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The Effect of the Animation Video Modeling Method on the Level of Knowledge of Mothers Training Toilet Training in Children Aged 2-3 Years in the Central Suwawa Health Center Area

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ABSTRACT

Toilet training is an important stage in toddler development that requires the readiness and knowledge of parents, especially mothers. However, many mothers still have limited knowledge about proper toilet training practices. This study aimed to analyze the effect of the animation video modeling method on the level of mothers' knowledge in training toilet training for children aged 2–3 years in the Central Suwawa Health Center area. This research used a quantitative approach with a quasi-experimental design using a nonequivalent control group design. The sample consisted of 48 mothers who had children aged 2–3 years, divided into an intervention group and a control group using cluster sampling. Data were analyzed using univariate analysis and the Independent Samples T-Test. The results showed that the average knowledge score of mothers in the intervention group increased from 6.95 before the intervention to 10.71 after receiving the animated video modeling method. Statistical analysis showed a significant effect with a p-value < 0.001. These findings indicate that the animation video modeling method is effective in improving mothers' knowledge regarding toilet training in toddlers. Therefore, animated video-based health education can be recommended as an effective educational strategy in maternal and child health programs.

INTRODUCTION

Age *toddler* It is the initial phase in toddlers, which is close to the age of 1 to 3 years, at this time it is very important for children because the growth and development that occurs in toddlerhood will affect and determine the next growth and development of children (Prasma, 2022). One of the developments in the *toddler* is *toilet training*, the practice of bowel movements and BAK in children really needs preparation for mothers, both physically, psychologically, and intellectually. Through this preparation, children are expected to be able to control the ability to defecation and defecation independently. Success *toilet training* It depends on the readiness of children and families, especially mothers, such as physical readiness, namely that children are strong and capable. Likewise, with the psychological readiness of each child, they need a comfortable atmosphere to be able to control and concentrate on bowel movements and bowel movements in the implementation *toilet training* (Fatmawati, 2020).

Toilet training is an important aspect of child development *toddler* where parents must pay attention in terms of teaching children to defecate (BAB) and urinate (BAK) towards *toilet*, so that children do not depend on the use of diapers. As a parent who still has toddlers, you must experience conditions when you have the habit of defecating (BAB) and urinating (BAK) that are not in place, either when playing or while sleeping (Heryani, 2022).

According to *American Academy Of Pediatrics,* In children who refuse to defecate in the toilet, 93% have experienced constipation (hard stools), while 74% experience pain when defecating in the toilet. *toilet*. According to the national Household Health Survey (SKRT), it is estimated that the number of children under

five who have difficulty controlling bowel movements and bowel movements reaches 75 million children (Finance, 2024). In Gorontalo Province the Problem *toilet training* is still considered less important by some people, this is proven by research Scott, (2025), that *toilet training* in children of age *toddler* which was successful as many as 17.1%, from the results of the study showed that as many as 50% of children could not open and wear pants independently when urinating or defecating, and as many as 81.2% showed that children did not ask to be escorted to the bathroom and were not used to defecating in the bathroom. *toilet*.

Lack of parental role in the phase *toilet training* children can lead to failure *toilet training*. Failure *toilet training* or urination and bowel skills acquired over a span of time *toilet training*, can cause urinary problems in the form of enuresis, urinary tract infections, constipation, encopresis and refusal to go to the toilet. Failure *toilet training* What happens to children can also be caused by the lack of parental knowledge, especially the mother's knowledge (Yunita & Surayana, 2021).

Mother's knowledge is the result of knowing about a certain object or information, through the learning process or information obtained by the mother. The mother is the first madrasa for her child to teach all things. The importance of mother's knowledge in training *toilet training* to children so that mothers can teach how to do *toilet training* From an early age, namely at the age of toddler (Finance, 2024). That's why, the level of knowledge of mothers is important in their knowledge. Mothers with good knowledge have an average education (high school/vocational school and college) but with the passage of time parents or mothers will understand and even learn new things (Busura, 2025). At the time of doing *toilet training* in children, mothers need media in training children to *toilet training*, so education is needed to get more attention by choosing the right media by using *Modeling* Animated video.

