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The relationship between parenting style and the success rate of toilet training in children with intellectual disabilities

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Abstract

Background: Toilet training is an essential developmental milestone that supports children's independence; however, children with intellectual disabilities often experience developmental delays and require consistent guidance and appropriate parenting strategies.

Purpose: to analyze the relationship between parenting styles and toilet training success among children with intellectual disabilities.

Method: This quantitative cross-sectional study the respondents were parents of children enrolled at Extraordinary School Dharma Bhakti Piyungan and Extraordinary School Dharma Putra Semin, selected using total sampling (n = 56). Data were collected using parenting style and toilet training success questionnaires and analyzed using the Chi-Square test.

Results: The results showed that 38 children (62,5%) were successful in toilet training, while 18 children (32,1%) were unsuccessful. Based on the dominant parenting style categories, 45 children (80,4%) with democratic parenting, 35 children (62,5%) were successful, whereas all children with permissive parenting (10.7%) were unsuccessful. In authoritarian parenting, 3 children (5.4%) were successful, and 2 children (3.6%) were unsuccessful. The Chi-Square test demonstrated a significant relationship between parenting style and toilet training success ($p = 0.001$), with a strong association (Cramer's $V = 0.515$).

Conclusion: These findings indicate that parenting style plays an important role in supporting toileting independence among children with intellectual disabilities. Structured, consistent, and responsive parenting approaches are essential in enhancing toilet training success.

Keywords: Children; Intellectual Disabilities; Parenting Style; Toilet Training.

INTRODUCTION

Toilet training is an essential developmental task that support children independence, hygiene, and social adaptation. Successful toilet training requires the ability to recognize bodily signals, communicate needs, and perform basic motor skills. However, toilet training difficulties remain a global concern. A large-scale systematic review involving 445,242 children from 39 countries reported that the global prevalence of enuresis was 7.2%, indicating that toilet training failure continues to affect a substantial proportion of

children worldwide (Adisu, Habtie, Munie, Bizuayehu, Zemariam, & Derso, 2025). This condition reflects ongoing challenges in achieving toileting independence, particularly among vulnerable populations.

Children with intellectual disabilities often experience delays in cognitive development and adaptive functioning, making the toilet training process more complex and prolonged compared to typically developing children (SaraI, & Ulke-

Kurkcuoglu, 2020). Delays or failure in toilet training may result in prolonged dependency on caregivers, reduced self-esteem, and limitations in social participation, ultimately affecting children's quality of life. Globally, UNICEF (2021) estimates that approximately 240 million children live with disabilities, with intellectual disability being one of the most prevalent conditions, further emphasizing the magnitude of this issue.

Children with intellectual disabilities have a substantially higher prevalence of toileting problems (23–86%) compared to typically developing children. Studies in special schools in Indonesia report that a considerable proportion of students with intellectual disabilities remain dependent in toileting, with approximately 60% still experiencing toileting difficulties in SLB C Autis Negeri Tuban (Anisa, Retna, & Wahyurianto, 2022). and 42.85% not yet independent in toilet training at SLB Dharma Wanita Kesatuan Bengkulu (Padila, Andri, Angraini, & Yanuarti, 2025).

Parental involvement is a critical factor in facilitating toilet training, particularly for children with intellectual disabilities who require repetitive instruction, structured routines, and continuous supervision. According to adaptive behavior theory, children's self-care abilities develop through consistent learning experiences within the family environment (Smith, An, & Libertus, 2022). Parents function as primary agents in shaping children's daily habits, including toileting behaviors, through guidance, modeling, and reinforcement. Inadequate parental guidance or inconsistent training practices may hinder the development of toileting independence and prolong children's reliance on external assistance.

Parenting style reflects the overall pattern of parental attitudes, behaviors, and emotional climate in child-rearing. Baumrind's parenting style theory categorizes parenting into authoritative, authoritarian, and permissive styles, each of which influences children's behavioral development differently (Barutçu, Mete, Demirhindi, Barutçu, Kızı, & Evliyaoğlu, 2024). Authoritative parenting, characterized by warmth, consistency, and responsiveness, has been associated with better self-care and adaptive outcomes in children, while less supportive parenting styles may limit children's

opportunities to develop independence and self-regulation skills (Unlu, 2019).

