



Toilet Training Program Using the Brazelton Child-Oriented Method for Early Childhood

Elliza^{1*}; Nita Priyanti²

^{1,2}Early Childhood Study Program, Universitas Panca Sakti Bekasi, Indonesia

^{1*}Corresponding Email: elizapancasakti@gmail.com, Phone Number: 0822 xxxx xxxx

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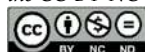
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Abstract: This study examines implementing a toilet training program using the child-oriented Brazelton method at TKIT Ar-Rahman 1. Employing a qualitative descriptive approach, five children aged 5-6 years participated as research subjects. Data were gathered through non-participant observation and documentation and analyzed using the Miles and Huberman model. The findings underscore the effectiveness of the Brazelton method in enhancing children's independence in toilet use by focusing on readiness and gradual development. This approach prioritizes children's comfort and emotional safety, enabling tailored interventions that respect their developmental trajectories. Teachers played a pivotal role by offering consistent guidance supported by visual and verbal aids, while parental involvement strengthened the outcomes. The holistic nature of the Brazelton method, including its emphasis on collaboration and physiological readiness, addresses individual challenges effectively. This study provides practical recommendations for adopting the Brazelton method across diverse educational settings, promoting a balance between developmental support and structured training. The results improve child independence, foster self-regulation, and create a more efficient learning environment.

Abstrak: Penelitian ini mengkaji penerapan program *toilet training* menggunakan metode *child-oriented* Brazelton di TKIT Ar-Rahman 1. Dengan menggunakan pendekatan deskriptif kualitatif, lima anak berusia 5-6 tahun berpartisipasi sebagai subjek penelitian. Data dikumpulkan melalui observasi non-partisipan dan dokumentasi, kemudian dianalisis menggunakan model Miles dan Huberman. Temuan penelitian ini menggarisbawahi efektivitas metode Brazelton dalam meningkatkan kemandirian anak dalam menggunakan toilet dengan berfokus pada kesiapan dan perkembangan bertahap. Pendekatan ini memprioritaskan kenyamanan dan keamanan emosional anak, memungkinkan intervensi yang disesuaikan dengan menghormati lintasan perkembangan mereka. Guru memainkan peran penting dengan menawarkan bimbingan yang konsisten yang didukung oleh alat bantu visual dan verbal, sementara keterlibatan orang tua semakin memperkuat hasilnya. Sifat holistik dari metode Brazelton, termasuk penekanannya pada kolaborasi dan kesiapan fisiologis, mengatasi tantangan individu secara efektif. Studi ini memberikan rekomendasi praktis untuk mengadopsi metode Brazelton di berbagai lingkungan pendidikan, mempromosikan keseimbangan antara dukungan perkembangan dan pelatihan terstruktur. Hasilnya berkontribusi pada peningkatan kemandirian anak, menumbuhkan regulasi diri, dan menciptakan lingkungan belajar yang lebih efisien.

A. Introduction

Toilet training is a fundamental program implemented in early childhood education, serving as a cornerstone for fostering critical developmental milestones in young children (Lynberg, 2018; Badea & Suditu, 2024). It involves a coordinated effort between teachers and parents to stimulate various dimensions of a child's growth, including religious and moral values, motor skills, language acquisition, cognitive development, and emotional stability. These efforts align with the Ministry of Education and Culture of the Republic of Indonesia's regulations, underscoring the importance of early interventions to instil essential life skills. Through toilet training, children are guided to achieve hygienic independence and encouraged to develop courage, self-reliance, and proper social etiquette. This process is far from routine; it represents a significant educational commitment to equipping children with the foundational abilities needed for broader societal integration. McLay et al (2017) emphasized that toileting is a social learning process involving dynamic interactions between children, parents, and caregivers.

Toilet training as a systematic approach to helping children gain control over their urination and defecation activities (Wulandari & Rachmawati, 2024), which is further elaborated by Schmitt (1997), who described the practice as an essential developmental exercise for fostering self-regulation. Additionally, Sutherland et al (2024) identified toilet training as a pivotal life skill, often called toileting competence or continence, which is indispensable for achieving independence. These perspectives collectively highlight the multifaceted significance of toilet training as an educational and developmental priority in early childhood settings, where its impact extends beyond hygiene to shaping character and cognitive capabilities. This program's value is reinforced by its role in building foundational habits that contribute to broader developmental achievements, emphasizing the importance of structured guidance and supportive environments.

