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The Influence of Video Modeling on Mother's Ability in Readiness to Implement Toilet Training in Toddler Age

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Video Modeling, Toilet Training, Knowledge, Attitude, Action, Ability

ABSTRACT
Toddler age (1-3 years) is the golden age because children at This age experience very rapid growth and development. One of the developmental tasks during toddlerhood is toilet training (Khaironi, 2018). Defecation or urination training for children really requires preparation for the mother, both physically, psychologically and intellectually. Quantitative research with a quasi-experimental approach with control group design. Pre-test and post-test control group research design. The sampling technique was purposive sampling involving 100 respondents. The results of data analysis using the Wilcoxone test showed a p-value of 0.000 (p<0.05) for the variables knowledge, attitude, mother's actions, and child's abilities. Before or after being given intervention in the experimental group using video modeling. These results show that Ha is accepted and H0 is rejected so it can be interpreted that there is an influence of providing video modeling on mother's knowledge, attitudes, actions, and child's abilities in the mother's readiness carry out toilet training at toddler age. Statistical test results in the control group shows a value of 0.002 (p<0.05) at knowledge variable which means the toilet training ability value In the control group there was an increase before and after administration intervention. Then on the variables of attitude, mother's actions, and child's abilities obtained was 0.001 (p<0.05). This means that there was an increase before and after the intervention was given the control group used the booklet.

INTRODUCTION

Toddler age (1-3 years) is the golden *age* because child in this age experiences very rapid growth and development. One oftask development during *toddlerhood* is *toilet training* (Khaironi, 2018). ExerciseDefecation or BAK in children really requires preparation for the mother, both physically physical, psychological and intellectual. Through this preparation, children are expected to can control the ability to defecate or urinate independently. *Toilet* success *training* depends on readiness from self child and family, especially Mother, like Physical readiness means that the child is strong and capable. Likewise with readiness psychology where every child needs a comfortable atmosphere to be able to control and concentrate on defecating or urinating (Andriyani, Ibrahim, & Wulandari, 2017).

The facts of the current condition illustrate that most parents *are lacking*play an active role and

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do not understand readiness to urinate and defecate children (Mendur P, Rottie, & Bataha, 2018). Some parents have habits Which not enough appropriate in throw away water big And throw away water small, so that cause child throw away water small And throw away water big pants No give know Mother or child throw away water small And throw away water big while cry. Condition theThis may be due to the mother's lack of knowledge regarding how to train throw away water big And throw away water small child, so that cause person old give attitude negative in practice *toilet training* on child even There is also those who never give *toilet training* to their children (Susilowati & Pratiwi, 2016). Based on fact from study the, so giving information as method increase knowledge very important for given, because this will affect the implementation of *toilet training* on child. A mother who has a good level of knowledge means she has a good understanding of the benefits and impacts *of toilet training,* so that mothers will have a positive attitude towards the concept of *toilet training* (Musfiroh & Graduation, 2014).

Riskesdas data in 2018, the number of toddlers in Indonesia was 30% of the total 250 million Indonesian citizens. West Nusa Tenggara is the province with the largest number resident the most 2nd in Indonesia, with amount toddler on year 2019 that is, as much as 2,280,239 soul. Data which obtained from West Nusa Tenggara Province Central Statistics Agency, amount toddler in West Nusa Tenggara on year 2020 reach 506,146 people. Researchers do taking data beginning on date 23 January 2022 with interviewed mother and child program holders at the Woha Community Health Center. The result shows that the number of toddlers under the Woha Health Center Area is 156 people. The maternal and child service program at the Woha Community Health Center is carried out through collaboration between posyandu cadres which is carried out at the beginning of every month, but for education on BAK preparation or *toilet training* is known to have never been given toMother which own child age 1-3 year. Researcher do interview onseveral mothers in local residents' homes and it is known that 4 respondents out of 5 Mother Still own habit Which not enough appropriate in practice child *toilet training,*for example Mother seen not enough responsive If his son throw away water, angry And snappedchild moment child No can do throw away water on the place, And etc. Lack of parental role in the child's *toilet training phase* can lead to problems on *toilet training failure.*

Various efforts have been made to overcome *toilet training failures* among others other through counseling, demonstration and stimulation on Mother. Matter This in line withstudy Which done by (Sintawati, 2016) Which use method counseling as stimulation For increase readiness Mother in teach *toilet training* to their children, which shows improvement after being given stimulation in the form of counseling. Another study conducted using the psychoeducation method by (Machmudah, 2017) showed the results after being given psychoeducation in the treatment group that mothers' knowledge increased after being given psychoeducation. Then regarding children's toileting abilities, the results show that children's ability to carry out *toilet training* increases after being given psychoeducation.

