

Toilet Training In Preschool

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Abstract

Purpose: This study aims to understand the dynamics of the implementation of toilet training in preschool child. *Methodology:* This research uses descriptive qualitative approaches by selecting informants using purposive techniques. The informants in this study consisted of working mothers and housewives who have their first child at preschool age and successful and unsuccessful toilet training, and live with a nuclear family. The number of research informants are 8 people. Data collection techniques using semi-structured interviews. *Results:* The results shows that the methods or methods taught by mothers included when starting toilet training, modeling techniques, oral techniques, using tools for elimination, managing time, adjusting the child's condition, and not waking the child at the mall day. The influencing factors come from the child, the mother, and the environment. Some of which are experiences, social environment support, knowledge, motivation, emotional feelings of the mother, parenting, and the child's attitude and behavior to be conditioned. Then the effect resulting from the implementation of toilet training are the child's attitude, social development, emotional, and knowledge of children, communicative children, parenting, economic, emotional feelings of the mother, and the level of independence of the child. The results obtained are quite diverse and there is a uniqueness in each informant.

INTRODUCTION

Kids ages preschool is children in the age range of 3 to 6 years (Wong, 2008). Preschool is a critical period that requires more attention by parents, where parents need to pay attention to the child's time to rest. Attention from parents, love, discipline, fulfillment of the need for education, and independence needed by children. Related to independence in preschool children, the process of removing impurities in the body such as urine or feces in preschoolers has shown the process of independence (Hidayat, 2008). Unfortunately, during the developmental age of preschool also be problems and the most widely experienced by preschool children are toilet trained (Supartini, 2014).

According to Zaviera (2008), toilet training is a learning process for controlling bowel movements and urinating appropriately and regularly. In carrying out the training, children need some preparation such as physical, psychological, and intellectual preparation. The child is expected to be independent in controlling bowel or small bowel movements through these preparations (Hidayat, 2008).

Snell and Farlow emphasize increasing children's ability to do activities such as toileting and dressing is very important for families. The ability of the toilet is central to a child's development and is needed for social acceptance and independence (in McManus, Derby, and McLaughin in Ardic and Cavkaytar, 2014).

Onen, Aksoy, Tasar & Bilge (2012) concluded from the results of research conducted in general pediatric outpatient clinics in Turkey to 861 children under 5 years of age, that there are things that affect the procedure of implementing toilet training , namely the level of the family economy, family size and residence (village or city). Then, other factors that influence in this regard are the

mother's level of education, social and culture, the level of income, family, age of the child, the way to go, place, type of toilet, insight, psychological child, status, and gender.

In toilet training, it takes the role of parents, especially mothers. A woman who works and settles basically continues to carry out the traditional role of being the wife and mother of her children. It's just that the time spent taking care of the household for working mothers is not as much as the time given by women who are not working (Gunarsa, 1995). Munandar (1983) said that psychologically, the most decisive thing in caring is not the amount of time a mother is at home with her child but how the time together between mother and child is used. The active role of parents related to toilet training to preschoolers is, parents must begin to train their children's ability to dispose of their body's feces in the toilet. The attitude of parents who are patient and understand children's readiness is needed in teaching children to use the toilet. In addition, parents must also have positive support for children so that children are successful in toilet training. For example, parents should not always use diapers to children because parents should be prepared to take the child to the toilet when the child feels he wants to urinate and defecate (Soetjningsih, 2014).

The advantage if parents succeed in carrying out their role related to toilet training in children is that children do not have a sense of dependence on others or are independent, confident, and have good behavior. Meanwhile, if parents fail to carry out their roles, the general impact is that the child becomes careless, spoiled, likes to make trouble, emotionally, reduces curiosity in new things, and performs daily activities according to his own wishes (Hidayat, 2008).

Unfortunately, in Indonesia there are still many cases relating to problems of toilet training and is experienced by children ages preschool. Research by Suprihatin, Astuti, & Kristanti (2015) in the city of Kediri about toilet training in preschool children enuresis showed that as many as 27 preschoolers aged 2 to 5 years out of a total of 40 preschool children experienced enuresis (bedwetting) with the time of the incident was at night and is caused by parents' readiness. Ball and Bindler (2003) explained that enuresis is an urinary discharge that is not realized by the child and this happens when the child is expected to be able to control his bladder.