For children with intellectual disabilities, the consistency and emotional support embedded in parenting styles are particularly important in reinforcing daily functional skills such as toilet training. A preliminary study conducted by the researcher at special schools in Yogyakarta revealed that several school-aged children with intellectual disabilities had not yet achieved toilet training independence. Observations and informal interviews with parents indicated that some children continued to depend on assistance for toileting activities, and parents tended to provide inconsistent guidance or rely heavily on direct help rather than encouraging independence. This condition highlights a practical problem in daily care and suggests that parenting practices may play a crucial role in determining toilet training outcomes.

Previous studies have examined the relationship between parenting styles and toileting independence in children with special needs; however, most research has focused on early childhood populations or general developmental delays (Tawurutubun & Firdaus, 2022).

Toilet training aims to train children to control urination and defecation, thereby fostering discipline and independence. The success or failure of toilet training is determined by both internal and external factors. Internal factors originate from the child themselves, such as physical, psychological, and intellectual habits. External factors include parental factors, the environment, parenting styles, and knowledge (Cahyaningsih & Istiyati, 2025). Failure in toilet training can have a number of negative impacts on children, including low self-esteem, embarrassment, and strained social relationships with peers. It can also result in an expressive personality, where the child resists toilet training, becomes emotional, irresponsible, and does whatever he or she wants when performing daily tasks (Siauta & Embuai, 2020).

RESEARCH METHOD

This study employed a quantitative analytic design with a cross-sectional approach to examine the relationship between parenting styles and the success of toilet training in children with intellectual

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disabilities. The population of this study consisted of parents who had children with intellectual disabilities enrolled in special schools (SLB) in Yogyakarta. The study was conducted at two special schools, namely SLB Dharma Bhakti Piyungan and SLB Dharma Putra Semin.

Sampling was carried out using a total sampling technique, resulting in 56 respondents who met the study criteria, consisting of 31 respondents from SLB Dharma Bhakti Piyungan and 25 respondents from SLB Dharma Putra Semin. The inclusion criteria were parents or primary caregivers of children with mild to moderate intellectual disabilities aged 7–13 years, who were able to communicate effectively in Indonesian and were willing to participate in the study by signing an informed consent form.

The exclusion criteria included children with severe medical conditions that could interfere with toilet training, such as spina bifida, neurogenic bladder disorders, severe neuromuscular disorders, or acute illnesses requiring intensive care; parents or primary caregivers with cognitive impairment or severe psychiatric disorders that could affect their ability to complete the questionnaires; caregivers who were not directly involved in the child's daily care; and children who were participating in intensive toilet training programs at other institutions that could potentially bias the study results.

Data were collected using two structured questionnaires. The first questionnaire measured parenting styles and was adapted from. consisting of 29 items that assessed parental behaviors and approaches in guiding, supervising, and supporting

children in daily activities. Parenting styles were categorized into low, moderate, and high levels based on the total score obtained from the questionnaire.

The second questionnaire measured the success of toilet training in children with intellectual disabilities. This questionnaire was modified from. and consisted of 20 items assessing children's independence in toileting activities, including the ability to recognize the need to urinate or defecate, communicate toileting needs, and perform toileting activities independently. The toilet training questionnaire had undergone expert judgment testing to ensure content validity and suitability for children with intellectual disabilities, achieving a content validity score of 80 out of a maximum score of 80, with a Content Validity Index (CVI) of 1.00 (100%), indicating excellent content validity. Both questionnaires were completed by parents as the primary caregivers of the children.

All participants were informed about the study objectives and procedures and provided written informed consent prior to data collection. Data were analyzed using the Chi-Square test to analyze the relationship between dominant parenting style categories (democratic, permissive, and authoritarian) and toilet training success. When the assumptions of the Chi-Square test were not met, Fisher's Exact Test was considered. Statistical analysis was performed with a significance level of $p < 0.05$. The study received ethics approval from Research Ethics Committee (KEP) of 'Aisyiyah Yogyakarta University with Ethics Permit Number 4974/KEP-UNISA/XII/2025.