Use *modelling videos* as alternative learning/shaping behavior new give stimulus senses eye, hear and senses other fasteraccepted by the respondent. One of the *video modeling functions* can be used for train *toilet training skills* in mothers and children. Lots of *video modeling* applied because respondents can immediately see and remember what is seen through impressions the And apply it Because videos exemplify the meaning of the flow of steps to the respondent, so that the respondent can quickly catch what is given through the video. Additionally, steps *toilet training* can combined with technique film other like animation which combine picture silent and movement, as well as can played repeat (Nurfajriyani, Prabandari, & Lusmilasari, 2016).

Use *Video modeling* to support the success of *toilet training* is also carried out by (Nurfajriyani et al., 2016) with the results of the video model having an impact on improvement higher urination and defecation skills compared with oral techniques. Based on the basic assumption that *video modeling* is capable increasing mothers' ability to prepare children's *toilet training,* researchers interested for research "influence *modelling videos* animation to increased capabilities Mother in readiness implementation *toilet training* on child *toddler* age".

This research *aims* general to know the influence *modelling videos* to ability Mother in readiness to carry out *toilet training* on aged child *toddlers.*

It is hoped that this research can provide a contribution to thinking as well as as a basis for the development of child nursing related to improving readiness *toilet training* on Mother and child through education *modelling videos.*

METHODE STUDY

A. Design Study

Study this is type study quantitative with approach quasiexperimental *with control group design.* Research design used is *pre-test* and *post-test controls groups design.* Group experimental given treatment form media videos and booklets while the control group received treatment form giving booklet.

Table 1
Design study pre-post test *control groups design*

Subject	Pre-test	Intervention	Post-test
KA	O	I	O1-A
KB	O	-	O1-B
	Time 1	Time 2	Time 3

Table 2
Information on Research Design

Information :	
KA :	Subjects (patients who received video and booklet education)
KB :	Subject (patient Which in education Booklet) control
- :	Treatment like normal
O :	Observe the level of readiness and increase in capability
I :	Intervention (*video modeling*)
O1-A :	Observation level readiness And enhancement ability aftergiven *modeling* intervention *videos*
O1-B :	Observe the level of readiness and increase in capabilitiesgroup who does not given intervention *video modeling*

B. Population, Sample (inclusion, exclusion criteria), Sampling Size (sample size) and Collection Technique Sample (sampling)

1. Population
   Nursalam (2017) believes that the research population is the subject(man or client) Which fulfil criteria Which in set in This study involved mothers and children entering *toddler age* at Posyandu region Work Public health center Wow.
2. Sample Study
   The sample is an affordable population that can be used as a sample subject study through sampling (Nursalam, 2017). Sample whichused in this research were mothers and children who were entering their age *toddlers* in Integrated Healthcare Center region Work Public health center Wow.
3. Sampling
   Study this use technique taking *nonprobability sampling* with a *purposive sampling method.* Objective in technique *purposive sampling* is to get samples which more homogeneous.

C. Research variable

Variable is behavior or characteristics which give mark different. To something (object, humans, and etc) (Nursalam, 2017)

1. Independent variable
   Variable independent (variable free) is variable which influences or its value determines other variables. In this research variable independent i.e viewing animation *video modeling.*
2. Dependent variable
   The dependent variable (dependent variable) is the variable that is influenced value determined by variable other. Variable dependent in study this that is readiness *toilet training* Mother, includes knowledge, attitude, and action, as well as ability *toilet training* child.

D. Research Tools and Materials

The *tools* and materials used in this research are laptops,questionnaire, SAK, speakers and tutorial video *toilet training.*

E. Research Instruments, Reliability Test and Validity Test

1. Questionnaire demographics
   This questionnaire relates to the identity of the respondent including; name (initials), age, education level, and work, then identity child includes; age,type and gender.
2. Mother's knowledge questionnaire about *toilet training*
   The questionnaire in this research was adapted from research by Sri Fitdiyah Ningsih (2012) with the title The Relationship between Mother's Knowledge and Behavior in Using *the Toilet Training* on Bedwetting Habits in *Toddler* Village Children Babakan City Tangerang (Ningsih, 2012). Questionnaire This using the Guttman scale, with answers such as True-False, Yes-No, Never-Never, Positive- Negative, High-Low, Good-Bad, and so on (Djaali, PD, & Muljono, 2007). Study this use type answer True False For know how much mother's knowledge about *toilet training.* Mother's knowledge questionnaire about toilet training consists of 10 questions consisting of positive and negative statements. If the respondent's answer is correct, they are given a score of 1 and if the respondent's answer is incorrect, they are given a score of 0, so the maximum score is 10 and the minimum score is 0. Determination criteria evaluation with use the formula is as follows;

   Intervals Class (IK) = Maximum Score (Senior high school) – Score Minimum (Smi)
   Amount Category

   Information:
   1. Maximum Score (Sma) : Number of question items x Highest score
   2. Minimum Score (Smi) : Number of question items x Lowest score

