

# Analysis of Mother Knowledge and the Role of Parents in Toilet Training Against Enuresis Incidence in Preschool Children at TK AR-ROHIM Kalipepe

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## Analysis of Mother Knowledge and the Role of Parents in Toilet Training Against Enuresis Incidence in Preschool Children at TK AR-ROHIM Kalipepe

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### ABSTRACT

High incidence of enuresis in preschool children is due to several factors, namely education, employment, maternal information sources about toilet training and wrong toilet training practices, which have an impact on the high incidence of enuresis. The purpose of this study was to analyze the knowledge of mothers and the role of parents in toilet training on the incidence of enuresis in preschool children. This research is an analytical observational correlation with research design cross-sectional. The population is all mothers who have preschool age children in TK AR-ROHIM Kalipepe, as many as 40 respondents with a total sample of 36 respondents. The sampling technique uses simple random sampling, with the independent variable, namely knowledge and role, while the dependent variable is the incidence of enuresis. The research instrument used a questionnaire. The results of data analysis to see the relationship between the independent variable and the dependent variable used *me*statistical test *Chi-square* with a significant technique  $\alpha = 0.05$ .

The results showed that of the 36 respondents, most of the mothers' knowledge about toilet training was good, namely 19 people (52.8%), the role of parents towards toilet training was good, namely 27 people (75%) and 20 children (55.6%) experienced enuresis. According to the results of the test, a *chi-square* ( $\chi^2$ ) shows that the *p* value  $> \alpha$  (0.05) and there are cells that have an expected frequency of less than 5. It can be said that *chi-square* test *chi-square* not met. So that the relationship test is guided by the results of the Fisher's Exact Test. Results Exact Sig (2-sided) = 0.644. Because the test value  $> \alpha$  (0.05), it is concluded that  $H_0$  is accepted and  $H_1$  is rejected, meaning that there is no significant effect between knowledge and parental roles on the incidence of enuresis in preschool children in TK AR-ROHIM Kalipepe. So that promotive and preventive efforts from health workers need to be done to be able to reduce the high incidence of enuresis in preschool children.

**Keywords:** Mother's Knowledge, Role of Parents, Incidence of Enuresis

### INTRODUCTION

The problem arising from the failure of toilet training is that many preschool-aged children wet the bed, defecate, and have BAK everywhere even up to school age. This will have a negative impact on children's development in the future. Enuresis (bed wetting) is the involuntary and recurrent urination of urine at an age that is expected to control the urination process without any underlying physical abnormalities. Biologically, kindergarten age children are no longer incontinent because the muscles that regulate urine contraction are fully developed.

According to the National Institutes of Health (2010) the prevalence of Enuresis decreases with age. Enuresis less than twice a week has a prevalence of 21% at about 4 and a half years, and 8% around 4 and a half years and 1.5% around 0.5 years. According to the Children's Basic Health Research (RisKesDes, 2010), it is estimated that the number of children under five who still have difficulty controlling BAK reaches 46% of the total number of children under five in Indonesia. According to the Household Health Survey (SKRT) in 2012, in Indonesia it is estimated that the number of children under five reaches 30% of the 250 million population of Indonesia. The number of children under five who have difficulty controlling BAK and defecating at preschool has reached 75 million. Based on research conducted by Anita (2014), the results of a survey at the study site where mothers or guardians of 15 toddlers aged 4-6 years who were in PAUD Al-Khoiriyah Munggen, found 46.6% (7 toddlers) still wet and 33.4% (8 toddlers) who had not wet the bed. Of the 7 under-fives who have been trained to use the bathroom, 42.8% (3 toddlers) and those who have not been trained to use the bathroom are 57.2%. Of the 8 children who did not wet the bed who had been trained in the bathroom, there were 87.5% (7 toddlers) and 12.5% who were not trained (1 toddler).

