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## RESEARCH ARTICLE

### PARENTAL ATTITUDES AND PERCEPTIONS REGARDING PRIMARY NOCTURNAL ENURESIS IN CHILDREN

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#### ABSTRACT

**Background:** Nocturnal enuresis has a significant psychological impact on both children and their parents. Parenteral attitudes and perceptions immensely affect the management and resolution of bedwetting in children. This study evaluates the parenteral attitudes and perceptions regarding nocturnal enuresis. **Methods:** A descriptive explorative study was carried out on parents of children studying in selected schools of Nashik. A survey was conducted to determine the students with monosymptomatic nocturnal enuresis. Out of 127 enuretic children aged 6 to 12 years, parents of 50 children who met the inclusion criteria were selected for the study. **Results:** Majority of parents 12(24%) considered deep sleeping the main cause of nocturnal enuresis while 3 (6%) considered it is caused by a neurological problem. The results of parents emotional reactions on their child's enuresis revealed majority 18 (36%) regarded their child's bedwetting as troublesome while 7 (14%) felt angry. On basis of their perceptions about useful management strategies 12 (24%) considered limiting fluid intake before bedtime while 8 (16%) considered punishing and scolding the child as a useful remedy. All 7 parents who react angrily for their child's bedwetting had either primary or secondary education. Parenteral education level was also related to management of enuresis where all 8 parents who considered punishing belonged to parents with either primary or secondary education. Parents with a positive family history of bedwetting considered limiting fluid intake and praising the child as useful management strategies. Parents with children who wet their bed every night (26%) felt more worried and angry on child's bedwetting habit. **Conclusion:** Parents' educational status and positive family history of bedwetting has a major role in their attitude and perception regarding emotional reactions and management of nocturnal enuresis where as parents' educational status was not related to their beliefs about nocturnal enuresis causes. The results emphasize the need for proper educational or bladder training programs for parents to help manage their children with nocturnal enuresis.

#### INTRODUCTION

Enuresis is considered as a significant cause of social, psychological, and emotional distress in children and carries a major clinical burden. It can be categorized as nocturnal enuresis, diurnal enuresis or both. Nocturnal enuresis is defined as involuntary voiding during sleep, at least once a month for children above five years of age, when they have been symptomatic for a minimum of three (Austin PF et al. 2014). Nocturnal enuresis can be stressful for parents as well as other family members. Feelings of the parents may range from being sad to frustrated, worried to angry and even tired. Children may be able to sense these feelings in parents and feel responsible for making them upset. It is important to take the constructive steps together as a team for both parents and children in conquering the problem of enuresis.

Together they should work on ways to reduce feelings of failure and find ways to encourage positive feelings (Meydan *et al.*, 2012). Parental perception toward a child's bedwetting can make a difference in how children feel about their bedwetting problem and themselves. Generally parents believe that bedwetting will eventually resolve with age which may be the reason why many parents delay seeking treatment for bedwetting until it starts having a considerable impact on the child and family (Tai *et al.*, 2015). Before seeking professional help, parents make use of a range of home strategies to overcome bedwetting. Among them the most common is restricting drinks before bed, waking up the child from sleep to void, rewarding for achieving dry nights, scheduling timely toilet trips during daytime, using protection pants and sometimes showing displeasure and punishment (Schlomer *et al.*, 2013). The present study investigates the parenteral attitudes and perceptions regarding nocturnal

enuresis with a view to spread awareness among the parents and health care professionals regarding a positive approach in management of nocturnal enuresis.

**Aim:** Assess the parenteral attitudes and perceptions regarding primary nocturnal enuresis in children

**MATERIALS AND METHODS**

A descriptive explorative study was carried out in parents of enuretic children studying in selected schools in Nashik. A survey was conducted to find the number of children suffering from monosymptomatic nocturnal enuresis between July 2018 to August 2018. Out of 127 enuretic children aged 6 years to 12 years, parents of 50 enuretic children who met the inclusion criteria were selected for the study. The inclusion criteria included the: Parents of children suffering from primary monosymptomatic nocturnal enuresis, Parents of children between age groups of 6 to 12 years, Parents of children not taking any treatment for nocturnal enuresis, Parents willing to participate in the study. In the study, non-probability convenient sampling technique was used for selecting the sample. After explaining the purpose and nature of the study informed consent was obtained for participation in the study. The confidentiality of the participant was assured.