   Based on categorization in on, so can concluded that:
   1. Knowledge less : score 0-4
   2. Knowledge sufficient: score 5-6
   3. Knowledge Good : score 7-10
3. Questionnaire attitude Mother in apply *the toilet training*
   This questionnaire was adapted from Sri Fitdiyah Ningsih's (2012) research on the Relationship between Mothers' Knowledge and Behavior in Implementing Toilet Training and Bedwetting Habits in Toddler Age Children in Tangerang City (Ningsih, 2012). This questionnaire uses a Likert scale with positive and negative questions (Djaali, PD, & Muljono, 2007). The Likert scale was used to determine mother's behavior in implementing *toilet training.* This questionnaire consists of 11 questions, with a maximum score of 55 and a minimum score of 11.
4. Questionnaire action Mother in implementation toilet training
   Questionnaire This adapted from study Binarwati (2006) about Demonstration Method Learning for Changes in Parental Behaviorand modified *toilet training abilities for* toddlers based on (Wong, Whaley, & Mosby-Year Book., 1996) in *Nursing Care of Infant & Children.* Data which has collected then tabulated.
5. Questionnaire ability *toilet training* children
   Questionnaire This adapted from study Binarwati (2006) about Demonstration Method Learning To Change Behavior Person Age and Ability *Toilet Training* for *Toddler Age Children* in the form of a sheet modified questionnaire based on (Wong et al.,1996) in *Nursing Care of Infant & Children.*

F. Research Location and Time

Study done in Integrated Healthcare Center region Work Public health center WowFebruary - July 2023. Research on *modeling animated videos* for mothers to increase children's *toilet training readiness.*

G. Data analysis

Data which has collected then analyzed connection betweenvariable. Researchers carried out a normality test using the Kolmogorov-Smirnov test and obtained results on the knowledge variable with a sig value. 0.000 > 0.05, for the attitude variable the sig value. 0.000 > 0.05, in the action variable the sig value. 0.000 > 0.05, for the child's ability variable the value is sig. 0.006 > 0.05. Based on these results, it indicates that the data is not normally distributed so the researchers used a test *Wilcoxon.*

RESULTS

A. Research result

Based on research conducted by researchers, general data was obtained including the characteristics of respondents consisting of age, level of education, occupation, knowledge, attitudes, and actions of mothers and children's abilities before and after intervention in the form of *animated video modeling.*

B. Data on Mother's Characteristics in Readiness for Implementing Toilet Training at Toddler Age at PKM Woha Kab. Bima in 2023

Table 1
Characteristics of respondents based on age, education level and employment at PKM Woha Kab. Bima in 2023

Variable	Experiment		Control	
	n	%	n	%
Age				
18 - 25 years old	10	20	13	26
26 - 30 years old	19	38	20	40
31 - 35 years old	14	28	11	22
36 - 40 years old	7	14	6	12
Level of education				
JUNIOR HIGH SCHOOL	6	12	7	14
SENIOR HIGH SCHOOL	19	38	20	40
PT	25	50	23	46
Work				
IRT	13	26	13	26
Private	13	26	12	24
Honorary	10	20	11	22
Civil servants	14	28	14	28

Based on table 1 of 100 respondents, 50 experimental respondents and 50 control respondents, almost half of the respondents' ages were in the 26-30 year age range, 19 people (38%) in the experimental group and 20 people (40%) in the control group, the education level of the respondents half of them were PT (University) as many as 25 people (50%) in the experimental group and almost half as many as PT (Higher Education) as many as 23 people (46%) in the control group. The jobs of almost half of the civil servant respondents were 14 people (28%) in the experimental group and the control group.

C. Data on Characteristics of Toddler Age Children in Readiness for Implementing Toilet Training at PKM Woha Kab. Bima in 2023

Table 2
Characteristics of toddler age children based on age and gender at PKM Woha Kab. Bima in 2023

Variable	Experiment		Control	
	n	%	n	%
Age				
12 - 23 months	18	36	17	34
24 - 36 months	32	64	33	66
Gender				
Woman	31	62	29	58
Man	19	38	21	42

Based on table 2, in the experimental group and control group, the majority of toddler age children were in the 24-36 month age range, 32 children (64%) in the experimental group, and 33 children (66%) in the control group, and the gender of the children in the experimental group. The experimental group was mostly female with 31 children (62%) and in the control group there were 29 children (58%).

D. Frequency Distribution of Mother's Knowledge, Attitudes, Actions, and Children's Abilities Before and After Being Given Video Modeling on Mothers' Ability to Prepare for Toilet Training at Toddler Age at PKM Woha Kab. Bima in 2023

Table 3
Frequency distribution of knowledge, attitudes, actions of mothers, and children's abilities before and after being given *video modeling* on mothers' abilities in readiness for *toilet training* at *toddler age* at PKM Woha Kab. Bima in 2023