Based on preliminary data I took on December 16, 2019 at TK AR-ROHIM Kalipepe, out of 10 children aged 4-6 years, some of them still have the habit of bedwetting (enuresis). Mothers with children aged 4-6 years said that if

3 children (30%) still use diapers and pee in their diapers, 4 children (40%) still wet their pants and 3 other children (30%) can pee in their place. From the results of my interviews with 10 mothers, it was also found that 4 out of 10 mothers showed bad behavior when their children wet the bed, namely scolding them, 3 mothers let their children wet their beds because they had put on diapers and 3 other mothers took their children to the toilet if the child wanted to pee. Most of the mothers do not know about proper toilet training. This is due to many factors including 1) the mother's insufficient knowledge of toilet training, the benefits and proper way of implementing toilet training, 2) the lack of parental roles in being able to do toilet training independently, 3) young mothers patient with children, 4) the age of the child is still too small so that parents think it's okay if the child wet the bed, because later they will not wet the bed if they have entered elementary school and many others.

## METHOD

This study is a correlation analytic study using a cross sectional study design. The population in this study were all mothers who have preschool children in TK AR-ROHIM Kalijepi as many as 40 respondents with a total sample of 36 respondents. The sampling technique used simple random sampling, which was randomized using the lottery system from 40 respondents reduced to 36 people using the formula  $S = \frac{N \times s}{n}$ . This research was conducted on 20-23 July 2020. The variables used in this study were independent variables, namely knowledge and roles, while the dependent variable was the incidence of enuresis. The research instrument used a questionnaire with 16 questions each for knowledge, 18 questions for the role of parents and 7 questions for the incidence of enuresis.

Before distributing the questionnaire, the researcher first asked permission from the TK AR-ROHIM Kindergarten Principal to conduct research on the parents of students. After being approved by the research, the researcher made home visits door-to-door to the respondent's houses accompanied by one of the kindergarten teachers. After arriving at the respondent's place, the researcher re-explains the purpose and purpose of the research, distributes questionnaires and ensures the confidentiality of the respondents. If the respondent agrees, they may sign the consent form provided. After the questionnaire was given, the researcher invited the respondent to read the questionnaire and asked if there was anything that was still not understood from the contents of the questionnaire. After the questionnaire is fully answered, the researcher double-checks the answers from the respondents before tabulating the data. The statistical test used in this study was the chi-square test ( $\chi^2$ ) with a value of  $p < 0.05$ . If the test value  $< \alpha$ , it can be concluded that  $H_0$  is rejected and  $H_a$  is accepted, meaning that there is a significant relationship / influence between the independent and dependent variables. On the other hand, if the test value  $> \alpha$ , it can be concluded that  $H_0$  is accepted and  $H_a$  is rejected, meaning that there is no significant relationship / influence between the independent and dependent variables.

## RESULTS

### A. CHARACTERISTICS OF RESPONDENTS

Table 1: Characteristics of Respondents (General Data) on 20-23 July 2020

Characteristic	N	(%)
<b>Maternal Age</b>		
>20 years	7	19,4
20-25 years	20	55,6
>35 years	9	25
<b>Education</b>		
SD	0	0
SMP	15	41,6
SMA	19	52,8
PT	2	5,6
<b>Parity</b>		
Primipara	19	52,8
Multipara	7	19,4
Grandmultipara	10	27,8
<b>Occupation</b>		
Work	11	30,6
Not working	25	69,4



<b>Information Sources</b>		
Internet	13	36,1
Friends/Relative	18	50
Mass media	5	13,9
<b>Age Children</b>		
4 year	7	19,4
5 year	19	52,8
6 year	10	27,8
<b>Gender</b>		
Male	21	58,3
Female	15	41,7

(Source : *Primary data* obtained during the research on 20-23 July 2020)

Based on table 1 above, it can be seen that most of the respondents are 20 people (55,6%) aged 20-35 years, most of the respondents are 19 people (52,8%) high school education, most of the respondents, namely 19 people (52,8%) have primiparus parity, most of the respondents, namely 25 people (69,4%) do not work, half of the respondents, namely 18 people (50%) received information on *toilet training* from friends / relatives, most of the respondents were 19 people (52,8%) 5 years old children and most of the respondents were 21 people (58,3%) boys.