Despite its recognized importance, the implementation of toilet training often encounters significant challenges, particularly in accommodating the diverse readiness levels exhibited by children (Pratiwi et al., 2024; Waisman-Nitzan et al., 2019). Research consistently shows that a child's preparedness for toilet training is influenced by an intricate interplay of physiological, emotional, and cognitive factors (Bitsko et al., 2014; Wong & Regan, 2009). In Indonesia, these challenges are further exacerbated by the diversity in cultural norms, variations in parental involvement, and disparities in institutional support. For instance, Pratiwi (2011) and Taqiyah et al (2019) have documented the detrimental consequences of delayed or improperly conducted toilet training, which can manifest as psychological distress or health complications such as nocturnal enuresis and urinary tract infections (UTIs). These issues hinder the child's immediate development and impose additional burdens on parents and educators, who must navigate these challenges without standardized or adaptive approaches. The persistence of such difficulties underscores the urgency of adopting flexible and contextually responsive methodologies, emphasizing the need to account for individual and situational variances. Without such tailored interventions, the potential developmental and social benefits of toilet training remain

unrealized, perpetuating a cycle of dependency and developmental delays that could have been mitigated through early, appropriate interventions. Addressing these issues requires a multifaceted approach incorporating comprehensive readiness assessments, adaptive teaching strategies, and collaborative involvement from all stakeholders, including parents, educators, and policymakers.

The Child-Oriented Brazelton Method emerges as a groundbreaking approach to toilet training, emphasizing the primacy of individual readiness and the unique developmental trajectories of each child. Originally proposed by Brazelton in 1962, this method advocates for a gradual, child-centred framework that prioritizes comfort, emotional safety, and voluntary participation over rigid timelines or coercive practices. Uzun (2020) asserts that the Brazelton method balances physiological, emotional, and behavioural parameters, rendering it particularly effective in educational settings where the emphasis is on fostering positive, lifelong habits. Central to this approach is creating an environment where children feel secure and supported, significantly enhancing the likelihood of successful toilet training outcomes. This alignment with the principles of individualized learning underscores the adaptability of the Brazelton method, making it a promising candidate for bridging the gap between theoretical ideals and practical applications in diverse educational contexts. By acknowledging and accommodating children's varied readiness levels and unique needs, this method offers a more humane and effective alternative to traditional approaches, which often prioritize compliance over understanding. The Brazelton method also addresses the underlying developmental aspects of toilet training, ensuring that the child's emotional and cognitive needs are met, thus paving the way for a more comprehensive and impactful educational experience.

While the theoretical merits of toilet training methodologies are well-documented, there remains a dearth of research on their practical implementation in the Indonesian context, particularly within rural early childhood education (PAUD) settings. Studies such as those conducted by Retnaningsih & Rosa (2022) on modelling techniques and by Khoiruzzadi & Fajriyah (2019) on the importance of non-coercive practices have provided valuable insights but largely focus on urban environments with relatively abundant resources. These studies often overlook the unique challenges rural educational institutions face, where limited infrastructure, cultural norms, and varying levels of parental engagement present additional complexities. This research seeks to address these gaps by examining the application of the Child-Oriented Brazelton Method at TKIT Ar-Rahman 1, a rural PAUD institution in Nagan Raya, Aceh. By situating the study within this specific context, the research not only highlights the adaptability of the Brazelton method to diverse socio-cultural settings but also provides actionable insights for overcoming the logistical and contextual challenges inherent in rural education. This focus on rural settings elevates the study's significance, as it addresses an often-neglected dimension of educational research, thereby contributing to a more comprehensive understanding of how innovative methodologies can be effectively implemented across varying educational landscapes. The

exploration of these dynamics not only enriches the academic discourse and provides a roadmap for practitioners seeking to replicate successful practices in similar settings.

This research distinguishes itself through its holistic integration of readiness parameters, encompassing physiological, psychological, and motor skills. It addresses challenges unique to rural settings, such as resource limitations and inconsistent parental involvement. Moreover, it evaluates the broader implications of the Brazelton method for both children and educators, offering practical recommendations for enhancing its applicability in diverse contexts. The novelty of this study lies in its ability to bridge theoretical foundations with empirical observations, thereby producing findings that are not only academically rigorous but also practically relevant. This dual focus ensures that the study contributes meaningfully to the scholarly discourse on early childhood education and the practical realities of educators and parents striving to implement effective toilet training strategies. By adopting a comprehensive and contextually sensitive approach, the research provides a nuanced understanding of how the Brazelton method can be adapted to meet the diverse needs of children, educators, and institutions. The implications of this research extend beyond the immediate context, offering a framework that can inform broader policy discussions and educational practices on a national scale.