Variable	Experiment				Control			
	Pre Test		Post Test		Pre Test		Post Test	
	n	%	n	%	n	%	n	%
Mother's Knowledge Mean ± SD	4.68 ± 1.168		8.98 ± 1.378		4.66 ± 1.171		6.86 ± 1.578	
Tall	0	0	44	88	0	0	26	52
Currently	31	62	6	12	30	60	20	40
Low	19	38	0	0	20	40	4	8
Mother's attitude Mean ± SD	27.54 ± 5.195		44.36 ± 8.007		27.54 ± 5.195		40.52 ± 9.163	
Good	0	0	34	68	0	0	32	64
Enough	32	64	16	32	32	64	17	34
Not enough	18	36	0	0	18	36	1	2
Mother's Actions Mean ± SD	27.54 ± 5.195		44.36 ± 8.007		27.40 ± 5.264		37.34 ± 7.102	
Good	0	0	34	68	0	0	33	66
Enough	32	64	16	32	32	64	17	34
Not enough	18	36	0	0	18	36	0	0
Children's Abilities Mean ± SD	16.88 ± 2.833		26.42 ± 3.737		16.48 ± 2.929		22.60 ± 4.969	
Good	0	0	37	74	0	0	30	60
Enough	34	68	13	26	30	60	19	38
Not enough	16	32	0	0	20	40	1	2

Based on table 3, it was found that the majority of mothers' pre-test knowledge before being given *toilet training video modeling* was in the medium category, namely 31 people (62%) in the experimental group with an average pre-test score of 4.68 with a standard deviation of 1,168 and 30 people (60%) in the control group with an average pre-test score of 4.66 with a standard deviation of 1.171. Then, after being given *toilet training video modeling,* a post-test was carried out, almost all of the mothers' knowledge was in the high category, as many as 44 people (88%) in the experimental group with an average post-test score of 8.98 with a standard deviation of 1,378 and as many as 26 people (52%) in the control group with an average post-test score of 6.86 with a standard deviation of 1.578. In the attitude variable before being given *toilet training video modeling,* the majority of respondents were in the sufficient category, 32 people (64%) in the experimental group with an average pre-test score of 27.54 with a standard deviation of 5,195 and 32 people (64%) in the control group. with an average pre-test score of 27.54 with a standard deviation of 5.195. Then, after being given *toilet training video modeling,* a post test was carried out, most of the mothers' attitudes were in the good category, as many as 34 people (68%) in the experimental group with an average post-test score of 44.36 with a standard deviation of 8.007

and as many as 32 people (64%) with The average post-test score is 40.52 with a standard deviation of 9.163. In the maternal action variable, the majority of respondents were in the sufficient category, 32 people (64%) in the experimental group with an average pre-test score of 27.54 with a standard deviation of 5.195 and 32 people (64%) in the control group with an average score. pre-test 27.40 with a standard deviation of 5.264. Then, after being given *toilet training video modeling,* a post test was carried out, most of the mothers' actions were in the good category, as many as 34 people (68%) in the experimental group with an average post-test score of 44.36 with a standard deviation of 8.007 and as many as 33 people (66%) in the control group with an average post-test score of 37.34 with a standard deviation of 7.102. In the child ability variable, the majority of respondents were in the sufficient category, 34 people (68%) in the experimental group with an average pre-test score of 16.88 with a standard deviation of 2.833 and 30 people (60%) in the control group with an average score. pre-test 16.48 with a standard deviation of 2.929. Then, after being given *toilet training video modeling,* a post test was carried out, most of the mothers' attitudes were in the good category, 37 people (74%) in the experimental group with an average post-test score of 26.42 with a standard deviation of 3,737 and 30 people (60%) in the control group with an average post-test score of 22.60 with a standard deviation of 4.969.

E. Results of the Normality Test of Knowledge, Attitudes, Actions and Abilities in the Experimental Group and Control Group Before and After Being Given *Video Modeling* on Mothers' Ability to Prepare for *Toilet Training for Toddler* Age Children at PKM Woha Kab. Bima in 2023

Table 4
Normality Test Results of Children's Knowledge, Attitudes, Actions and Abilities Before and After Being Given *Video Modeling* on Mothers' Ability to Prepare for *Toilet Training at Toddler* Age at PKM Woha Kab. Bima in 2023

Group	n	p value	Sig value.
Pre-test experimental knowledge	50	< 0.05	,000
Post-test experimental knowledge	50	< 0.05	,000
Pre-test experimental attitude	50	< 0.05	,004
Post-test experimental attitude	50	< 0.05	,000
Pre-test experimental action	50	< 0.05	,002
Post-test experimental action	50	< 0.05	,000
Pre-test experimentation capabilities	50	< 0.05	,000
Post-test experimentation capabilities	50	< 0.05	,000
Pre-test control knowledge	50	< 0.05	,000
Post-test control knowledge	50	< 0.05	,000
Pre-test control attitude	50	< 0.05	,002
Post-test control attitude	50	< 0.05	,001
Pre-test control measures	50	< 0.05	,001
Post-test control measures	50	< 0.05	,000
Pre-test control ability	50	< 0.05	,000
Post-test controllability	50	< 0.05	,006

The normality test results in table 4 show that the experimental pre-test, experimental post-test, control pre-test, control post-test values have sig. < 0.05 means that the data is not normally distributed on the variables of knowledge, attitudes, maternal actions and child abilities.