Modeling Animated video is the process of visual representation of the object or character used in an animated video. The modeling results are then animated, textured, lighting, and visual effects to create a lively and engaging animated video. *Modeling* Animated videos are chosen because information is easier to receive, fosters interest or skill of the target so that awareness to prepare *toilet training* more realized. *Notice* Animated videos can be educational for mothers who are preparing their children for *toilet training* (Heryani, 2022).

Usage *Modeling* Animated videos as an alternative in learning/forming new behaviors that stimulate the senses of the eyes, hearing and other senses are more quickly accepted by mothers. One of the functions *Modeling* Animated videos can be used to train skills *toilet training* in mother and child. *Modeling* Animated videos are widely applied because mothers can immediately see and remember what is seen through the impression and apply it, so that mothers can quickly understand and understand what is given through the animated video (Fatmawati, 2020).

According to research Marleni, (2022), the child's ability is optimally obtained if there is a positive interaction between parents, especially mothers and children, then it will go well if the mother has good knowledge about toilet training. This is in line with research Alfiana, (2024), good mother's knowledge can affect the implementation of *toilet training,* Mom can teach *toilet training* Early on to children properly and correctly, using animated video media so that children can understand and practice directly. Supported by research Heryani, (2022), providing information and knowledge through animated video media about *(toilet training)* which is easy to understand. It is proven by that after being given an animated video, the mother's knowledge increases and the child does not feel bored in the implementation *toilet training* Because the animated video that is displayed is very interesting with the characters and content in it.

Based on an initial survey conducted on mothers who have children aged 2-3 years in the Central Suwawa Health Center area, totaling 12 people from representatives of 2 mothers in six villages, conveying the same problem, namely that there are still many mothers who do not know about *toilet training*, especially in Duano Village, Alale Village, Lombongo Village. Where children only depend on diapers and careless urination behavior. Although the limited sanitation facilities also contribute, the lack of knowledge of mothers is a crucial factor that hinders children's independence in defecation.

RESEARCH METHODOLOGY

This research is a quantitative research with an approach *quasi experiment*, by measuring the impact of an intervention or program and understanding the cause-and-effect relationship, albeit with a lower degree of certainty (Anantasia & Rindrayani, 2025). This research uses a design *Nonequivalent Control Group Design*.

This research was carried out in the Central Suwawa Health Center Area. The research time will be conducted on January 10-11, 2026. Sampling in this study used *cluster sampling*. This sampling technique selects samples based on clusters. Usually, this technique is used in research in the puskesmas area consisting of several existing villages/RWs so that it is more practical and efficient in the implementation of research in the puskesmas area (Fikri, 2022). From 6 Villages/ *cluster* taken for the research sample, namely from Duano Village totaling 23 people, Alale Village totaling 17 people and Lombongo Village totaling 8 people.

Data Analysis

Univariate Analysis

Univariate analysis is an analysis that aims to explain or describe the characteristics of each variable in the study, namely independent variables and dependent variables (Endarto, 2020). In the research of univariate analysis whitewashed the *Modeling* Animated videos and knowledge levels of mother training *toilet training* in children.

Bivariate Analysis

Bivariate analysis is an analysis carried out on two variables or correlated (Endarto, 2020). The data processing technique in this study is to test normality using **Shapiro – Wilk**, because it is more accurate to test on samples that are less than 50. Data decision-making is declared normal if the significance value > 0.05 data if the significance value < 0.05, then the distribution is declared abnormal. The data is distributed normally, so the bivariate analysis in this study uses statistical tests ***Independent Samples T-Test*****,** The aim is to compare the average of two unrelated (independent) groups to find out if there is a statistically significant difference between the two.