The significance of this research extends far beyond its immediate educational context, as it addresses broader developmental objectives critical to shaping a child's future trajectory. As highlighted by [Listriani et al \(2020\)](#), early stimulation has profound implications for a child's cognitive and emotional growth, laying the foundation for lifelong learning and well-being. Successful toilet training fosters independence and hygiene and alleviates the burden on educators and parents, creating a more conducive and efficient learning environment. [Schmitt \(1997\)](#) emphasized that aligning toilet training methodologies with a child's developmental readiness minimizes stress and promotes positive behavioural outcomes, a particularly vital principle in early childhood education settings. By addressing these needs, this research contributes to the quality of early education and supports the holistic development of children, enabling them to thrive in both academic and social domains. The findings of this study have the potential to inform educational policies and practices, encouraging the adoption of child-centred approaches that are both inclusive and effective. By situating its contributions within this broader framework, the research underscores the transformative potential of well-implemented toilet training programs in shaping the developmental trajectories of young children. This alignment of practical outcomes with developmental goals ensures that the study's contributions are both actionable and sustainable, making a meaningful impact on children's lives and their communities.

This study's theoretical framework draws upon recent advancements in early childhood education and developmental psychology, integrating insights from studies conducted over the past five years. For instance, [Wong & Regan \(2019\)](#) and [Marintan & Priyanti \(2022\)](#) have underscored the importance of tailoring educational practices to meet the diverse developmental needs of children, while [Uzun \(2020\)](#) and [Kural & Köse \(2022\)](#)

have highlighted the interplay between physiological readiness and environmental factors in determining the success of toilet training interventions. These studies collectively provide a robust foundation for understanding the complexities inherent in toilet training, reinforcing the necessity of integrating theoretical insights with practical applications to develop effective educational strategies. By synthesizing these perspectives, the research advances the academic discourse on toilet training. It provides actionable guidance for educators and parents seeking to implement effective, evidence-based practices in early childhood settings. Incorporating recent findings ensures that the study remains relevant and grounded in contemporary research, enhancing its applicability across diverse educational landscapes.

In the Indonesian context, integrating cultural and religious values into toilet training remains a relatively underexplored area of research (Muhayani, 2024; Kohno et al., 2022; Tanu & Missbach, 2023). This study seeks to address this gap by aligning its findings with the national curriculum's emphasis on holistic child development, incorporating cultural and religious dimensions to enrich the practice of toilet training. By doing so, the research ensures its relevance to the Indonesian educational landscape, where cultural and religious values play a pivotal role in shaping pedagogical approaches. This alignment enhances the findings' applicability and underscores their significance in promoting contextually appropriate educational practices. Through its focus on bridging theoretical insights with practical applications, the study provides a comprehensive understanding of toilet training, offering valuable insights for educators, policymakers, and caregivers alike. By integrating these dimensions, the study advances early childhood education. It contributes to developing culturally resonant practices that uphold the values and traditions of the communities they serve.

B. Method

This study aims to understand the implementation and outcomes of the toilet training program using the child-oriented Brazelton method at TKIT Ar-Rahman 1. This research employs a qualitative approach with descriptive analysis. According to Bogdan and Taylor, as cited in Moleong (2013), qualitative research is a procedure that produces descriptive data in the form of written or spoken words from people and observed behaviours. Similarly, Patilima (2016) emphasizes that qualitative research involves studying subjects and gathering various empirical data, such as case studies, personal experiences, introspection, life stories, interviews, observational texts, historical, interactional, and visual data, all of which describe moments and daily meanings and problems in a person's life.

Data Collection Techniques

Data collection techniques in this study include observation and documentation. As Bogdan & Biklen (2017) assert, observation is an important technique in qualitative research,

where the researcher actively observes and records behaviors, interactions, and contexts occurring in the investigated situation. Documentation involves collecting information directly to obtain data relevant to the research focus. [Sugiyono \(2017\)](#) explains that documentation complements observation and interview methods in qualitative research. The documentation in this research includes policy documents, toilet training posters, and photos or recordings of activities during the implementation of toilet training, activities during the learning process, and related facilities and infrastructure.