F. Analysis of the Average Value of Knowledge, Attitudes, Actions and Abilities on Mothers' Ability to Prepare for Toilet Training at Toddler Age At PKM Woha Kab. Bima in 2023.

Table 5
Mean value of knowledge, attitudes, maternal actions, and abilities in the experimental group and control group before and after being given *video modeling* of mothers' abilities in readiness for *toilet training at toddler* age at PKM Woha Kab. Bima in 2023

Group	Experiment		Control		*p* value
	pre-test	post-test	pre-test	post-test	
Knowledge	0,000		0.002		0,000
Attitude	0,000		0.001		0.02
Action	0,000		0.001		0,000
Ability	0,000		0.001		0,000

The results of statistical tests using *Wilcoxon* showed that the sig. (2-tailed) value obtained was 0.000 (p<0.05) for both knowledge, attitudes, maternal actions and children's abilities, which means there is enhancement before nor after givenintervention ongroup experiment using *video modeling.* These results show that H_a is accepted and H_0 is rejected, so it can be interpreted that there is an influence of providing *video modeling* on the mother's knowledge, attitudes, actions and the child's ability in the mother's readiness to carry out *toilet training* at *toddler age* (1-3 years) at PKM Woha Kab. Bima in 2023. Meanwhile, the results of statistical tests in the control group showed a sig. (2-tailed) value obtained of 0.002 (p<0.05) on the knowledge variable means mark ability *toilet training* ongroup experiments exist enhancement before nor after givenintervention . Then the attitude, mother's action and child's ability variables show a sig. (2-tailed) value obtained of 0.001 (p<0.05) which is means there is enhancement before nor after givenintervention on group control using the booklet.

Data analysis of differences between the treatment group and the control group using the *Mann* Whitney *Test statistical test,* shows that the results *p value* = 0.000 so p < 0.05 so that can concluded that there is level differencelevel knowledge, mother's actions, and child's abilities between treatment group and group control. Then the mother's attitude shows that the results *p value* = 0.02 so p < 0.05 so that can concluded that there is level differenceattitude between treatment group and group control.

Discussion

1. Identify maternal characteristics based on age, education level, and employment at PKM Woha Kab. Bima in 2023

   Based on table 4.1, almost half of the respondents' ages were in the 26-30 year age range, 19 people (38%) in the experimental group and 20 people (40%) in the control group. In implementing *toilet training,* social maturity is one of the supporting aspects.

   Then it can be seen that the majority of parents' education is in the PT (Higher Education) category, as many as 25 people (50%) in the experimental group and almost half of them are PT (Higher Education) as many as 23 people (46%) in the control group. According to Lestari (2018), the mother's education level also determines whether it is easy for someone to absorb and understand the knowledge they gain from family interests. Education itself is very necessary for someone to be more responsive to child development problems, one of which is the implementation of *toilet training* in the family. The level of education will correlate with the level of knowledge. Where mothers who have good knowledge about *toilet training* will have an impact on how quickly mothers can practice *toilet training* Early on, this has a positive impact on both mother and child, namely that the child can be independent do *toilet training.*

   The jobs of almost half of the civil servant respondents were 14 people (28%) in the experimental group and the control group. Based on this data, it shows the economic condition of the parents. Good economic conditions for parents can provide adequate facilities in supporting children's needs in *toilet training* (Rahayu, 2021).
2. Identify characteristics of toddler age children at PKM Woha Kab. Bima in 2023

   Based on table 2, in the experimental group and control group, the majority of toddler age children were in the 24-36 month age range, 32 children (64%) in the experimental group, and 33 children (66%) in the control group, and the gender of the children in the experimental group. The

experimental group was mostly female with 31 children (62%) and in the control group there were 29 children (58%). In implementing *toilet training,* social maturity is one of the supporting aspects. According to the research results of Dewi & Argadireja (2019) one of the factors that influences social maturity is age and gender, where boys tend to be slower when it comes to *toilet training.*

3. Identify mother's previous knowledge, attitudes, actions and abilities And after given *video modeling intervention*

   Based on table 3, it was found that the majority of mothers' pre-test knowledge before being given *toilet training video modeling* was in the medium category, namely 31 people (62%) in the experimental group and 30 people (60%) in the control group.

   Based on this data, respondents No Enough know and answer with Correct question which given. Category the medium indicated by the achievement of low scores on several aspects of questions regarding understanding toilet training, the normal age limit for bedwetting in children, the right age for toilet training, and the age limit for children being able to express the desire to urinate small. Respondents in the control and treatment groups had never received health education about toilet training either through electronic media or verbal media. According to Sidik (2015), the role of information media is important in forming a person's knowledge in understanding health problems. Lack of information or inaccurate information will affect knowledge. Increased exposure to information from this type of media will encourage individual interest in gaining an understanding.