RESULTS

Univariate Analysis

The level of knowledge of the mother before being given the *Animation Video Modeling* Method to train *toilet training* for children aged 2-3 years in the Central Suwawa Health Center area.

Table 1. Frequency distribution of maternal knowledge level before being given an animated video *modeling* method to train *toilet training* for children aged 2–3 years in an intervention group in the Central Suwawa Health Center area

Mother's Level of Knowledge	Intervention		Controls	
	F	%	F	%
Good	1	4.17	0	0
Enough	4	16.67	3	12,5
Less	19	79.17	21	87,5
Total	**24**	**100**	**100**	**100**

Source : Primary Data, 2026

From Table 1, before the treatment provided, most of the mothers in the intervention group were in the category of low level of knowledge as many as 19 people (79.17%), the sufficient category as many as 4 people (16.67%), and only 1 person (4.17%) had a good level of knowledge. In the control group, 21 people (87.5%) were in the poor category, while only 3 people (12.5%) were in the adequate category, and there were no mothers with good knowledge levels.

The level of knowledge of the mother after being given the *Animation Video Modeling* Method to train *toilet training* for children aged 2-3 years in the Central Suwawa Health Center area.

Table 2. Frequency distribution of maternal knowledge level after being given an animated video *modeling* method to train *toilet training* for children aged 2–3 years in an intervention group in the Central Suwawa Health Center area

Mother's Level of Knowledge	Intervention		Controls	
	F	%	F	%
Good	7	29.17	0	0
Enough	12	50.00	6	25
Less	5	20.83	18	75
Total	**24**	**100**	**100**	**100**

Source : Primary Data, 2026

The results of Table 2 show that, in the intervention group after being treated with the animated video *modeling* method, there was a significant increase in the level of knowledge of mothers with the good category increasing to 7 people (29.17%), while the moderate category increased to 12 people (50%). In contrast, the number of mothers with a low level of knowledge decreased significantly to 5 people (20.83%).

Meanwhile, in the control group, the level of knowledge was sufficient to 6 people (25.0%), accompanied by a decrease in the proportion of mothers with less knowledge level to 18 people (75.0%).

Bivariate Analysis

The effect of the animation video *modeling* method on the level of knowledge of mothers practicing *toilet training* in children aged 2-3 years in the Central Suwawa Health Center area.

Table 3 Results of statistical tests on the effect *of the animation video modeling* method on the level of knowledge of mothers practicing *toilet training* in children aged 2-3 years in the Central Suwawa Health Center area

Measurement time	Red	Std. Deviation	Min-Max	95% CI Mean	p-value
Pre-Test	6,92	2,263	4-13	5,96 -7,87	<0.001
Post-Test	10,71	2,116	6-14	9,81 – 11,60	

Independent *t-test*

Variable	t	df	*P-value*	Mean Difference	95% CI
Difference between Intervention Groups & Control Group Differences	-4,421	46	0.000	-1,833	-2,668 to -0.999

Source: Primary Data, 2026

Table 3 above shows that there was a difference in the level of maternal knowledge before and after about *toilet training* in the intervention group. The average value of the mother's level of knowledge before the animation video modeling method treatment was 6.95 with a standard deviation value of 2.263 and after being given the animation video modeling method treatment became a mean value of 10.71 with a standard deviation value of 2.116. Statistical tests in the intervention group obtained a p-valeu value of <0.001 where p valeu <0.05 which means that there is an influence of the animation video modeling method on the intervention group before and after treatment in training *oilet training* in children aged 2-3 years in the Central Suwawa Health Center area.

The results of *the independent sample t-test* obtained a *p-value* of 0.000 which is smaller than the significance level of 0.05. Thus, it can be concluded that there is a statistically significant difference between the level of maternal knowledge in the intervention group and the control group after treatment. The intervention group given the animated video *modeling* method experienced a greater increase in knowledge with a mean difference of 1,833 compared to the control group. Thus, the animation video *modeling* method has been proven to be more effective than conventional methods in increasing the level of knowledge of mothers about toilet *training* in children aged 2–3 years.