The initial interview of researchers in the Tawang Sari area, Sukoharjo also contained a girl aged 4 years who did not want to defecate in the toilet and chose to use diapers even though the parents had advised repeatedly. Yet every time you urinate, the child is willing and able to urinate in the bathroom. Then, a father of a boy aged ± 4 years in the Colomadu area, Surakarta said that every night his child was put on diapers while sleeping because he was afraid of the child's brain development if the child had to be awakened to go to the toilet. In addition, the child does not look uncomfortable even though his body is soaking wet from bedwetting. This makes the child behave recklessly and does not care even sleep soundly even though it is wet in bed until the parents know the incident. At that time even parents immediately clean the dirt on the mattress and clean themselves children. The parents themselves have actually tried to advise the child but the commitment to not wake the child at night makes parents relaxed towards children.

Associated with the phenomenon of the use of diapers as a waste disposal facility in the body in children, explained by Sharhanis, Turn, McLaughry, Hartin & Hayes (2011) that babies born in America use diapers for about 2.5 years and use an average of 4 years. fruit diapers a day, a total of 1,500 diapers a year, and 3,796 pieces of diapers all her life. In Indonesia, the population is around 220 to 240 million people, so there are an estimated 22 million toddlers and 1/3 of babies in Indonesia who have diaper rash problems.

This is reinforced by the results of a survey that has been done related studies and Behavior Use Diapers Market in Indonesia in 2017 by Sigma Research found diapers into a toddler products with

the highest consumption rate in the amount of 97, 1 %. The potential for developing diapers industry market is estimated to reach Rp 14 trillion in 2017 (Sigma Research, 2017). This is evidence that the use of diapers is considered in meeting the needs of defecating in children and becomes a facility that is easily obtained by parents.

The wrong toilet training design can cause children to become independent to control large and small bowel movements (Riblatt, Obegi, Hammons, Ganger & Ganger, 2003). Hidayat (2008) also explained that the result that generally occurs due to failure of toilet training is that parents treat and provide strict rules for children which can disrupt the child’s personality and make children stubborn and stingy, like parents do not understand the child if the child want to get rid of body poop and forbid the child to poop his body when traveling. Parents who are relaxed in conveying toilet training rules can make children have expressive personalities where children can turn out to be more patient, careless, happy to make trouble, be emotional, and carry out daily activities as they wish.

Then the results of research conducted by Hooman, Safaii & Amini-Alavijeh (2013) that improper age of children in toilet training can cause some problems in children, such as constipation, not going to the toilet, urinary dysfunction, urinary tract infections, and enuresis . The impact of poorly running toilet training can cause a child to experience enuresis or bedwetting until a school- age child so that it affects the child’s behavior and emotional level and impacts on children’s hygiene, which causes complications in the form of infections in the urinary tract (Suprihatin, Astuti & Kristanti, 2015) .

Described by Freud in one of the stages of child development namely at the anal stage which is in the age range of children 1-3 years, children are required to have the ability to control urination and defecation because its implementation can indirectly make children to discipline and process Habitual toilet training can affect one’s character later on (in Hapsari, 2016).

The above description shows that the problem of toilet training in preschoolers exists in those who have succeeded and have not yet succeeded. Thus, it is interesting to study about how the dynamics of the implementation of toilet training in preschool children, including the methods or methods used, factors that influence, and the effect of toilet training implementation.

METHODOLOGY

This research is a research using a qualitative descriptive approach. Pen entuan research informants using purposive where retrieval research informants Air ity certain characteristics. These characteristics include: mothers who have a first child of preschool age and have successful or unsuccessful toilet training , and live with a nuclear family. This research informants numbered 8 people. The demographic data of informants obtained in this study showed in table.