## B. VARIABLES CHARACTERISTICS

Table 2: Variable Characteristics (Special Data) on 20-23 July 2020

Variable	N	%
<b>Knowledge</b>		
Good	19	52,8
Poor	17	47,2
<b>Role Parents</b>		
Good	27	75
Poor	9	25
<b>Incidence of Enuresis</b>		
Enuresis	20	55,6
Not Enuresis	16	44,4

Based on table 2 above, it can be seen that most of the respondents, namely 19 people (52,8%) have good knowledge about *toilet training*, most of the respondents, namely 27 people (75%) have a good role regarding *toilet training*, but some Large children, 20 (55,6%) experienced *enuresis*.

C. CROSS TABULATION

Table 3: Cross Tabulation between General and Specific Data of Respondents at TK AR-ROHIM Kaiwape on 20-23 July 2020

Characteristic	Mother Knowledge				Role Parents				Incidence Enteritis			
	Good		Less		Good		Less		Enteritis		Not Enteritis	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Maternal Age</b>												
<20 tahun	4	57,14	3	42,86	5	55,56	4	44,44	2	28,57	5	71,43
20-35 tahun	10	50	10	50	12	52,17	11	47,83	10	50	10	50
>35 tahun	5	55,56	4	44,44	2	22,22	7	77,78	4	44,44	5	55,56
<b>Education</b>												
SD	0	0	0	0	0	0	0	0	0	0	0	0
SMP	7	46,67	8	53,33	8	53,33	7	46,67	6	40	9	60
SMA	10	52,63	9	47,37	9	32,14	19	67,86	10	52,63	9	47,37
PT	2	100	0	0	0	0	1	100	1	50	1	50
<b>Parity</b>												
Primipara	7	36,84	12	63,16	11	57,90	8	42,10	8	42,10	11	57,90
Multipara	4	57,14	3	42,86	2	28,57	3	71,43	4	57,14	3	42,86
Grandemultipara	7	70	3	30	5	50	5	50	7	70	3	30
<b>Occupation</b>												
Work	7	63,64	4	36,36	10	64	9	36	13	52	12	48
Not working	13	52	12	48	4	36,36	7	63,64	5	45,45	6	54,55
<b>Information Sources</b>												
Internet	8	33,33	7	46,67	7	50	7	50	2	28,58	9	71,42
Friend/Relative	9	50	9	50	8	42,10	11	57,90	10	52,63	9	47,37
Mass Media	3	100	0	0	0	0	2	20	7	70	3	30
<b>Age Children</b>												
4 years	3	42,86	4	57,14	7	50	7	50	8	57,14	6	42,86
5 years	3	33,33	6	66,67	11	57,90	8	42,10	9	47,37	10	52,63
6 years	5	50	5	50	2	66,67	1	33,33	2	66,67	1	33,33
<b>Gender</b>												
Male	10	55,56	8	44,44	11	64,71	6	35,29	9	50	9	50
Female	9	50	9	50	8	42,10	11	57,90	10	55,56	8	44,44

(Source : Primary data obtained during the research on 20-23 July 2020)

Based on table 3 above, it can be seen if the respondents aged 20-35 years, including 10 people (90%), half of them have good knowledge, most of which are 12 people (52.17%), **role in both toilet training and half (50%) of their children had enteritis**. Respondents with high school education included **10 people (52.63%)**, most of them had good knowledge, but 19 people **(67.86%)** had less roles in toilet training and 10 of them **(52.63%)** had enteritis. Most of the respondents who had primiparous parity, namely 12 people (63.16%) had less knowledge, but 11 people (57.90%) had less role in toilet training and 11 people (57.90%) had no enteritis.

Most of the respondents who did not work, namely 13 people (52%) had good knowledge, but mostly 7 people (63.64%) had less roles in toilet training and most of their children, namely 6 people (54.55%) did not experience enuresis. Half of respondents who got information from friends / relatives were 9 people (50%) who had good knowledge, the role in toilet training, namely 8 people (80%), almost all of them were good and most of them, namely 7 people (70%) children experienced enuresis. Most of the children, namely 6 people (66,67%) were 5 years old, the role of parents was good (57.90%) and the children did not experience enuresis. Most of the children are male, the role of parents is that 11 people (57.90%) are less and 10 children (55.56%) have enuresis.