Instruments

The instruments used in this research include observation checklists and documentation templates to systematically record data related to the implementation of the toilet training program. These instruments were designed to capture qualitative observations and supporting materials that provide contextual evidence for the research findings.

Data Analysis and Triangulation

The data analysis process uses the Miles and Huberman model, which involves three main activities: data reduction, data display, and conclusion drawing/verification. According to Miles and Huberman, qualitative data analysis is carried out interactively and continuously until saturation. Data reduction involves selecting, focusing, and simplifying the data obtained to emphasize essential information. Data display presents the reduced data in an organized manner, enabling the identification of patterns, themes, or insights. Finally, conclusions are drawn and verified to ensure the reliability and credibility of the findings.

To ensure the validity of the findings, this study employs data source triangulation. [Sugiyono \(2017\)](#) states that triangulation is a technique for testing credibility by comparing data from different sources or methods. This research used triangulation by cross-checking observation results with documentation evidence, such as photos, activity reports, and other supporting materials. For example, the readiness of children was evaluated not only through direct observation but also through documentation of their progress and teacher feedback. Additionally, triangulation was supported by discussions with educators to validate findings and interpretations. This method strengthens the trustworthiness of the research findings and ensures that the conclusions drawn are accurate and comprehensive.

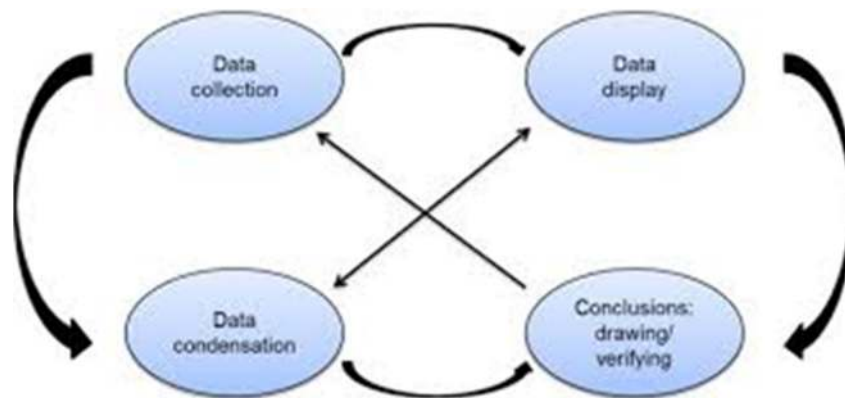


Figure 1. Research Flow

The research was conducted at TKIT Ar-Rahman 1, in Nagan Raya, Aceh. The subjects of this study include teachers and five children aged 5-6 years who participated in the toilet training program. The selection of participants was based on purposive sampling to ensure relevance to the research objectives.

The research flow begins with identifying the research objectives, designing the study, selecting participants, and determining data collection methods. The next step involves gathering data through observation and documentation and analyzing the data using the Miles and Huberman model. The final stages include verifying data validity through triangulation and drawing conclusions that address the research objectives. The entire process ensures a systematic and rigorous approach to understanding the implementation and outcomes of the toilet training program using the Brazelton method.

C. Result and Discussion

Result

This research was conducted over eight days from mid-July 2024 to mid-September 2024. The data collection involved five new students aged 5-6 years from class B5 at TKIT Ar-Rahman 1, located at Jl. PLN Lr. Padat Karya, Desa Simpang Peut, Kecamatan Kuala, Kabupaten Nagan Raya, Aceh Province. Using the child-oriented Brazelton method, these students were actively involved in the toilet training process. The study focused on understanding how this method was implemented and its impact on the student's development, with key information provided by five teachers who acted as implementers and informants.

Data Collection

The data collection involved structured non-participant observation and document analysis. Researchers directly observed children's behaviours and their responses during the implementation of toilet training programs. Complementary documentation, such as photos, observation notes, and instructional materials, were used to support the validity of the findings.