DISCUSSION

The level of knowledge of the mother before being given the *Animation Video Modeling* Method to train *toilet training* for children aged 2-3 years in the Central Suwawa Health Center area.

The results of the study that have been conducted show that, before being given the treatment of the animated video *modeling method* , most of the mothers in the intervention group were in the majority of the knowledge lacking. This is evidenced by the results of the study obtained from *the pre-test* of the intervention group as many as 19 people (79.17%) had a low level of knowledge and only 1 person (4.17%) of the mothers had a good level of knowledge. Meanwhile, in the control group, the majority of the knowledge category was lacking, 21 people (87.5%) and in the sufficient category 3 people (12.5%).

This condition is related to the characteristics of mothers, the majority of whom only have elementary and junior high school education levels, with a range of young adulthood to middle adulthood, and all of them have the status of housewives who have to divide their time to take care of their children, husbands, and families. A relatively low level of education has the potential to limit the ability of mothers to receive and understand *toilet training information* in children aged 2–3 years.

Theoretically, knowledge is related to the process of receiving and understanding information obtained through experience and learning processes, which play a role in shaping an individual's awareness and behavior (WHO, 2022). Mothers' knowledge of toilet *training* includes an understanding of the definition, influencing factors, implementation processes and techniques, success benchmarks, and the impact *of toilet training* on children's development. The low level of knowledge of the mother before the intervention indicates

that information about toilet *training* has not been received optimally or has not been conveyed through educational methods that are in accordance with the characteristics of the mother.

According to Notoatmodjo, knowledge is related to knowledge which is the result of a person's sensing of an object through the five senses, which is greatly influenced by the information and experience obtained by individuals. Without the right educational stimulus, a person's knowledge tends to be at a basic level or underdeveloped.

The results of this study are in line with research by Kirom, (2024) which states that before being given educational media in the form of animated videos, most respondents had a low level of knowledge related to toilet *training*. It is proven that the average score is 0.60 or 60%, included in the medium category with an N-Gain score of at least 35% and a maximum of 82% so that it can be concluded that the use of video media is effective in stimulating children's toilet training skills.

Similar research was also reported by Rahmatiani and Karjatin, (2023) who explained that mothers who did not receive structured health education tended to have a low level of knowledge of the health materials provided. Judging from the average results before 49.50 and after treatment of 65.00, this shows that providing health education can increase the level of knowledge.

The same research has been conducted by Achjar, (2023) showing that without health education, the level of maternal knowledge about the role of parents in stunting prevention and the growth and development of toddlers tends to be lower, and increases significantly after being given education in the form of educational media.

The researcher assumes that before being given treatment, the mother's level of knowledge was in the majority of the categories of lack and adequate. This is also influenced by most of the mothers who have a primary to secondary education background and have the same status as housewives in the intervention and control groups. But by providing education through the right and structured media, it results in better and effective information reception so that it can increase knowledge

Mother's Level of Knowledge After being given an animated video *modeling* method to train *toilet training* for children aged 2-3 years in the Central Suwawa Health Center area.

After being treated with the animated video *modeling method,* the intervention group experienced a significant increase, characterized by a shift in the category of knowledge from less dominant to sufficient and good. From the results of the study, the level of knowledge was obtained as much as 5 people (20.83%), the level of knowledge in the sufficient category was 12 people (50.00%), and the good category was 7 people (29.17%). Meanwhile, in the control group, the level of knowledge was deficient as many as 18 people (75%) and the sufficient category was 6 people (25%).

This increase occurred, even though the mother's education level was in primary to secondary education and had the status of a housewife. This shows that the animation video *modeling method* is able to bridge the limitations of formal education of mothers by presenting information visually and audio that is easier to understand according to the characteristics of the respondents. The animation video display also features cute and interesting characters.