Table 4: Cross Tabulation of Knowledge Variables and Parents' Role of Enuresis Incidence in TK AR ROHIM Kalipete on 20/23 July 2020

		Incidence Enuresis		Total	
		Enuresis	Not Enuresis		
Knowledge	Good	frequency	11	8	19
		%	(30,5%)	(22,2%)	(52,7%)
	Less	frequency	10	7	17
		%	(27,8%)	(19,5%)	(47,3)
Total		frequency	21	15	36
		%	(58,3%)	(41,7%)	(100%)
Role Parents	Good	frequency	14	6	20
		%	(38,8%)	(16,7%)	(55,5%)
	Less	frequency	7	9	16
		%	(19,5%)	(25%)	(44,5%)
Total		frequency	21	15	36

Based on table 4 above, it can be seen if from 19 people Almost half of those with good knowledge, 11 (30.5%) had enuresis, and almost half of 17 people with less knowledge, 10 (27.8%) had enuresis as well. Meanwhile, based on the role of mothers in toilet training, the results obtained from 20 people who had a good role, namely 14 people (38.8%), almost half of them experienced enuresis and from 16 people who had less roles, namely 9 people (25%) almost half of them did not experience enuresis.

Table 5: Statistical Test Results Between Knowledge and Role of Parents Against Enuresis Incidence on 20-23 July 2020

	Knowledge	Role Parents
<i>P-value</i>	2,773 <sup>a</sup>	0,298 <sup>c</sup>
DF	1	1
Asymp Sig (2-sided)	0,096	0,644
Exact Sig (2-sided)	0,170	0,484

a. Computed only for 2x2 table

b. 2 cell (50.0%) have expected count less than 5. The minimum expected count is 3,79

c. 3 cell (25.0%) have expected count less than 5. The minimum expected count is 2,47

From the results of the statistical test it shows that  $p\text{-value} = 0,096 \geq 0,05$ .  $H_0$  is accepted and  $H_a$  is rejected, meaning that there is no significant effect between knowledge and the role of parents on the incidence of enuresis in



preschool children in TK AR-ROHIM Kalipepe. However, at the bottom of the test table *chi-square* ( $\chi^2$ ) using the 2x2 table, it is found that 2 cells (50.0%) have an expected frequency below 5 and the lowest expected frequency is 3.79. It was also found that 3 cells (75.0%) had the expected frequency below 5 and the lowest expected frequency was 3.79. It can be said that the test conditions *chi-square* are not met. So that the relationship test is guided by the results of the Fisher's Exact Test. The results obtained Exact Sig (2-sided) = 0.644. Because the test value  $> \alpha$  (0.05), it is concluded that  $H_0$  is accepted and  $H_a$  is rejected, meaning that there is no significant effect between knowledge and parental roles on the incidence of enuresis in preschool children in TK AR-ROHIM Kalipepe.

So it can be said that good knowledge and roles do not affect the incidence of enuresis itself in TK AR-ROHIM Kalipepe. Many factors might influence it so that many children still experience enuresis in that place. Whereas according to the theory it says that a person's knowledge greatly influences a person's behavior, if the knowledge is good then the behavior is also good. Good behavior will affect the practice of the knowledge he has so that it has a big influence on children's development (Sapartini, 2011).

## DISCUSSION

### A. Mother's Knowledge in Toilet Training in Preschool Children at TK AR-ROHIM Kalipepe

From the results of the research conducted on July 20-23, 2020 in 36 respondents, the results were 19 (52.8%) well-informed mothers and 17 people (47.2%) had less knowledge about toilet training. This means that the description of mother's knowledge about toilet training in TK AR-ROHIM Kalipepe is mostly good. The results of this study are in line with research by Hidayat (2013) on 58 mothers who have preschool children, which states that the description of mother's knowledge about toilet training is good, namely (60.3%). Toilet training for children is an effort to train children to be able to control their urination or defecation. Toilet training in general can be carried out for every child who has started to enter the independence phase in children. This phase is usually in children aged 1-3 years. By the age of 1-3 years, the ability of the urethral and anal sphincter to control urination and defecation begins to develop. In doing this toilet training, children need physical, psychological and intellectual preparation. From these preparations, children can control defecation and urination independently (Hidayat, 2012).