   According to Soetjiningsih (2012), the factors that influence the level of independence of preschool children are divided into two, namely internal factors and external factors. Internal factors are factors that exist within the child himself, including emotions and intellectuals. This emotional factor is shown by the ability to control emotions and not disturb parents' emotional needs, while the intellectual factor is shown by the ability to overcome various problems faced. Meanwhile, external factors are factors that come or exist from outside the child himself. These factors include the environment, social characteristics, stimulation of loving and affectionate parenting, the quality of information from children and parents, education and employment status of parents. In general, these factors are closely related to the mother's ability to teach her child to toilet train. One of the participant modeling therapy strategies (Fitri & Khairunnisa, 2016).

   The success of toilet training intervention in children will have physical and psychological effects. Understanding the skills needed for successful toilet training and a good approach to children can help reduce stress and can help parents know what parents should do.

   Children who have never been properly trained in toilet training can develop enuresis, UTIs, urinary dysfunction, constipation, encopresis and refusal to go to the toilet more often. Toilet training is one of the tasks of child development and one of the challenges for parents and children. One of the goals of toilet training is to train children to become independent (Andriani et al, 2014).

   Modeling participants in the intervention group basically teaches patients about the skills and rules of toilet training behavior, in addition to serving as a reminder or cue for patients to carry out toilet training behavior. In behavioral therapy modeling participants' independent toilet training behavior can be improved by learning new behavior methods through observing a model, adding information through cognitive processes and producing changes in behavior according to what is modeled, namely independent toilet training behavior. This is in line with Nursalim's (2009) description of the 4 basic components in participant modeling that can form a new behavior, namely: (1) Rational, this process involves learning cognitively and through logic of new behavior, (2) Model demonstration, model demonstrating one part of the ability, (3) Guided participation, after the behavior demonstration, the client is given the opportunity and guidance to display the modeled behavior, (4) Experience of success as reinforcement of behavior. This research is in line with research conducted by Kartika Fatmawati, et al (2020) entitled "The effect of animation on mother's ability in preparing toilet in toddler " which states that the level of readiness of mothers in carrying out toilet training (knowledge, attitudes, actions) and children child's ability in toilet training

   At Flamboyan and Delima Posyandu after being given the animated video modeling intervention experienced a significant increase in knowledge and action variables.

4. *Analyze* knowledge Mother before And after given intervention *modelling videos*

Based on table 4.3, it was found that the majority of mothers' pre-test knowledge before being given *toilet training video modeling* was in the medium category, namely 31 people (62%) in the experimental group with an average pre-test score of 4.68 with a standard deviation of 1,168 and 30 people (60%) in the control group with an average pre-test score of 4.66 with a standard deviation of 1.171. Respondents did not have enough knowledge and answered the questions given correctly. The medium category is indicated by achieving low scores on several aspects of questions regarding the meaning of toilet training, the normal age limit for wetting a child's bed, the appropriate age for toilet training, and the age limit for a child being able to express the desire to urinate.

Respondents in the control and treatment groups had never previously received health education about toilet training either through electronic media or verbal media. According to Sidik (2015), the role of information media is important in forming a person's knowledge in understanding health problems. Lack of information or inaccurate information will greatly affect knowledge. Increased exposure to information from this type of media will encourage individual interest in gaining understanding. As for the treatment group, after being given intervention in the form of animated video modeling, the researchers conducted a post test on respondents with the results of the post test score experiencing a significant increase, namely being in the good category. Providing animated video modeling intervention had an effect on respondents by showing an increase in scores from pre-test to post-test.

The research results of Nurfajriyati, et al (2016) showed that mothers' knowledge about toilet training in the treatment group was higher because video modeling gave rise to motivation and desires through the models in the video, then processed in the respondents' minds and the information was transferred to reality in everyday life. Video modeling can connect the senses of sight and hearing so that the brain will provide a stronger response than one active sense. This will affect the natural ability to remember so that a person's thinking ability increases. Providing video modeling learning media makes the process of absorbing information more interesting, thereby giving mothers who have *toddler- aged children the opportunity* to understand more about the developmental tasks that must be achieved in children, in this case *toilet training* , so that mothers can early identify their child's readiness for the *toilet.* Training and get solutions to possible problems arise consequence *toilet training* on child *toddlers.*

The results of demographic data show that on average respondents have a history of tertiary education. Notoatmodjo (2014) stated that knowledge increased when the learning process itself is influenced by education. The higher it is The level of a person's education makes it easier for that person to receive information Good from person other meupon media mass so that increasingly Lots also knowledge Which obtained. Enhancement knowledge This in accordance with study Fitria, Ida, et al (2016) that background behind education person old is something element education that influences parents to set an example, guide and directing their children to go through development phases optimally. Parents with a high educational background are more likely to sensitive to change, development, and problem which currently faced child. With background behind education which tall, person old can absorb information so choose the right method in guiding and motivating children for improve cognitive abilities. Meanwhile, in the post test in the control group, the score still showed it was in the poor category even though it had been previously given similar health education uses booklet media without being explained clearly details handle information about toilet training. In research Kurnianingsih (2019) revealed that to increase knowledge need given method learning education health which interesting so that can involve all over five sense moment process learning. Intervention using the booklet media provided only form writing and picture which simple so that only involve senses just sight.