The increase in knowledge in the control group occurred because the mother continued to obtain information about *toilet training* through counseling with the researcher's method of study. However, the one-way approach to the lecture method and the absence of visualization causes the information conveyed to be less than optimal to be understood thoroughly, so that the increase in knowledge that occurs is relatively limited. This result is in line with the research of Febriananda, (2025) which states that animation video media is more effective than leaflet media as a conventional educational method in increasing respondents' knowledge.

Mother's knowledge after being given an intervention is the result of a learning process that involves more than one sense, so that the information received becomes more effective and easy to remember. Animated video media allows mothers to understand toilet materials *Training* more concretely, starting from the understanding to the correct implementation technique (Zahroh, 2025). Therefore, the increase in knowledge that occurs is not only quantitative, but also reflects a better understanding of the concepts and practices of toilets *Training* in children aged 2–3 years.

The results of this study are in line with the research by Fauziah and Tridiyawati (2025), which stated that health education using animated video media significantly increased maternal knowledge compared to before the intervention. Animated video media is able to present information visually and audioly so that it is easier for mothers to understand, especially in groups with primary to secondary education levels. Another study by Nurhalisa and Rizqi (2024), also shows that animated video media is effective in increasing maternal knowledge, because it is able to attract attention, increase understanding, and make it easier for mothers to receive health information.

The results of this study are in line with the research of Imamah, (2025) which found that health education using animated videos significantly increased the level of knowledge of respondents. Findings by Putri, (2024) also show that the use of animated videos is effective in increasing maternal knowledge in the

context of children's health. Therefore, *the animation video modeling* method is proven to be an effective and appropriate educational medium to increase mothers' knowledge about toilet training in children aged 2–3 years.

Based on the researchers' assumptions that after the animation video *modeling method* was carried out on the level of knowledge of mothers practicing *toilet training*, it was found that the level of knowledge of mothers who had children aged 2-3 years in the majority intervention group had a low and sufficient level of knowledge. This shows that animated video media is able to simplify *toilet training materials* to be more concrete, attractive, and easy to understand.

The presentation of information through a combination of visual and audio in animated videos allows the mother to receive information through more than one sense, so that the learning process becomes more effective than one-way or text-based delivery methods. This helps mothers understand the concepts, stages, and techniques of implementing *toilet training* more clearly and systematically, even with the limitations of formal education. In addition, the use of funny and interesting animated characters can increase mothers' attention and motivation during the educational process, making the information conveyed easier to receive and remember. This condition contributed to the shift in the maternal knowledge category from less dominant to sufficient and good in the intervention group.

The effect of the animation video *modeling* method on the level of knowledge of mothers practicing *toilet training* in children aged 2-3 years in the Central Suwawa Health Center area.

Based on the results of the study conducted on 48 respondents, 24 people for the intervention group and 24 people for the control group, it was found that there was a difference in the level of pre-test and post-test knowledge given. In the intervention group, the average value of the mother's level of knowledge before the animation *video modeling* method treatment was a mean value of 6.95 with a standard deviation value of 2.263 and after being given the animation video modeling method treatment to a mean value of 10.71 with a standard deviation value of 2.116.

The change in the level of knowledge after being given the treatment of *the animation video* modeling method increased by 1,833, so the level of knowledge of the mother training *toilet training* was increased. And a p-valeu value of <0.001 was obtained where p valeu was <0.05, so that a significant increase in the level of maternal knowledge in the intervention group showed that *the animation video modeling* method had a strong influence on increasing maternal knowledge about toilet *training* for children aged 2–3 years.

In accordance with the knowledge indicator, seen from the mother's level of knowledge The decrease in the number of respondents in the knowledge category from less than 19 to 5 people shows that most mothers who previously had limited information have experienced an increase in basic understanding of *toilet training.* This happens because animated videos are able to change the state of "don't know" to "know" .