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RESEARCH RESULT

Tabel 1. Characteristics of Participants (N=56)

Variable	Results	Chi Square	Phi and Cramer's Value
		Asymp. Sig (2-sided)	
Parent's Age (Mean±SD) (Years)	(44.07 ± 8.40) (30-65)		
30 - 41	24/43.0		
42 - 53	24/43.0		
54 - 65	8/14.0		
Parent's Gender (n/%)			
Male	12/21.4		
Female	44/78.6		
Child's Age (Mean±SD) (Years)			
7 - 10	15/27.0		
11 - 13	41/73.0		
Child's Gender (n/%)	(11.06 ± 1.55)		
Male	36/64.0		
Female	20/36.0		
Parenting Aspect (n/%)			
Democrate	45/80.4		
Permissive	6/10.7		
Authoritarian	5/8.9		
Success Rate of Toilet Training (n/%)		0.001	0.515
Success	38/68.0		
Failed	18/32.0		

Based on Table, most parents were in the 30–40 age group, numbering 24 people (42.8%), and in the 41–53 age group, numbering 24 people (42.8%), while the smallest number was in the 54–65 age group, numbering 8 people (14.3%). This shows that the majority of the respondents' parents are of productive age, so that in general they still have good abilities in accompanying and caring for their children. Based on gender, most of the respondents were female parents, namely 44 people (78.6%), while

male parents numbered 12 people (21.4%). This condition shows that the role of caring for and accompanying children with special needs is mostly carried out by mothers. In terms of the characteristics of children with intellectual disabilities, most of the children were in the 11–13 age range, totaling 41 children (73.2%), while 15 children (26.8%) were in the 7–10 age range. Based on gender, there are more boys, namely 36 children (64.3%), compared to girls, namely 20 children (35.7%). Most parents apply a

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democratic parenting style (80,4%), 6 parent (10,7%) apply a permissive parenting style, and 5 parents (8,9%) apply authoritarian parenting style.

This shows that the majority of parents tend to provide guidance and support to their children through open communication, clear rules, and reasonable control. Democratic parenting allows children to develop independence while still receiving direction and supervision from parents, which is particularly important for children with intellectual disabilities. However, the presence of an authoritarian parenting style among some parents indicates that strict control and high demands are still applied, possibly as an effort to manage children's limitations and ensure compliance with daily routines. Most children with intellectual disabilities were in the successful category in toilet training, namely 42 children (75%). Meanwhile, there were 14 children (25%) in the failed category. These results indicate that, in general, the majority of children with intellectual disabilities at both research locations have been able to follow and undergo toilet training well, the results indicate that 38 children (67.9%) successfully completed toilet training, while 18 children (32.1%) did not. These results show that most children with intellectual disabilities were successful in toilet training and demonstrate that children are able to follow the toilet training process well according to their abilities.

In the democratic parenting style group, most children were successful in toilet training, with 35 children (62,5%), while 10 children (17.9%) were unsuccessful. In the permissive parenting style group, all of 6 children (10,7%) were successful. Meanwhile, in the authoritarian parenting style group, 3 children (5,4%) were successful in toilet training, while 2 children (3,6%) were unsuccessful.

DISCUSSION

As shown in Table the results indicate that most parents apply a democratic parenting style (80.4%), while 10.7% apply a permissive parenting style, and the remaining 8.9% apply an authoritarian parenting style. The dominance of the democratic parenting style is reinforced by the results of the analysis of the answers, in which 30 parents (53.65%) stated that they "often" answered question (2) "I let my child take

care of their own needs (e.g., bathing/ eating/ dressing themselves) after I teach them first, and if they succeed, I praise them," while 28 parents (50%) stated that they "very often" agree with question (9) "I get my child used to eating by themselves" and question (8) "I allow my child to take out all their toys as long as they are willing to put them away again after playing," with 30 parents (53.6%) answering "often."

Democratic parenting refers to a parenting approach that encourages children's independence, social skills, and realistic attitudes, while fostering humility and respect for the opinions of others. At the same time, parents still set clear boundaries and control their children's behavior appropriately (Mulyana, Suryani, Nurakillah, Darusman, & Kurnia, 2022). This is in line with a previous study which found that 42.85% of parents apply a democratic approach to toilet training, where democratic parenting can be demonstrated by parents who always give attention and affection to their children, give them freedom but still control them well so that they will become more independent in the future (Waruwu, 2021).

This is also supported other research findings which show that 33.3% of parents apply a democratic parenting style, where parents always understand their children's circumstances and children feel comfortable with their parents, so that their independence develops as expected (Hardika & Marlina, 2021). This is also in line with research which found that 34.5% of respondents provided democratic parenting (Tawurutubun & Firdaus, 2022).

The democratic parenting style applied includes supervising children when interacting with other people or friends in their play environment, communicating with children gently and attentively, where parents give warnings and advice when children do something wrong, controlling the child's daily activities and providing boundaries and rules for the child to play under supervision, behaving in a way that educates the child, and fulfilling the child's desires in accordance with the child's needs and abilities. Based on the characteristics of respondents such as the age and gender of parents, it was found that most parents were aged 42–53 years (42.9%), with the highest number (10.7%) being 43 years old.