5. *Analyze* the mother's attitude before And after given intervention *modelling videos*

In the attitude variable before being given *toilet training video modeling,* the majority of respondents were in the sufficient category, 32 people (64%) in the experimental group with an average pre-test score of 27.54 with a standard deviation of 5,195 and 32 people (64%) in the control group. with an average pre-test score of 27.54 with a standard deviation of 5.195.

In the treatment and control groups in the pre-test, most of the respondents had a negative category level which was indicated by aspects of the questions answered incorrectly, namely aspects regarding still letting the child wet the bed, still wearing clothes that are difficult to remove, not being able to remind the child to urinate according to the time, and still wearing diapers at night.

Almost all respondents had never received information before, either through electronic mass media or from social media. Rusmiati & Hastono, (2015) stated that attitudes are formed starting from knowledge that is perceived as something which positive nor negative, Then in internalize it within oneself. If someone is able to perceive with Already own knowledge Which Good And positive so attitude the will well formed too, but if someone perceives it with negative, in other words, because of lack of knowledge, the attitude will be appear or formed too negative action.

In the post test group treatment show that all over respondents experienced an increase in positive attitudes and no respondents were in negative attitude. This is because respondents were given intervention form animation video modeling. Kartika et al., (2016) in their research stated that the success of toilet *training* using *modeling techniques* is more effective compared to use technique orally Because superiority from *technique modeling* , namely that it can be seen and imitated by respondents. This statement is in accordance with Nursalam's opinion, (2017) is that toddlers *prefer* to imitate things done by person other, especially member his family. Mother which given *modelling*animated videos can provide good training through imitation of the stepsstep Which There is in videos. Child will faster understand something which newwith method see other people doing it.

Study Ningsih, (2012) state that exists influence *modelling video* on improving mothers' attitudes towards carrying out *toilet training* is wrong the other is caused by age. Based on data on the demographic characteristics of respondentsit is known that the age of the respondents in the treatment group was the highest 26-30 years old so it is easy to accept the information conveyed. The age of 25-30 years is the age of early adulthood where the ability to think critically increase in a way regular during age this. Experience education formal and informality, life experience, and opportunities for work can enhance draft self, ability finish problem, and And Skills motor individual. The decision-making process in early adulthood must be meaningful flexible. Matter This caused Because period mature beginning Keep going develop And mustinvolved in changes of home, workplace and mid. *Post test* results after being given *toilet training video modeling,* most of the mothers' attitudes were in the good category, as many as 34 people (68%) in the experimental group with an average post-test score of 44.36 with a standard deviation of 8.007 and as many as 32 people (64%) with a The post-test average is 40.52 with a standard deviation of 9.163. This shows that there is an increase in attitude after being given treatment.

The highest score results are in allaspects except the aspect of using tools such as dolls or toys for practice child Want to throw away water (question no 3) in toilet And put on pants/clothes that are difficult to take off (question number 6). The data shows there is increase knowledge so that influential also on enhancement attitude respondents. Meanwhile, for the control group *post test,* there was an improvement in attitude with show that part big respondents still constant show a negative attitude. This negative attitude can be caused by influence intervention Which given, that is media booklet Which containing steps It's simple in the form of short writing and pictures so it doesn't cause any confusion interest respondents For increase intention For behave Which positive.

6. *Analyze* actions Mother before And after given intervention *modelling videos*

In the maternal action variable, the majority of respondents were in the sufficient category, 32 people (64%) in the experimental group with an average pre-test score of 27.54 with a standard deviation of 5.195 and 32 people (64%) in the control group with an average score. pre-test 27.40 with a standard deviation of 5.264. This shows that the majority of respondents were in the treatment and control groups in the pre-test own level action Enough with he showed aspect What was answered incorrectly was the aspect of getting children used to washing their hands after eating toilet, offer child to toilet before O'clock throw away water small, And do toilet training at night. Things that influence parents' actions implementing toilet training for toddlers is an experience gained, in this case the experience gained from learning. All respondents in the treatment group had never previously received information and guidance education health health handle toilet training. According to Kurnianingsih, (2019) in his research state that toilet training requires parental commitment, this is due to the toilet training process It's quite troublesome and tiring because parents have to be alert when carrying their children who want to defecate/defecate in the toilet, clean the floor when the child wets the bed because he doesn't use diapers, he often has to wake up at night so hear The child is restless and wants to defecate. After being given

intervention to the treatment group, it showed that some respondents experienced increased action in implementation toilet training in a way Good and no there is respondents Which Still in category not enough. After being given toilet training video modeling, a post test was carried out, most of the mothers' actions were in the good category, as many as 34 people (68%) in the experimental group with an average post-test score of 44.36 with a standard deviation of 8.007 and as many as 33 people (66%) in the control with an average post-test score of 37.34 with a standard deviation of 7.102.