Table 1. Demographic Informant Data

Mother	Age (th)	Education	Occupation	Son	Age (th)	Information	Age of Success (th)
DA	30	S1	Housewife	A (FAA)	± 4	Was successful	± 3.5
RO	24	Elementary school	Housewife	B (AB)	± 5	Was successful	± 4
A	32	High school	Entrepreneur	FA	± 5	Was successful	± 4

T	29	D3	Private	N (MNA)	± 5	Was successful	± 3
AF	25	D3	Housewife	M (LMH)	± 3	Has not succeeded	-
TS	28	D3	Housewife	D (DSM)	± 3.9	Has not succeeded	-
US	29	D3	Private	F (RAE)	± 3.5	Has not succeeded	-
S.	42	S1	Private	ABDN	± 5.5	Has not succeeded	-

The process of collecting data in this study uses semi-structured interviews with the preparation of interview guidelines based on research questions and research objectives that have been predetermined, then developed by researchers in accordance with the conditions when conducting interviews with informants. Data analysis was performed based on the description of Miles and Huberman (in Sugiyono, 2012) with me data reduction , data presentation , and drawing conclusions or data verification . Then the validity of the data is done by conducting a member check or data checking process carried out by researchers to those who provide data to determine the extent of the suitability of the data obtained with the party providing the data (Sugiyono, 2012).

RESULT

The results showed that the dynamics of the implementation of toilet training in successful and unsuccessful preschoolers carried out by working mothers and housewives varied and have their own uniqueness. The emergence of various ways or methods is due to factors that are able to encourage and inhibit and influence the implementation of children's toilet training . Especially in this study divided into several characteristics of preschoolers who have succeeded and have not yet succeeded in toilet training with working mothers and housewives.

The results of research conducted by Onen, Aksoy, Tasar & Bilge (2012) who explained that the things that affect the procedure of implementing toilet training are the level of the family economy, family size, and residence (village or city). In addition, the level of education of the mother, socio-cultural, income level arrangement, family, age of the child, how to do it, place, type of toilet, insight, psychological child, status, and gender also affect.

In this study the results obtained that experience and support from the social environment greatly influenced the implementation of toilet training taught by mothers. The same was stated by Andriyani, Ibrahim, & Wulandari (2014) that environmental factors are very important for human life because the environment is a place for human life, growth and development and the environment also provides sources of human life . And environmental factors are the most dominant factor in influencing the success of toilet training in children.