Theoretically, the *Modeling* based on the concept *observational learning* which states that individuals can learn through the process of observing, imitating, and practicing the behaviors displayed by the model. Animated video as an audiovisual medium is able to stimulate more than one sense, especially the senses of sight and hearing, thereby strengthening the process of receiving and retaining information. In addition, visualization of steps *toilet training* in the form of animations can reduce misperceptions and increase the clarity of the message received by the mother (Nurhalisa, 2024)

However, there are still 5 people who remain in the underserved category, which theoretically can be caused by the characteristics of the respondents seen from internal factors such as low education level, limited capture, age, and external factors such as time limitations, lack of concentration when watching videos, or lack of reinforcement of the material. This is in line with the opinion Ghani, (2022) which states that knowledge is influenced by predisposing factors, including individual characteristics and readiness to learn.

The increase in the category of knowledge from 4 to 12 people shows that most mothers experience a transition of knowledge from a basic level to a better understanding. Mothers in this category don't just know information *toilet training*, but began to understand the concept and stages of its implementation. Theoretically, this increase can be explained through cognitive learning theory, in which individuals not only receive information, but also process and organize that information into new knowledge structures. Animated video modeling facilitates this process by presenting a systematic sequence of toilet training steps, so that mothers begin to understand the cause-and-effect relationship between the child's readiness, training techniques, and expected outcomes (Sari, 2023)

In addition, mothers who move to the category of enough generally have good motivation to learn, but still need reinforcement or repetition of material in order to achieve the good category. This is in accordance with the research of Marleni, (2022) who states that animated video media is effective in increasing understanding, but the achievement of optimal knowledge is still influenced by the intensity and frequency of information exposure.

The increase in the category of good knowledge from 1 to 7 people shows that some mothers have

reached a higher level of knowledge, namely understanding thoroughly and being able to relate information to real practice. According to Bloom's taxonomy, respondents in the good category have reached a cognitive level of "understanding" where mothers not only know the theory of toilet training, but are also able to reinterpret and understand how it is applied in daily life (Julianawati, 2022). Mothers who achieve the good category generally have supporting factors such as higher levels of education, previous parenting experience, and good concentration skills when receiving interventions. Alfiana's research, (2024) states that the combination of effective educational media and individual readiness will accelerate the improvement of knowledge to the optimal level.

Overall, the shift in the category from less → → good after treatment showed that the animation video *modeling* method worked gradually and selectively, according to the abilities and characteristics of each respondent. This media is effective in improving basic knowledge in most mothers, deepening understanding in certain groups, and optimizing knowledge in mothers who have high learning readiness.

The animation video *modeling* method not only serves as a means of conveying information, but also provides concrete and systematic examples of behavior so that it is easy for mothers to understand and imitate in daily practice. This is very important considering that toilet *training* is a practical skill and requires procedural understanding, not just conceptual knowledge.

In line with research Estiani, (2025) *Modeling* Through the animation video as a toilet training medium, it showed an increase in maternal knowledge by 80.7% after the activity. In addition, mothers get direct experience of positive reinforcement and the use of animated videos, this strategy is very effective aimed at the success of the participant's children in the success of toilet training.

The results of this study are in line with the research Kirom, (2024) which states that the use of animated videos in education *toilet training* Able to significantly improve the mother's knowledge and skills as it provides a clear and easy-to-replicate picture of the practice. In line with research by (Luqyana, 2024) which states that health education without the support of audiovisual media provides a lower increase in knowledge compared to visual or video-based education methods. It is proven that the average score before treatment is 55.97 while after treatment is 87.00, this shows that the influence of visual and video free audiovisual media can increase knowledge.

Findings by Putri, (2025) also explain that animated video media is more effective than conventional media in increasing maternal knowledge related to child health, especially in respondents with low initial knowledge levels. Thus, the animation video modeling method can be an effective and applicable alternative to health education in increasing mothers' knowledge about early childhood toilet *training* .

The intervention group that was given the animated video *modeling* method had a higher increase in knowledge than the control group that used the lecture method. This difference confirms that animated video media is more effective in increasing mothers' knowledge because it is able to present information in an interesting, interactive, and easy-to-understand manner. Theoretically, the increase in knowledge is influenced by the method of delivering information, where audiovisual media has advantages over the lecture method.