Observation Time Distribution

Table 1. Schedule and Observation Time Distribution

Observation Day	Date	Time	Activity Observed	Notes
Day 1	July 17, 2023	08:00–11:00 AM	Initial assessment	Physiological and behavioural readiness
Day 2	July 18, 2023	08:00–11:00 AM	Guided assistance	Initial toilet training stages
Day 3	July 20, 2023	08:00–11:00 AM	Independent observation	Toilet training
Day 4	July 21, 2023	08:00–10:30 AM	Progress Evaluation	Toilet training
Day 5	July 22, 2023	08:00–10:30 AM	Behavioural analysis and documentation	
Day 6	September 4, 2023	08:00–11:30 AM	Reassessment	Readiness for toilet training?
Day 7	September 5, 2023	08:00–11:30 AM	Brazelton Method Implementation	Intensive
Day 8	September 7, 2023	08:00–11:30 AM	Final observation and evaluation	Program evaluation

Subjects' Demographic Data

Table 2. Subjects' Basic Information

No.	Name	Gender	Place and Date of Birth
1	T. Zhf Raffasya Rahman	Male	Meulaboh, August 14, 2017
2	Assyifa Arsyila	Female	Ujong Patihah, July 28, 2018
3	T. Alrafaeyza Athallah	Male	Ujong Patihah, January 24, 2018
4	Muhammad Fth Al Harits	Male	Purworejo, February 9, 2017
5	Aleena Mar Syifa	Female	Ujong Patihah, March 30, 2018

Physiological Readiness Observation

Table 3. Observation Results: Physiological Readiness Parameters

Parameter	Zhf	Ukh	Pct	Fth	Mar
Recognizes gender	Yes	Yes	Yes	Yes	Yes
Walks independently to the toilet	Yes	Yes	Yes	No	Yes
Squats on the toilet	Yes	No	No	No	No
Controls urge to urinate	Yes	Yes	No	No	No

Explanation:

The data illustrates that all children could recognize their gender. However, only Zhf showed complete independence in squatting on the toilet and controlling the urge to urinate.

Behavioural Readiness Observation**Table 4.** Observation Results: Behavioral Readiness Parameters

Parameter	Zhf	Ukh	Pct	Fth	Mar
Recognizes gender	Yes	Yes	Yes	Yes	Yes
Walks independently to the toilet	Yes	Yes	Yes	No	Yes
Squats on the toilet	Yes	No	No	No	No
Controls urge to urinate	Yes	Yes	No	No	No
Choose toilet by gender	Yes	Yes	Yes	Yes	Yes
Recognizes the urge to urinate	Yes	No	Yes	No	No
Follows instructions	Yes	No	No	Yes	No
Cleans themselves after toileting	Yes	No	No	Yes	No
Washes hands after toileting	Yes	No	Yes	No	Yes

Explanation:

Ukh and Mar faced challenges in recognizing their urge to urinate and needed repeated guidance. Zhf demonstrated the highest level of behavioural independence.

Progress Comparison**Table 5.** Initial Readiness vs. Post-Assistance Progress

Name	Initial Readiness	Post-Assistance Progress
Zhf	Frequently urinated before reaching the toilet	Able to control urination independently
Ukh	Dependent on diapers daily	Transitioned to elastic pants
Pct	Required assistance to squat	Able to squat with minimal guidance
Fth	Struggled due to obesity	Improved ability to follow hygiene instructions
Mar	Unable to express the urge	Able to communicate needs with assistance

Explanation:

This table highlights the progress made by each child after structured guidance. Despite challenges, significant improvements were observed.