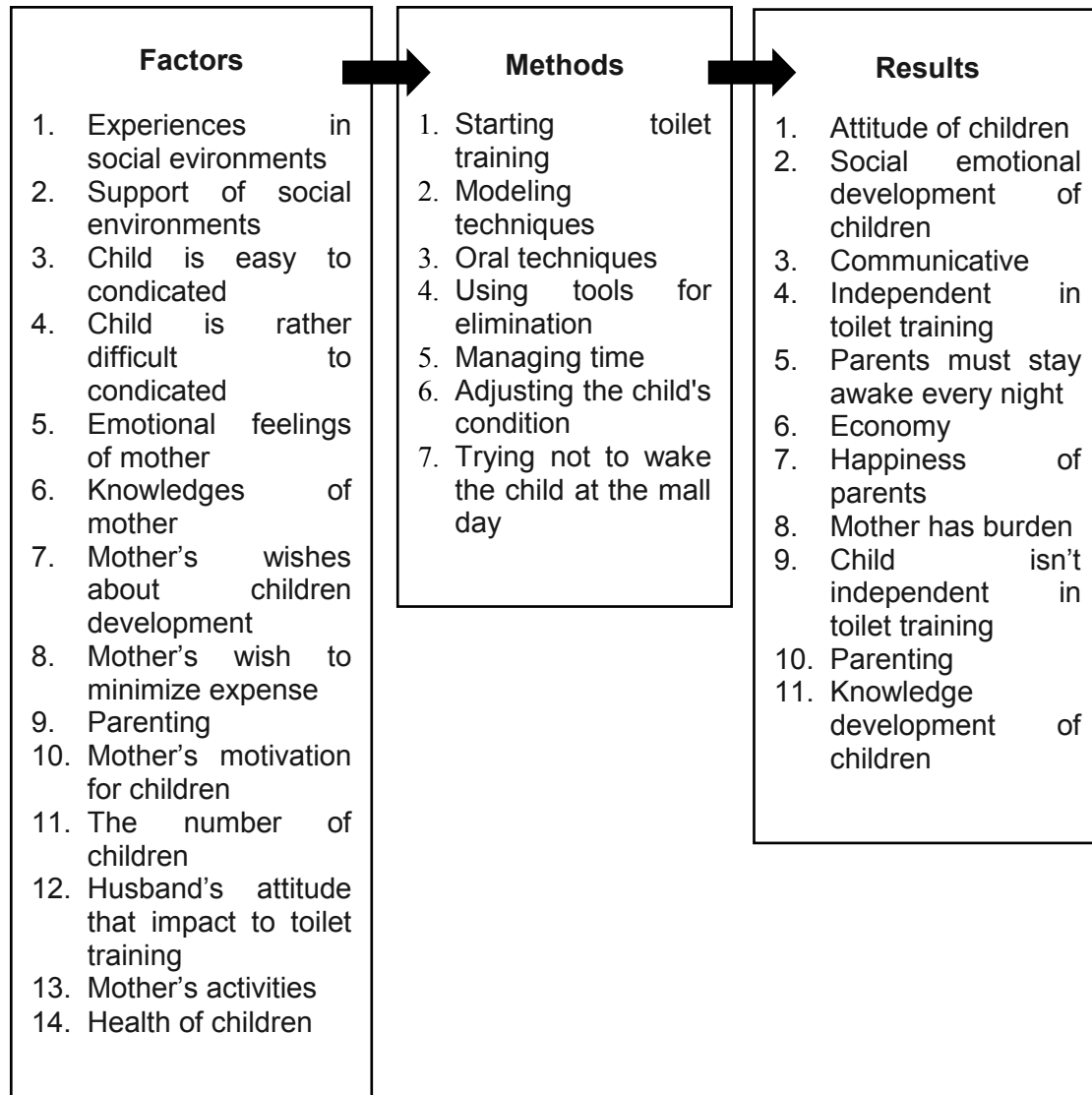


Figure 1. Dynamics of Toilet Training in Preschool

In this study, support from the social environment, especially husbands in children who succeeded in toilet training, also played a big role during the implementation such as taking children to the bathroom, especially at night and when traveling, and conditioning children when children are fussy. The involvement of the husband's role makes mothers feel helped. This is consistent with Lamb's (2010) statement that father involvement is direct contact between children and fathers through how to care for and care for and share joint activities that can have a positive influence on children's development. Especially in this study, all informants are members of families that only consist of father, mother, and child so that fathers are also involved in care. In general it is said that the high involvement of fathers will make joint care more active and psychological factors such as feeling competent as parents owned by fathers will determine the level of fathers involvement (Lestari, 2012). In this study the results obtained from one of the children who have not succeeded in toilet training, that there is also a husband who was actually involved in caring for children but rather recommends to use instant diapers so as not unclean and dirty. There is even a husband who advises not to wake children at night because they are guided by a theory so that children sometimes wet themselves, even though the theory is not necessarily true. In this regard, childcare

is carried out only by the mother and father. Children who are cared for in extended families (extended family) not only lead to the dominance of parents to children, but also the role of care and interference from other family members (Yulion, 2013).

In addition, support from neighbors and parents (grandfather and grandmother) also influences the implementation of toilet training . There was also one who was helped by a baby sitter when the child was a child and teachers at school who had more role in teaching. This is mainly done by working mothers due to time constraints between work and parenting.

Experiences in social settings such as meeting and being advised by pediatricians, experiences of neighboring children who are sick with a UTI, experiences of friends, and experiences of caring for relatives make mothers feel that toilet training is important. This is also supported by the knowledge obtained by mothers from reading references, reading articles, and browsing the internet. These results are consistent with what was revealed by Suryabudhi (2003) which explains that it is very important for mothers to have knowledge about toilet training because of its effect on application to children.

In this study there were six mothers with tertiary education. Then there is also a mother who graduated from elementary school and a mother who graduated from high school, but in fact the child was able to succeed toilet training . The results of the study are supported by research conducted by Iskhomah & Kirwanto (2015), which concludes that education affects the learning process of a person in carrying out toilet training , the higher a person's education the easier the person is to receive information. However, it should be emphasized that someone who has low education does not necessarily mean that he has low level of knowledge.

Attitudes and behavior patterns of children who are easily conditioned make the implementation of toilet training easier for mothers, even though even in successful children there are children who could be fussy and do not want to go to the bathroom during toilet training . This was explained by Hidayat (2008) that the success of toilet training depends on the child and family including physical, psychological, and intellectual readiness. In this study, children are perceived to be cooperative, communicative, understand their condition when defecating and urinating. Although there are several problems such as children who are preoccupied with playing, exhausted from activities, lazy to squat, children are still arbitrary, have not consistently studied, are spoiled, and are not easily comfortable with certain forms of toilets and even toilets in public places.