According to Budiman and Riyanto (2013), a person's knowledge is influenced by many factors, including age, occupation, parity, education, media information and experience. Based on the characteristics of the respondents, it can be seen that most mothers have an age of 20-35 years (55.6%). The average age of mothers between 20-35 years has entered early adulthood, namely the calm period. Quiet times are times when a person experiences greater stability. This developmental task has begun to form families, choose to be parents and raise children because mothers are mentally ready to have children and can be responsible (Potter and Perry, 2014). At this age too, the mother's level of thinking is mature enough according to the opinion of Nursalam and Puriani (2011) which states that the more a person is, the maturity level in thinking is more mature. It can be assumed that mothers can receive information related to toilet training either from the information media or from the surrounding environment.

The second characteristic is education. Most of the mothers had high school education, namely 19 people (52.8%). The results of this study are not different from the results of Faidah's (2014) study, which found that the majority of mothers who have preschool-aged children (44%) with high school education levels. Education is one of the important things needed so that mothers can be more responsive in the development of their children and help determine whether or not a person can easily absorb and understand the information they get.

The third characteristic is parity. Most of the respondents, namely 19 people (52.8%) were primiparous. Not much different from the results of a comparative study conducted by Swathi (2013) which states that most mothers (42%) have one child. The number of children a mother has will affect her mother's experience and will also affect the intensity of mother's attention to her child.

The fourth characteristic is work. Most of the respondents, namely 25 people (69.4%) did not work. Not working is the largest group of types of work in this study (69.4%). In accordance with the results of research from Musfiah (2014), it was found that most (62.5%) mothers work as housewives (IRT). Mothers who do not work will have plenty of time, so that mothers can pay attention to the development of their children. Musfiah in his research explained that work status affects the opportunities and time that mothers use to obtain information about health. Most of the mothers who do not work also determine the amount of mother's knowledge about toilet training. According to



Norsalam and Pariani (2011) a mother who has more free time will have a greater opportunity to get more information and spend more time with her children. So that mothers will find it easier to control children's activities at home and have a better chance of teaching children toilet training at home.

The fifth characteristic is the source of information. Half of the respondents, namely 18 people (50%) received information about toilet training from friends / relatives. This shows that there are still many mothers who have never received information about toilet training directly from health workers so that the information obtained cannot be ascertained. This can make the mother apply the wrong toilet training to the child. A mother's good knowledge about toilet training can also be related to the exposure of the respondent to information obtained from outside, either from the media, the surrounding community or their immediate environment. In this digital era, it is easier for someone to be able to access any information. Most of the mothers who do not work provide wider opportunities for mothers to be able to get the widest possible information. However, because the information obtained is not balanced with accurate data, it is very prone to errors. Therefore, it is very important to seek information from relevant sources so that the information obtained can be justified. Because it will have a huge impact on the ways and patterns of child care in the future. This is in accordance with the theory which states that knowledge or cognitive is a very important domain for the formation of one's actions (*over behavior*). So that the form of action behavior which is based on knowledge will be permanent forever compared to behavior which is not based on knowledge.

### B. The Role of Parents in Toilet Training in Preschool Children at TK AR-ROHIM Kalipepe

Results showed that most of the mother's role in toilet training at TK AR-ROHIM Kalipepe was good, namely (75%). This is indicated by the positive behavior that was carried out when the respondent answered the questions provided in the questionnaire. Most of the respondents correctly answered both positive and negative questions about the role of parents in toilet training. This means that it shows that parents are able to put themselves in the right position in terms of caring for and training children for toilet training.

If seen from the details of the questionnaire on the role of parents about toilet training, most of the respondents, namely 10 people (52.8%), were less in question no.11 regarding the roles of other family members in implementing toilet training. The role of the father here is very lacking. This is because most fathers work and cannot spare their time for their children. So that the attention given is also very lacking. Apart from the lack of a father's role, the mother's lack of understanding about the problem of rewards or gifts given to children as a form of appreciation. Mothers argue that if children do not need to be given gifts because they can spoil the child.

Research conducted shows that the involvement of fathers in the care of preschool-aged children has a major influence on children's development and growth. The role of father is also needed by children in order to be able to overcome any disorders that can be experienced by all children. This requires a father's understanding and high sensitivity to be able to train toilet training at home to overcome enuresis. Further involvement is evidenced by interacting with children and paying attention to children. Active participation is needed by a child from the father to carry out ongoing care from time to time to help and support every stage of his development. According to Widyastuti (2019), giving rewards is not only in the form of gifts / objects but praise and affectionate calls to children is also a form of small reward. This is very important to do in order to encourage children to be even more enthusiastic about practicing.