Children's Performance Chart

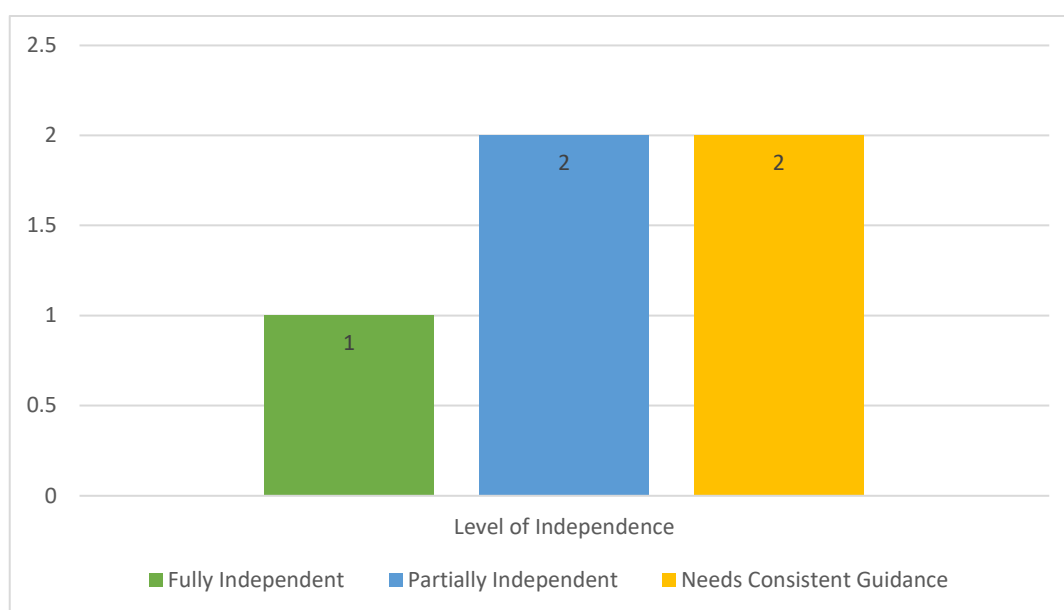


Figure 2. Distribution of Children's Ability to Follow Instructions

Explanation:

The graph reflects the percentage of children capable of independently following toilet training instructions. Zhf exhibited the best performance, while Ukh and Mar required consistent guidance.

Documentation of Research Activities

The research activities were meticulously documented to ensure the findings' credibility, completeness, and transparency. The documentation process involved structured observations, supporting documents, photographic evidence, and detailed observation notes. Below is a comprehensive account of the documentation efforts and their contributions to the research on implementing the child-oriented Brazelton toilet training method at TKIT Ar-Rahman 1.

1. Observation Notes and Supporting Documents

The researcher relied on multiple resources, including:

- Initial Identification Sheets
Used to assess children's readiness for toilet training, covering physiological, psychological, and cognitive aspects.
- Operational Standards for Toilet Training
Provided guidelines for conducting the training process.
- Modules on the Brazelton Method
A structured approach tailored to the needs and developmental stages of children.

2. Visual Documentation

Photographic evidence played a significant role in capturing key moments and providing visual insights into the children's progress and challenges. The key photographs include:



Figure 3. Toilet Blue for Boys



Figure 4. Toilet Pink for Girls



Figure 5. Watching Training Videos



Figure 6. Teacher Demonstrating Posters



Figure 7. Classroom Environment

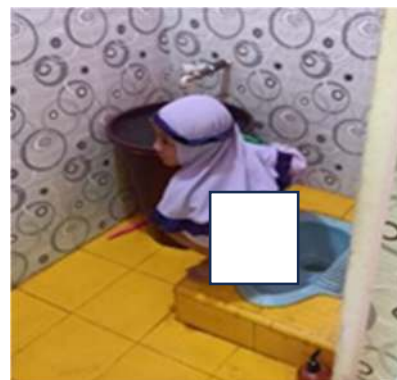


Figure 8. Child Struggling to Squat



Figure 9. Guided Squatting Support

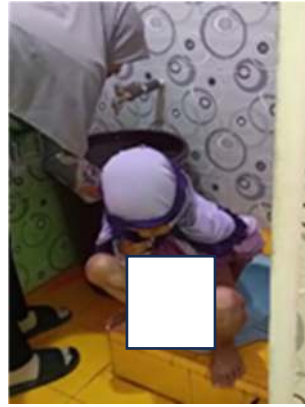


Figure 10. Fth Health Challenges



Figure 11. Zhf Wet Clothes



Figure 12. Classroom After Zhf Change



Figure 13. Medical Follow-Up

Explanations:

1. Toilet Blue for Boys
Depicts the designated toilet facilities for boys, illustrating accessibility and setup.
2. Toilet Pink for Girls
Displays the facilities allocated for girls, highlighting hygiene and safety measures.

3. **Watching Training Videos**
Captures children engaging with instructional videos to understand toilet training steps.
4. **Teacher Demonstrating Posters**
It shows teachers using visual aids to guide children through the training process.
5. **Classroom Environment**
Highlights interactions between children and teachers during learning activities.
6. **Child Struggling to Squat**
Portrays challenges faced by children in adopting the correct squatting posture.
7. **Teacher Assisting a Child to Squat**
Demonstrates the teacher's role in helping children learn the squatting position.
8. **Guided Squatting Support**
Further visualizes assistance provided for correct squatting alignment.
9. **Fth Health Challenges**
Documents Fatih's physiological issues affecting urinary control.
10. **Zhf Wet Clothes**
Captures Zhafran's experience of managing accidents during the training.
11. **Classroom After Zhf Change**
Shows the positive classroom dynamics post-successful intervention.
12. **Children Requiring Continued Stimulation**
Highlights ongoing efforts for children needing additional support.
13. **Medical Follow-Up**
Depicts a child with physiological challenges undergoing medical check-ups.