Besides being influenced by children, it turns out that mothers also have an influence in the implementation of toilet training . The results of research conducted by Andriyani, Viatika, & Darmawan (2016) that the attitude of mothers in implementing toilet training varies depending on factors that influence the attitude of mothers. If the influencing factors tend to be positive, then the mother will also have a positive attitude. Conversely, if the factor tends to be negative, the mother will also have a negative attitude.

In this study it was found that sometimes mothers feel emotional about their children, such as being impatient and angry with their children when they wet the bed, defecating carelessly, and difficult to be conditioned to make children fussy. Conversely, the mother's desire for children such as the desire that the child is accustomed to an activity, independent, responsible children, able to maintain cleanliness, children do not wet the bed, do not use instant diapers, and maintain health make the mother try to teach children toilet training . One informant even stated that the mother had a target for the child to be able to succeed toilet training before her younger sibling was born. This relates to the number of children the mother has in care. The number of children which greatly influences the intensity of parental attention, ie the attention to the child is reduced. The small

number of children will cause the attention of parents to children to be more optimal. However, the small number of children also affects the experience of mothers in providing toilet training, mothers who have children <2 will have limited experience in providing toilet training. One's experience of an event or events can be used as a source of knowledge to obtain a truth of knowledge or information by way of repeating the knowledge acquired (Musfiroh & Wisudningtyas, 2014).

In addition to the desire for children, the mother herself has a desire to be frugal by minimizing expenses for purchasing instant diapers so that mothers try not to apply instant diapers to children. The child's ability to no longer use diapers makes the mother can save expenses so that it can be used to meet other needs. This is explained by Santrock (2012) that a mother with a favorable economic condition can enjoy being with her child and plan things that are fun, so that the economic status of the family influences the pattern of parenting towards children.

The pattern of parenting for mothers who prefer to use diapers makes the success of toilet training not perfect. All informants stated that children were also put on instant diapers when they were little, and some are even still using instant diapers. Whereas several studies have suggested that one of the things that can affect toilet training readiness is the use of instant diapers (Warner & Kelly, 2006).

Implementation of toilet training is done by mothers use various ways or methods. In connection with starting toilet training, the average mother starts teaching toilet training to children at the age of two-three years. This is in accordance with the explanation from Freud in the theory of psychosexual development that during the anal phase or the second phase of child development which ranges from one to three years of life the child is centered on the pleasure of the child where the child will be happy to hold his feces and play with his feces, therefore in the phase this is the right time to teach children about toilet training (Supartini, 2014). But there is also a mother who has taught children to toilet training at the age of six months. Even though at this age children cannot walk and teaching toilet training at an inappropriate age or too early is not good. This is supported by the results of research conducted by Hooman, Safaii & Amini-Alavijeh (2013) that improper age of children in toilet training can cause several problems in children, such as constipation, refusing to go to the toilet, urinary dysfunction, urinary tract infections and enuresis (expenditure).

In addition, the method used by the average mother is to use modeling and oral techniques. Hidayat (2008) stated that the method or technique of teaching the toilet training is to use oral techniques by way of giving instructions with words to the child prior to or subsequent to the bowel and bladder, and a modeling technique that is by imitating or provide an example to children. Oral techniques used by mothers in this study include giving advice so they are not haphazard when defecating and urinating, teaching to tell conditions, limiting drinking, giving an understanding of bowel and bladder, and teaching about genitalia and unclean. While modeling techniques include inviting children to the bathroom, observing biological time, minimizing the use of diapers, teaching starting from how to squat, throwing, flushing dirt, removing and wearing pants, teaching praying, teaching using soap and washing hands even giving praise to children.

In this study, only one mother used a tool to teach toilet training, namely potty training. This is in line with the expression of Wong (2008) which states that there are several seat selection techniques for elimination that can be done, namely the potty chair or toilet, portable seating, and the placement of holes in the bathroom.

There are also mothers who use the method by not waking the child at night with the reason it will interfere with the development of the brain of the child because at night is a time for children to rest. Though this has not been proven to be true. For working mothers, mothers try

to arrange time to be able to care for children when they are not working. Although this is clearly felt to be influential for the success of toilet training . This is consistent with Nursalam's (2013) opinion that having a job on someone will take a lot of time and energy to complete work that is considered important and requires special attention. Parents who are busy with their work cannot play a full role at home and do not have free time to carry out the role of parents properly. It is also the same with some informants who work that feeling tired and emotional because of work makes mothers feel time at home is to rest so that mothers let their children wear diapers and let the child wet during sleep.