This improvement includes mothers teaching the terms defecation, dressing clothes that are easy to remove, take the child to the bathroom if there is a sensation defecating, sitting/squatting the child in the bathroom when defecating, give praise to children, get them into the habit of washing their hands after defecating, and do toilet training at night. The mother's actions can increase this occurs because of the information conveyed via video media respondents. According to According to Langford (2018) Audio visual depend on hearing and seeing the target. The use of audio visuals involves all the learning sense organs, so that more and more sense organs are involved for accept and process information, the more big possibility fill information it can understood and maintained in memory. Apart from the information conveyed through video modeling, this increase in action is also due to several factors, namely maternal education most of which are PT where the higher the mother's education level the easier it will be to master the material. The correct actions when toilet training a child will be reduce parents' worries, so that child gets ability toilet training in accordance with developmental tasks.

Meanwhile , the control group post test showed that the respondents has increased action to be good but remains mostly constant in level Enough showed with No exists change score from answer respondents in a way significant. Respondent Which is at in level not enough indicated by several aspects that were still answered incorrectly, namely the no aspect invite child to toilet before O'clock throw away water small, No show use toilets according to gender, and do not wait until the child is born feel comfortable to urinate independently. The interventions provided are limited form leaflets which containing steps toilet training accompanied explanation short and picture. So that, intervention the No give effect trigger respondents to improve *toilet training actions/practices.*

7. *Analyze* abilities *toilet training* child before And after giving intervention *modeling videos* on Mother

In the child ability variable, the majority of respondents were in the sufficient category, 34 people (68%) in the experimental group with an average pre-test score of 16.88 with a standard deviation of 2.833 and 30 people (60%) in the control group with an average score. pre-test 16.48 with a standard deviation of 2.929. Then, after being given toilet training video modeling, a post test was carried out, most of the mothers' attitudes were in the good category, 37 people (74%) in the experimental group with an average post-test score of 26.42 with a standard deviation of 3,737 and 30 people (60%) in the control group with an average post-test score of 22.60 with a standard deviation of 4.969. This means that through toilet training video modeling, it can help improve children's toilet training abilities. After being given intervention video media modeling toilet training ability levels are mostly in the category Good.

This research is in line with Alvionita et al., (2019) that there is an increase in the respondent's toilet training ability after being given training. Results shows the development of toilet training abilities in mentally retarded children after watching modeling media videos. Supported by research by Kuo et al., (2019) that video media modeling can attract children's interest and focus in watching the video or toilet training skills demonstrated by the model in the video the. In line with Wiana's statement (2018) which revealed that “Media in learning has a function as a tool to clarify the message conveyed by the teacher”. Matter It can be concluded that media is a tool to clarify learning. According to Febriani & Irdawarni (2019) use and procurement of current media learning really makes it easier for students to understand the subject matter, namely abstract material becomes concrete. Supported by Fahrurozi et al., (2017) that Multimedia is used to make lessons more interesting and at the same time provide students with real-life examples of how multimedia works. Even if you don't Respondents can completely do it themselves, but there are changes towards positive direction in improving children's abilities.

According to Parulian et al., (2020) A child's ability is influenced by several factors, including the child's interests, the child's experience, the child's environment, and the development of the

child's abilities. Toilet Training is said to be successful if the stages of toilet training can be fulfilled or known the child seems to convey the desire to BAK or defecate, take it off and put it on his own pants, cleaning himself, flushing and washing his hands after BAK and CHAPTER. This research is in line with research by Aziz (2018) with a p-value of 0.000 where shows the strength of the level of correlation relationship due to the influence of media modeling video on improving toilet training abilities in mentally retarded children. Matter This is also supported by research by Saragih & Andayani (2019) which shows the strength of the correlation level of the relationship between family support and social skills abilities of deaf children.

The higher the mother's knowledge, attitudes and actions have an influence also on when the mother implements toilet training on child. Wong et al., (2009) ability child in a way optimal will obtained if there is interaction Which positive between person old especially Mother And child. Imposing Children getting toilet training skills from an early age will have an impact negative for both the child and the parents, especially if the child is not above it formerly identified its readiness. Indrawati, (2010) state that most children will gain toilet training skills by the second year. At this stage too, children will imitate the behavior of other people around them and thisis learning process.

CONCLUSION

Video modeling has been proven to be effective in increasing mothers' knowledge, attitudes, actions and abilities in preparing to implement toilet training in toddler-aged children. By seeing the examples in the video, mothers can better understand the process and actions required in toilet training, which in turn can increase their level of confidence in dealing with it. Additionally, video-modeling can also help mothers develop the skills necessary to better facilitate the toilet training process, thereby creating a positive and successful environment for their children in achieving this important milestone in their development.

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