3. Observational Data Summary

Observational data were collected over eight sessions, covering:

- Children's abilities to follow instructions.
- Progress in achieving toilet independence.
- Challenges faced by specific individuals, including physiological or psychological barriers.

A tabular summary of the data is presented below:

Table 6. Toilet Training Session Summary

Session	Key Observations	Challenges	Progress
Session 1	Zhafran used posters to follow the steps independently.	Fatih's health issue.	Zhafran achieved full independence.
Session 2	Poncut required the teacher's assistance.	Fear of school toilets.	Improved communication of needs.
Session 3	Ukhty wore diapers; teacher intervention was required.	Discomfort in group activities.	Basic hygiene skills learned.

Session	Key Observations	Challenges	Progress
Session 4	Fatih improved but needed consistent guidance.	Squatting difficulties.	Demonstrated partial independence.
Session 5	Maura required verbal cues repeatedly.	Lack of coordination.	Successfully performed under guidance.
Session 6	Poncut communicated needs effectively.	Initial resistance to instructions.	Completed tasks with minimal help.
Session 7	Ukhty performed basic steps under supervision.	Dependency on teacher's assistance.	Built initial confidence.
Session 8	Zhafran demonstrated leadership by guiding peers.	None noted.	Maintained full independence.

4. Key Findings

1) Children's Readiness

The readiness of children varied significantly. While Zhafran exhibited full independence, Ukhty and Maura required consistent guidance. Fatih's physiological challenges were identified as a major obstacle.

2) Role of Teachers

Teachers were pivotal in guiding children through each step, using verbal instructions, visual aids, and hands-on support.

3) Medical Interventions

For children with physiological issues, such as Fatih, medical follow-ups were necessary and effective.

4) Parental Collaboration

Parents' cooperation was crucial in reinforcing training at home and sharing relevant health information.

5. Integration with the Brazelton Method

The child-oriented Brazelton method was instrumental in ensuring a tailored approach for each child. The program's steps included:

- Understanding children's physiological readiness.
- Developing physical, mental, and verbal abilities for toilet independence.
- Promoting hygiene practices, such as handwashing and cleaning after using the toilet.
- Encouraging confidence, independence, and communication skills.

6. Impact on the Learning Environment

By addressing toilet training effectively, teachers minimized disruptions during class activities. Children demonstrated gradual improvements in independence, fostering a more conducive learning atmosphere.

Discussion

This study aims to evaluate the effectiveness of the child-oriented toilet training method with a Brazelton approach at TKIT Ar-Rahman 1. During the eight days, from mid-July to mid-September 2024, five children aged 5 to 6 participated in the program. Based on careful observation and documentation, this study reveals a clear connection between implementing this method and developing the children's independence and cleanliness in terms of toilet usage. This discussion will link the findings to the foundational concepts and hypotheses proposed in previous studies and compare them with relevant research results.

One of the key aspects of implementing the Brazelton method is emphasizing the child's physical, behavioural, and psychological readiness for toilet training. Based on the observations, each child exhibited varying readiness levels, consistent with Brazelton's theory highlighting the importance of recognizing a child's readiness before starting toilet training. The findings show that only a small group of children, such as Zhf, demonstrated full readiness in physical and behavioural aspects, such as walking independently to the toilet, recognizing bodily signals, and controlling urination. On the other hand, other children, such as Fatih, faced greater challenges due to physiological issues like obesity that affected mobility. This aligns with Brazelton's foundational concept that a child's physical and behavioural readiness needs to be evaluated before starting toilet training (Uzun, 2020). In this regard, the study supports the hypothesis that assessing a child's readiness is crucial for toilet training success.

The findings indicate significant physiological and behavioural readiness differences among the children involved. For example, Zhf was able to control the urge to urinate independently, while other children like Ukh and Mar had difficulty recognizing bodily signals indicating the need to urinate. This required additional support from the teacher to help these children gradually develop their abilities. Ukh and Mar also struggled with maintaining cleanliness after using the toilet, suggesting that this habit requires more time to develop. Meanwhile, a child-like Zhf already demonstrated the ability to clean themselves after toileting and wash their hands independently. From a child development theory perspective, these findings support the hypothesis that effective toilet training must consider individual differences in child readiness, in line with findings from [Khoiruzzadi & Fajriyah \(2019\)](#), which state that toilet training should be conducted according to a child's developmental stage and without force.