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Previous research showed that 41.8% of parents were aged 41–50 years, indicating that older parents tend to have more caregiving experience and emotional maturity, which can support consistency in daily caregiving routines. Furthermore, the majority of respondents were women, with 44 (78.6%). These findings suggest that the age and gender of parents may be related to differences in caregiving experience, consistency, and involvement in daily self-care activities (Cheng & Deng, 2023). However, because the age and gender of parents were not controlled or statistically analyzed as independent variables in this study, their influence cannot be determined with certainty.

Therefore, these factors are suggested as potential variables for further investigation in future studies to understand their role in the success of toilet training in children with intellectual disabilities. On the findings of the study the research findings, the researchers assume that parents of children with intellectual disabilities at the Yogyakarta Special School generally apply a democratic parenting style. This parenting style reflects the parents' efforts to balance guidance, supervision, and emotional support for their children, particularly in supporting their independence in daily activities. The dominance of democratic parenting is in line with parenting characteristics that encourage active parental involvement, providing opportunities for children to learn independently, and positive reinforcement of desired behaviors.

As shown in Table the results indicate that 38 children (67.9%) successfully completed toilet training, while 18 children (32.1%) did not. These results show that most children with intellectual disabilities were successful in toilet training and demonstrate that children are able to follow the toilet training process well according to their abilities.

In this study, children in the successful category demonstrated the ability to meet the indicators of successful toilet training, including being able to recognize the urge to urinate and defecate, understand instructions for using the toilet, be able to hold the urge for a while, understand the function of the toilet, use the toilet in the correct position, and flush after defecating. The results of this study are in line with other research, which shows that most children fall into the successful category in toilet

training, namely 28 respondents (71.4%) , indicating that children are able to urinate and defecate independently and give signals or signs when they want to go to the toilet (Husada & Susilaningsih, 2017). Similar findings were also report which showed that most children were successful in toilet training, as indicated by their ability to use the toilet correctly and no longer use diapers in their daily activities (Waruwu, 2021).

The success of toilet training for children with intellectual disabilities is influenced by several factors, including intellectual, physical, and psychological readiness. Intellectual readiness refers to the child's ability to understand simple instructions and connect bodily sensations with toilet activities. Physical readiness involves adequate motor control, such as the ability to walk to the toilet, sit or squat properly, and manage clothing. Psychological readiness includes the child's awareness of bodily sensations and motivation to use the toilet appropriately.

In this study, intellectual and physical readiness were indirectly controlled through inclusion criteria, namely the selection of children with mild to moderate intellectual disabilities and without additional physical impairments that could hinder toilet training activities. Meanwhile, psychological readiness, such as the child's motivation, emotional regulation, and willingness to use the toilet independently, was not measured or controlled directly in this study. These aspects vary significantly among children with intellectual disabilities and may contribute to differences in toilet training outcomes.

Therefore, psychological readiness is considered an uncontrolled confounding factor that may partly explain why some children do not successfully complete toilet training despite meeting the criteria for intellectual and physical readiness. This assumption is supported by other research which shows that children with intellectual disabilities experience a significant increase in toilet training skills after receiving structured and consistent guidance (Goo & Angela, 2025).

In the study, children's independence in using the toilet increased from an initial level of 30% to 70–80% after continuous training, indicating that children with mild to moderate intellectual disabilities have sufficient potential to achieve independence in toilet

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training when given appropriate guidance.

Although most children successfully completed toilet training, some still required assistance in certain aspects, such as flushing the toilet properly and tidying their clothes. This condition is likely related to the characteristics of children with intellectual disabilities, namely global developmental delay, which is a delay in functioning in two or more areas of development (Rahayu, & Taboer, 2025). These limitations can hinder children's ability to perform daily activities independently. Therefore, the implementation of toilet training for children with intellectual disabilities requires a structured approach, consistent repetition, and continuous positive reinforcement.

