aspect and can be felt until adulthood. The readiness of children, parents, teachers, and schools is the determinant of this success. Children's readiness in the form of maturity aspects of development, namely cognitive aspects, language aspects, physical motor aspects, and. psychological aspects. Parental readiness includes parental knowledge about activities toilet training, parenting patterns, as well as perseverance and patience in providing toilet training to children. Then the teacher's readiness includes having an understanding of activities toilet training, collaborating with parents to provide toilet training for children, and giving children the habit of proper defecation activities. And school readiness by providing adequate facilities and infrastructure in activities toilet training children.

In this study, there are three aspects of children's abilities that are seen during the introduction of activities, toilet training namely cognitive aspects, affective aspects, and psychomotor aspects, these three aspects are aspects used to evaluate the results of learning activities. The description of the three aspects observed are as follows:

Children's cognitive abilities in defecation activities are children knowing when to defecate and defecate, children are able to communicate if they want to defecate and urinate, children know the cause of the feeling of defecation and urination, children know the benefits of doing defecation and defecation, children know the steps to defecate and defecate, children can imitate appropriate behavior such as defecation and urination in the right place, children know the benefits of defecation and urination in place, and children know etiquette when entering the toilet.

Cognitive ability is a subject related to cognition, with the ultimate goal of knowledge gained through experimentation, research, discovery, and observation. Cognitive is closely related to thought, memory, reasoning, intellectual, numeracy, logic, exact, science, numerical, and academic.

Cognitive rank in Utari, Madya, & KNPK (2011: 1-7) is to sort thinking skills according to the expected goals. The cognitive domain according to Hamzah (2012:4) consists of six levels, namely as follows: 1. knowledge (knowledge), 2. Comprehension (understanding or perception), 3. Application (application), 4. Analysis (description or elaboration), 5. Synthesis (integration), and 6. Evaluation (assessment).

Affective has a different scope from cognitive because it is more related to psyche, soul, and feeling. The affective domain includes everything related to emotions, such as feelings, values, appreciation, enthusiasm, interests, motivation, and attitudes. Accompanied by the development of cognitive intelligence, children also need to be trained to develop effectively, Children's affective abilities inactivities toilet training consist of six indicators, namely: the child shows shame if he does not defecate and urinate in the toilet, the child does not fuss when defecating and urinating in the toilet, the child does not hold back the urge to defecate and urinate, the child waits patiently for their turn, the child takes steps to defecate and urinate, and performs etiquette to enter the toilet.

Furthermore, the child's psychomotor ability inactivities toilet training consists of three indicators, namely the child fulfills the motor readiness aspect, the child can carry out activities after defecation and urination, and the child performs etiquette in and out of the toilet correctly.

The psychomotor domain includes physical movement and coordination, motor skills, and physical abilities. This skill can be honed if you do it often.

According to Hamzah (2012:4) psychomotor consists of 5 levels, namely imitation (imitating motion), use (using concepts to make movements), accuracy (doing movements correctly), coupling (doing several movements at once correctly), naturalization (doing movements correctly reasonably).

IV. Conclusion

Based on the description of the research results and discussion about the introduction of activities toilet training in group B children aged 5-6 years TK PAUD Terpadu Seruni, Malomba Village, Dondo District, the authors can conclude as follows:

1. How to introduce children to start with explaining the correct bowel movements, teaching motion and the song "pee poopy first" which contains steps to defecate, then showing children an educational video toilet training and every three days inviting

- children to practice one or more of the following the direction of question and answer activities directly in the toilet.
- 2. The driving factor in carrying out toilet training for children is that the first is the age of 5-6 years. At the age of 5-6 years, in general, children have fulfilled three aspects of readiness before doing toilet training, namely psychological readiness, intellectual readiness, and motor readiness, so that success for children in toilet training can be quickly achieved. Apart from being a driving factor, there are also inhibiting factors where the child's understanding of his private area makes it difficult for parents to know the extent of the success of the toilet training child's. Furthermore, the level of parental understanding of activities toilet training, and the readiness of parents to carry out toilet training for their children can be both a driver and a barrier to a child's success in activities toilet training. And finally, the teacher's active role is lacking in helping parents carry out toilet training for children and schools in providing limited facilities and infrastructure for use when children defecate.

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