The differences in readiness also confirm findings from previous research by [Kural & Köse \(2022\)](#), which showed that physical and psychological developmental factors influence the time it takes for children to succeed in toilet training. This study revealed that more physiologically and psychologically ready children can complete the toilet training process more quickly than those who require further guidance. This is also relevant to the concept by [Sutherland et al \(2024\)](#), which emphasizes that the ability to control biological needs is an essential life skill that must be taught considering the child's readiness.

One of the key factors in the success of toilet training in this study is the role of the teacher. The observations show that the teacher plays an important role in providing

consistent and directed guidance, which includes verbal instructions, visual aids, and direct assistance for children who need it. For example, using training posters and videos helped the children understand the stages of toilet training in a fun and interactive way. The teacher provided less assistance for children like Zhf, who already showed a high level of independence. In contrast, other children, such as Ukh and Mar, needed more help, particularly in recognizing bodily signals and maintaining personal cleanliness.

This role of the teacher aligns with theories proposed by Natalia (2016), which emphasize the importance of patience and consistent guidance in developing children's independence. These findings also confirm research by Khoiruzzadi & Fajriyah (2019), which showed that the success of toilet training is highly dependent on the guidance educators provide. The children showed significant progress in understanding the toilet training process with intensive and consistent guidance.

Despite significant progress, some challenges remained in the toilet training process. Children like Fatih, who experienced physiological issues related to obesity, required additional medical attention, highlighting the importance of a holistic approach to toilet training. For example, Fatih needed more than training instructions to address mobility and urinary control issues. This finding aligns with Uzun (2020) view that children's toilet training should consider medical factors, as physical disorders can affect a child's ability to participate effectively in toilet training.

Furthermore, some children like Ukh and Mar were dependent on the teacher, which required learning reinforcement at home. Collaboration between teachers and parents proved crucial in supporting the toilet training process, as Kural & Köse (2022) revealed that parental support at home can accelerate the toilet training process, especially for children who require additional stimulation.

Based on the findings of this study, there is a clear alignment between the results obtained and previous research. Khoiruzzadi & Fajriyah (2019) emphasized the importance of following stages appropriate for the child's development, consistent with this study's findings, where children who were more physiologically and psychologically ready could follow the toilet training process more quickly. These findings also support the research of Uzun (2020), which revealed that the roles of parents, educators, and medical professionals are vital in ensuring the success of toilet training, especially for children with physiological challenges.

Moreover, the theory proposed by Sutherland et al (2024) regarding the importance of independence in toilet training activities proves relevant to this study. Children who successfully developed independence in using the toilet demonstrated significant progress in other developmental aspects, such as personal independence and self-care.

D. Conclusion

The conclusions drawn from this study indicate that TKIT Ar-Rahman 1 has successfully implemented a gender-specific toilet system and a child-oriented toilet training program using the Brazelton method. The provision of gender-segregated toilets, designed

with child-friendly symbols and colours, has helped children understand gender differences and concepts of privacy. Additionally, the child development stimulation, in the form of a well-executed toilet training program, supports the needs of children at the school. The Brazelton method, which emphasizes a flexible, supportive, and non-coercive approach, has proven effective in catering to children's individual readiness and developmental needs. The program has positively impacted children's independence, confidence, and skills, leading to a more orderly and clean environment.

The findings of this study highlight the importance of a tailored approach to early childhood development, particularly in toilet training. By incorporating gender-specific toilets and using the Brazelton method, TKIT Ar-Rahman 1 provides a supportive environment for children's developmental needs. The study also suggests that toilet training programs should be flexible and responsive to each child's readiness, emphasizing comfort and encouragement. Furthermore, the program's success demonstrates the positive impact of involving teachers and parents in training, especially when addressing children's physiological challenges. This approach can be a model for other educational institutions seeking to implement child-friendly, effective toilet training programs supporting independence and emotional well-being.

Future research could explore the long-term effects of the Brazelton method on children's overall development, particularly their emotional and social growth. It would be beneficial to assess how children who undergo the program continue to manage self-care tasks and exhibit other independent behaviours as they grow older. Additionally, investigating the impact of parental involvement in the toilet training process could provide valuable insights into how collaboration between educators and families can further enhance the program's success. Future studies might also examine how the inclusion of children with varying physiological conditions, such as those with obesity or other health issues, can be better addressed to ensure more effective outcomes.

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