Researchers assume that the success rate of children in toilet training is influenced by the active role of parents. The role of parents in recognizing signs of readiness in children will increase the success of toilet training. Parents must be able to read the signs from their children and act appropriately. One of the failures when parents ignore their child's toilet training issues is that the child will become accustomed to wetting themselves, and if children are not frequently trained to urinate in the bathroom, they will become accustomed to urinating indiscriminately. Based on the tabulation results, 35 children (62.5%) out of 45 children (80.4%) who were raised with a democratic parenting style were successful in toilet training. That 64.3% of mothers tend to apply a democratic parenting style to children with special needs, with 57.1% succeeding in toilet training, which means that a democratic parenting style describes parents who recognize their children's abilities and give them the opportunity not to depend on others. In applying democratic parenting, mothers show affection to their children and give them the freedom to do things on their own under supervision. Mothers also provide guidance, accompany, and train their children if they are not yet able to perform activities such as urinating and defecating independently (Husada & Susilaningsih, 2017).

In line with the research, it was found that 79.4% of parents applied a democratic parenting style with an average democratic parenting style of 42.85 with an estimated interval of 39.99-45.72, and the average success rate of toilet training was 6.88 with an estimated interval of 5.69-8.07, which concluded that

good or democratic parenting would result in successful toilet training and greater independence for children (Waruwu, 2021). However, 10 (17.9%) of parents who applied democratic parenting were still unsuccessful in implementing toilet training. This may be because even though they were raised with a democratic parenting style, inconsistent application, limited supervision, or inability to adapt to the individual abilities of children can reduce the effectiveness of parenting practices in supporting toilet independence.

Then, according to the cross-tabulation results, six children (10.7%) or all of those raised with a permissive parenting style failed toilet training. This finding is in line with previous research which showed a p-value of $(0.001) < (0.050)$, so H1 was accepted, meaning that there was a relationship between parenting styles and the level of toilet training independence in children with mental retardation (Tawurutubun & Firdaus, 2022). The cross tabulation results showed that 21 (38.2%) respondents who provided permissive parenting caused 20 (36.4%) children to have a dependent level of toilet training independence. Parents with this permissive parenting style allow their children to do what they want without direct supervision from parents, so that children feel neglected, especially in teaching children toilet training.

Based in the cross-tabulation results, the authoritarian parenting style was successful in toilet training for 3 children (5.4%) and unsuccessful for 2 children (3.6%). This parenting style emphasizes control and children's obedience to the rules set by parents, so that in some cases it can help children follow a structured toilet training routine. However, an approach that is too demanding and does not give children the opportunity to adjust to their abilities can also cause pressure, which has the potential to hinder the independence of children with intellectual disabilities. In line with the research the results of authoritarian parenting showed that out of 6 respondents, 4 respondents were unsuccessful and 2 respondents were successful in toilet training, where this parenting style describes giving orders and punishments to children (Husada & Susilaningsih, 2017).

Overall, the results of this study indicate that parenting styles have a significant relationship with the

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success of toilet training in children with intellectual disabilities. Democratic parenting styles tend to be associated with higher success rates, while permissive parenting styles are associated with higher failure rates. These findings emphasize the importance of structured, consistent, and child-centered parenting in supporting the independence of children with intellectual disabilities, particularly in toilet training.

CONCLUSION

The findings demonstrate a significant relationship between parenting style and the success of toilet training among children with intellectual disabilities. The study showed that 38 children (67.9%) successfully achieved toilet training independence, while 18 children (32.1%) were unsuccessful. Democratic parenting was the most commonly applied parenting style (80.4%) and showed the highest success rate, with 35 children (62.5%) achieving toilet training independence. This indicates that parenting characterized by warmth, structured guidance, consistent supervision, and positive reinforcement plays an important role in facilitating children's ability to develop self-care skills. Democratic parenting provides opportunities for children to practice independence while still receiving emotional and behavioral support, which is essential for children with intellectual disabilities who require consistent training and reinforcement.

In contrast, all children raised with permissive parenting (10.7%) failed to achieve toilet training independence, indicating that the absence of supervision, structure, and consistent guidance may hinder the development of adaptive skills. Meanwhile, authoritarian parenting demonstrated mixed outcomes, with 3 children (5.4%) successfully achieving toilet training and 2 children (3.6%) remaining unsuccessful, suggesting that strict control may support routine compliance but may not fully accommodate children's individual readiness and autonomy. Statistical analysis confirmed a significant relationship between parenting style and toilet training success ($p = 0.001$) with a strong level of association (Cramer's $V = 0.515$). These findings emphasize the importance of structured, consistent, and responsive parenting approaches in improving toileting independence and highlight the need for parental education and family-centered interventions

to enhance the quality of life of children with intellectual disabilities.

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The relationship between parenting style and the success rate of toilet training in children with intellectual disabilities

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