The role of parents in implementing toilet training can also be seen from mothers who take their children to the bathroom before sleeping at night and after waking up in the morning. Mothers never allow their children not to go to the bathroom before going to bed because they are worried that their children will wet the bed. The role of parents is a set of actions and behavior expected of a father and a mother in helping and guiding children so that children have the enthusiasm and desire to learn. The role of a good parent is a parent who is able to carry out their duties and responsibilities so that one day the child becomes a child who behaves positively. Therefore family education is very important because family is the first environment for their children (Soedjono, 2011).

### C. Incidence of Enuresis in Preschool Children at TK AR-ROHIM Kalipepe

Based on the results of research taken on 20-23 July 2020, from 36 respondents, the results showed that most children (55.6%) still experienced enuresis. Of the 20 children who experienced enuresis, 8 children (40%) wet their



pants and the remaining 12 children (60%) wet their diapers / diapers. From this explanation, it can be said that there are still many children who use diapers / diapers when they are inside and outside the home. That is because diapers / diapers are more practical to use and mothers don't have to bother taking their children to the toilet. This phenomenon is contrary to the opinion expressed by Wasita (2015) which states that children who use diapers / diapers every day or even all the time make it difficult for children to control urination. So that preschool-aged children who use diapers / diapers do not succeed in toilet training and tend to experience enuresis.

From the research results it was also found that most of them, namely 10 children (52.8%) were 5-years old. This is in line with research conducted by Kurniawati et al. (2014) on children aged (4-6 years) at Sekeloa Ratih Kremlangan Jaya Selatan Kindergarten, Surabaya, which stated that (32%) children wet the bed with frequent frequency, (4%) frequently, (36%) rarely and (8%) very rarely. This bedwetting habit will interfere with the child's developmental tasks (Hidayat, 2013). According to The National Institutes of Health in the United States (2015), enuresis (bedwetting) is common in children aged 5 to 6 years, with an incidence of 5 million children worldwide. Meanwhile, according to the IDAI (Pediatric Indonesian Association) in 2016, around 4 years old (30%), around 5 years old (10%) and around 18 years old (1%) are still wet. So it can be said that the incidence of enuresis in TK AR-ROHIM is still very high compared to data according to IDAI (2016).

Enuresis is a disorder in the repeated excretion of urine during the day or night in children over 4 years of age where a child should be able to urinate normally but the child cannot do it so that urine excretion is not in place (Rahwan & Fuji, 2014). According to WHO, enuresis is diagnosed if urine output occurs 2 times a week in children less than 7 years old and once a month in children over 7 years of age (Fitricilia, 2013). Based on data in Indonesia, the number of children under five reaches 30% of Indonesia's 250 million population. And according to the National Household Health Data (KRT), the number of children under five who control defecation and urination of preschool reaches 73 million children. However, there are still 30% of children aged 4 years and 10% of children aged 6 years who are still afraid to go to the bathroom (Sulik, 2017).

Many children still experience enuresis at the age of 4-5 years. This is because there are several factors that influence it, namely immature developmental organs (*external vesical urinary sphincter*) that cannot be controlled, sleep less well, heredity. Apart from that, another factor that influenced it was the unsuccessful toilet training.

The occurrence of enuresis has an unfavorable impact on children's development such as feeling a lack of self, feeling a sense of loss of security, humiliation, embarrassment, tend to be alone and irritable (Paryanti, 2013).