In this study children who were taught toilet training not only increased in terms of independence, especially to go to the bathroom, but also in children's development, such as social emotional, and intellectual. The level of independence of each child varies according to their respective development. Some of the children who succeeded in toilet training in this study achieved success ranging from 3-4 years of age . Although there are also children aged 5.5 years who have not yet succeeded in toilet training. Even though Soetjningsih (2014) said that at the age of 5 years, children are expected to be able to control their bladder not to wet their bed. In this study there were children who were truly successful in toilet training such as independently starting from taking off their own pants, going to the bathroom alone, urinating and defecating, watering poop, tapping, wearing pants to getting out of the bathroom without help from parents. . There are also those who still need help from parents even though their children actually can or are not yet able to be independent in terms of toilet training , such as not being consistent to flush feces, smash, not even want to go to the bathroom. Children who have not been successful also still wet the bed even though the time of the incident occurs more at night and still use instant diapers.

In addition, children learn to sympathize and empathize, admit mistakes, be sensitive to their surroundings, children are proud of themselves, confident. This is consistent with the opinion of Erick Erickson (in Santrock, 2012) that the third stage in development is initiative versus guilt because in this stage preschoolers can be expected to be responsible and they are faced with a new challenge that requires them to develop active and purposeful behavior . So if this feeling arises, the child is considered irresponsible and becomes very anxious. In addition, children also develop a sense of shame because they had wet their pants and were ridiculed, and even the child did not want to wait during bowel movements because they felt smelly and ashamed. This is also in accordance with the opinion of Erick Erickson (in Santrock, 2012) that the second stage in children's development is autonomy versus shame and doubt where they begin to express their independence and autonomy after gaining the trust of their caregivers and if the child is too restricted or punished then children will tend to feel shy and doubtful.

Different levels of child development make several stages that have been successfully achieved by children also vary either in terms of toilet training or even in the children themselves. There was an informant who said that children are more communicative during the toilet training process because the children themselves are more quiet and more active in their movements, children are more active in asking questions, and are able to answer questions. In addition, children also not only learn about the success or failure of the toilet training process but also learn about cleanliness, recognize unclean and genitals , and learn to pray even though the results are not yet optimal. At least children's understanding of BAB and BAK has increased because they already know the meaning of BAB and BAK. The results of this study are in line with Mansur's explanation (in Maghfuroh, 2018) that the development of children at the age of 3 to 6 years or preschool experiences the development of language skills, creativity, social awareness, emotional, and intelligence that takes place very quickly and becomes the basis for further development.

In addition to having an impact on children, it turns out that the effect of implementing toilet training also leads to mothers who teach the training. Some informants said that there was a feeling of pleasure and pride in the child even though there were informants who said that the existence of toilet training teaching made the mother feel tired and hassle because they had to accompany the child and clean up when the child wet or defecated carelessly. Although there are several informants who have children who are already independent in toilet training, they say that the success of the child is lightening the burden physically and economically. In addition, several informants also said that the process of implementing toilet training made mothers learn more to understand the child's condition.

This research succeeded in exploring what had never been found before that the dynamics of the implementation of toilet training in this study were more detailed than previous studies because it resulted in the success rate of children's toilet training and the mother's occupational status also varied. The influence of the implementation of toilet training not only affects the level of independence of children in toilet training but also in several aspects of child development, such as social emotional, and intellectual. However, the weakness in this study is the limitations of researchers who only use interview methods that have not been able to describe clearly and coherently how the implementation of toilet training is done everyday.

CLOSING

Based on the results obtained it was found that the influencing factors came from the mother, child and social environment. There are various characteristics of informants such as working mothers and housewives who have first-year children who are successful or unsuccessful preschoolers toilet training and living with the nuclear family, making the methods or methods used are also varied and each informant has a uniqueness so that the influence of its implementation also diverse. Judging from the effect of the implementation of toilet training on informants of this study, it was found that the existence of toilet training not only affects the level of independence of children related to toilet training but also affects the development of children such as social, e-mosional, and intellectual development of children. In addition, the implementation of toilet training also affects the attitudes, actions, and feelings of the mother.

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