The results of this study are in line with the research of Imamah, (2025), Rahmawati, (2024), and Lestari, (2025) which stated that education using animated videos is more effective than conventional methods in improving health knowledge. Animated videos are able to present information visually and interestingly, making it easier for mothers to understand and remember the material presented. In addition, the presentation of behavioral examples directly through visual media makes the learning process more effective than conventional one-way methods.

In line with research by Luqyana, (2024) which states that health education without the support of audiovisual media provides a lower increase in knowledge compared to visual or video-based education methods. Similar findings were also obtained in maternal health promotion research which showed that conventional lecture methods were less effective in increasing maternal knowledge and understanding than interactive educational media (WHO, 2022).

Research by Jayadin, (2023) related to the effectiveness of animated video media in increasing maternal knowledge is also in a study "*The Effect of Animated Video Education on Mothers' Knowledge Regarding Stunting Prevention in Toddlers* " which shows a significant increase in maternal knowledge after intervention. This result is strengthened by other studies that state that health education based on animated videos is more effective than print media or oral counseling in improving maternal understanding (Pratiwi, 2024).

The researcher assumes that the significant increase in the level of maternal knowledge in the intervention group is influenced by the effectiveness of *the animated video modeling* method as a health education medium. The animation video is considered to be able to present *toilet training information* visually, concisely, and easily understandable so as to help mothers in capturing and remembering the material presented. Mothers have limitations in understanding the concept *of toilet training* if it is only delivered orally or using the lecture method. Therefore, providing direct behavioral examples through animated video *modeling* facilitates the learning process, especially for mothers with a low level of initial knowledge. For the

sake of increasing that the animation video *modeling* method is an appropriate, effective, and applicable educational medium to increase maternal knowledge through toilet training for children aged 2-3 years in the Central Suwawa Health Center area.

Thus, the animation video *modeling* method not only increases the mother's knowledge quantitatively, but also deepens the mother's understanding of the correct *toilet training* practice . Therefore, this method is considered more effective than the lecture method and is suitable to be applied as a health promotion strategy in first-level health services targeting mothers with primary to secondary education characteristics.

CONCLUSION

The level of knowledge of mothers before being given the treatment of *animated video modeling* methods is mostly in the category of lacking, related to the characteristics of mothers who mostly only have elementary and junior high school basic education, and the lack of information received by mothers regarding toilet training.

The level of knowledge of mothers after being treated with the animation video *modeling method* has increased significantly, characterized by an increase in the proportion of mothers in the category of sufficient and good knowledge and a decrease in the category of lack. In the control group, the increase was relatively small compared to the intervention group. The lecture method that is one-way and has minimal visualization causes the information received to be less than optimal to be understood thoroughly.

The effect *of* the animated video modeling method on the mother's knowledge level in the intervention group, The results of the statistical test showed a significant influence of the *animated video modeling* method on the mother's knowledge level in the intervention group, with a p-value of < 0.001. This proves that there is a significant difference between the mother's level of knowledge before and after being given the treatment of the animated video modeling method.

SUGGESTIONS

Educational institutions, especially in the field of health and nursing, are expected to use the results of this research as reference materials and learning development, especially related to audiovisual media-based health education methods. Method *Modeling* Animated videos can be integrated in the learning process as an effective educational strategy to increase students' understanding in delivering health promotion to the community.

The Puskesmas is expected to be able to implement the animation video *modeling* method as an educational medium in health promotion activities, especially in maternal and child health programs, so as to support the successful implementation of toilet training in toddler children.

Mothers are expected to be able to apply the knowledge that has been gained about toilet training in daily life consistently and in accordance with the stages of child development, so that it can support the success of toilet training optimally.

The implementation *of proper toilet training* by mothers is expected to help *toddlers* develop independence, clean and healthy living habits, and optimal readiness for children's psychological and emotional development.

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