#### D. Effect of Knowledge Capital and the Role of Parents in Toilet Training Against Genesis

##### Enuresis In Preschooler in kindergarten AR-Rohim Kalipepe

Based on the chi-square statistical test between knowledge and the role of parents on the incidence of enuresis showed that *Asymp Sig (2-sided) = 0.096*. Means it can be interpreted if the test value  $> \alpha$  (0.05), which means that there is no significant effect between knowledge and the role of parents on the incidence of enuresis. However, there are still 2 cells (50.0%) and 3 cells (75.0%) whose frequency values are  $< 5$ , so the conclusion is based on the Fisher's Exact Test value. The Fisher's Exact Test value above is the value (*Fexact Sig 2-sided*) = 0.644. If the test value  $> \alpha$  (0.05), it can be concluded that  $H_0$  is accepted and  $H_1$  is rejected, meaning that there is no significant effect between knowledge and parental roles on the incidence of enuresis in preschool children in TK AR-ROHIM Kalipepe. This is evidenced by the results of cross tabulation between variables and the results obtained are that almost half of 19 people with good knowledge, 11 (36.5%) had enuresis and 17 people with less knowledge, almost half, namely 10 people (27.8%) had enuresis too. Meanwhile, based on the mother's role in toilet training, the results obtained from 20 people who had a good role, namely 13 people (38.8%), almost half of them experienced enuresis and 16 people who had less roles, namely 9 people (25%) almost half of the children did not experience enuresis.

The results of this study are not in line with research conducted by Susi Susanti (2019), namely that of 28 mothers (65.1%) who had good knowledge of children who did not experience enuresis as many as 25 children (58.1%) and vice versa mothers who had less knowledge of toilet training, namely 15 mothers (34.9%) children experienced enuresis as many as 10 children (23.3%). The statistical test results obtained if the p value is 0.000 or the test value is  $< \alpha$  (0.05), it can be concluded that there is a significant influence between knowledge and the incidence of enuresis. And regarding the role of mothers in toilet training against the incidence of enuresis, it is not in accordance with the research conducted by Sundari (2016), namely, of the 26 respondents, most of them (57.7%) had a poor



parental role in toilet training and enuresis (57.7%) : the child experiences enuresis. The results of Fisher's Exact test p value = 0,000 <  $\alpha = 0,05$  so that  $H_0$  rejected and  $H_1$  accepted means that there is a relationship between the parent role in toilet training with the incidence of enuresis (bedwetting).

Good knowledge from parents is a very supportive factor in the success of toilet training and reduces the incidence of enuresis. Where the higher the level of parental knowledge, the better the tendency to teach toilet training. If the parents' knowledge about toilet training is good, the behavior in its implementation will also be good. So as to be able to train children **habislah** training **proyektif** children not to wet the bed. Likewise, on the other hand, if the parents' knowledge is not good in toilet training, which is balanced with the role of being a parent, the child will wet the bed. This is because the level of knowledge is able to make a person place himself in certain situations and the higher the level of knowledge, the person will be able to establish himself and be able to carry out his role as a good parent for his child (Kyle and Charman, 2012).

The role of parents who are good in implementing toilet training, but children still experience enuresis, it depends on the child himself. The readiness of a child to do toilet training can be seen from whether the child is physically **maternal** biologically. **Even though** the child has been taught **consistently** by the parents, **however**, **if** **the** **child** **is** **not** **yet** **physically**, **so** **it** **is** **difficult** **for** **the** **child** **to** **learn** **quickly** **about** **toilet** **training**, **because** **each** **child** **is** **different** **in** **terms** **of** **physical** **conditions**. **biological**. On the other hand, the role of parents is not good in implementing toilet training, but the child does not experience enuresis depending on the child's physical and mental self. **Even though** the child is **not** **properly** **taught** **by** **these** **parents**, **the** **child** **is** **ready** **and** **enthusiastic** **to** **practice** **independently**. **children** **is** **a** **good** **stimulation** **to** **improve**, **so** **it** **is** **not** **impossible** **that** **the** **child** **will** **be** **able** **to** **do** **toilet** **training** **on** **their** **own**.

According to the assumptions of the researchers, the incidence of enuresis is still high in TK AR-ROHIM Kalipepe due to several factors, including parental readiness, the role of other family members who are lacking and the use of diapers / diapers. **In** **study**, **It** **is** **found** **that** **most** **of** **the** **respondents**, **namely** **10** **people** **(52,8%)**, **often** **scolded** **their** **children** **when** **wetting** **the** **bed**. **Often** **scolding** **children** **will** **be** **able** **to** **disturb** **children's** **emotions**. **Children** **with** **enuresis** **will** **feel** **reduced** **self** **esteem** **and** **lack** **of** **self** **confidence**, **especially** **in** **older** **children** **and** **girls**. According to him, the self-confidence of children who experience enuresis can be exacerbated by the attitude of parents who are less tolerant of their child's condition. According to DSM IV (2010), parents who have bedwetting children usually pay less attention to the toilet training process. They even tend to blame the child if the child wet the bed, which makes the child even more depressed. **Even** **children** **try** **to** **hide** **their** **pants** **or** **diapers** **for** **fear** **of** **being** **scolded** **or** **blamed**.

The use of diapers / diapers also affects children experiencing enuresis. **found** **mother** **mothers** (66.67%) were still wearing diapers / diapers at home and outside the house. Most parents prefer to **put** **diapers** **on** **their** **children**, especially when traveling because it is considered practical and safe. Clothes of children and parents do not get wet quickly. However, the use of diapers actually interferes with the toilet training learning **proyektif**. Because as if children are welcome to defecate or defecate whenever they want. In fact, in many cases, because they had **not** **many** **diapers**, parents tend to leave their children to BAK everywhere (Kurniawati, 2018).

Many parents do not understand the right time to teach **toilet training** to children. They think that these abilities are **instilled** **by** **themselves**. **But** **actually** **toilet training** **requires** **intense** **guidance**, **time** **and** **patience**. According to (Subardiah, Lestari, 2019). Apart from the mother as the closest person to the child, the role of other families such as father, grandfather, grandmother or other family members in the house and being close to the child is very important. According to researchers, the role of other family members must be able to provide the best role for their children. The role of other family members is also needed by children in order to be able to **overcome** **any** **disturbances** **that** **can** **be** **experienced** **by** **all** **children**. **This** **requires** **family** **understanding** **and** **high** **sensitivity** **to** **be** **able** **to** **practice** **toilet training** **at** **home** **to** **overcome** **enuresis**. **The** **involvement** **of** **other** **family members** **is** **evidenced** **by** **providing** **special** **time** **for** **children**, **interacting** **with** **children** **and** **paying** **attention** **to** **children**.

Active participation is needed by a child from all family members to provide **optimal** **care** **from** **time** **to** **time** **to** **help** **and** **support** **each** **stage** **of** **their** **development**. Families can seek information about teaching proper and proper toilet training to children, so the family will be able to teach successful and correct toilet training (Hidayat, 2005 in Syamrotul, 2015). According to researchers, the role of the family affects toilet training in children because the cooperation of all family members will affect the success of toilet training itself.

## CONCLUSION



From the results of research conducted on 36 respondents in TK AR-ROHIM Kalipepe, it can be concluded that most of the respondents, namely 19 people (52.8%) have good knowledge, most of the respondents 27 people (75%) have a good role in *toilet training*, and most of the respondents, namely 20 people (55.6%), had *enuresis*. Based on the statistical test *Chi-square*, it was found that there was no significant relationship between maternal knowledge and the role of parents on the incidence of *enuresis* in preschool children in TK AR-ROHIM Kalipepe. For the research results that have been described by researchers, it can be used as a source of information about how to deal with *enuresis* / bedwetting in preschool children independently at home and there are joint efforts by health workers in health facilities to treat *enuresis* in preschool children.

#### ACKNOWLEDGMENT

##### 1. For Researchers

From the results of the research, it is hoped that researchers will be able to go directly to the field to provide health education or counseling to the public, including basic knowledge of toilet training and proper toilet training techniques.

##### 2. For Respondents

The results of the research that have been described by the researcher can be used as a source of information on how to deal with *enuresis* / bedwetting in preschool-aged children independently at home. Be more proactive in involving the father or other family members in the care and try to avoid stress in the family. As a parent, you must be patient and persistent in dealing with all forms of child behavior, be it good or bad things. For example, guiding children to toilet training every day or even dealing with children when they wet the bed. Avoid being rude to children even to the point of getting angry if the child wets the bed. This can have a negative impact on the child's psychological condition, for example, the child lacks confidence, is quiet and tries to cover up his mistakes for fear of being scolded.

##### 3. For Further Researchers

It is hoped that the next researcher will examine other variables that can influence bedwetting habits in preschool-aged children such as children's psychological factors, children's emotional factors, genetic factors, family factors, and even health workers themselves.

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