A structured questionnaire was administered having two parts. Part I collected the socio-demographic data of the parents and Part II consisted of 3 sections consisting of statements on:

- Parents beliefs about the cause of enuresis (7 items)
- Parents emotional reactions to their enuretic children (4 items) and
- Parents perceptions of useful management strategies (7 items)

All responses were collected and analysed using descriptive and inferential statistics.

**RESULTS**

Table no 1: shows that majority 21 (42%) of parents were aged 25 - 30 years. 36(74%) of parents who filled the questionnaires were mothers. Majority 16 (32%) had graduate level of education. The marital status of 46 (92%) was married. 28(56%) had family history of bed wetting. Bedwetting frequency of majority 19(38%) was 4 to 6 times a week.

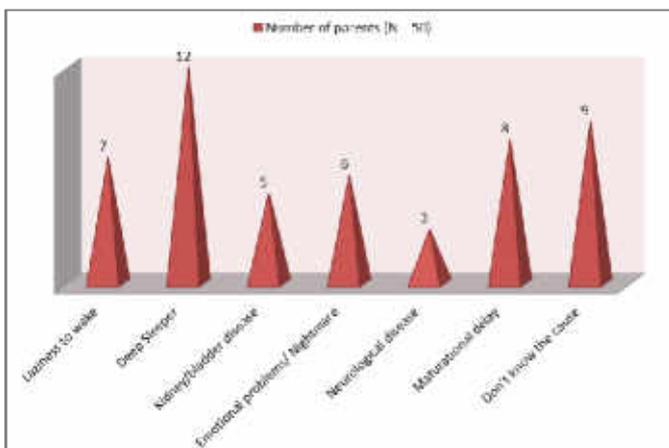


Figure 1. illustrates the parental beliefs regarding the causes of enuresis

Out of 50 parents, majority 12 (24%) believes the cause to be deep sleep, 9(18%) doesn't know the cause, 8 (16%) considers it to be maturational delay, 6(12%) believes it is due to emotional problem and/or nightmares, 7(14%) believes child is lazy to get up, 5(10%) considers it to be a kidney disease whereas 3(6%) neurological disease.

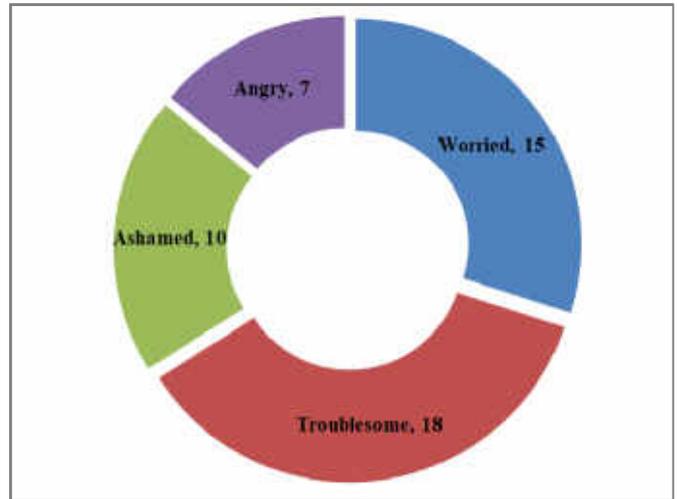


Figure 2 .Depicts the parenteral emotional reactions to their enuretic children

Out of 50 parents, majority 18 (36%) felt it troublesome, 15(30%) are worried, 10 (20%) are ashamed whereas 7 (14%) felt angry.

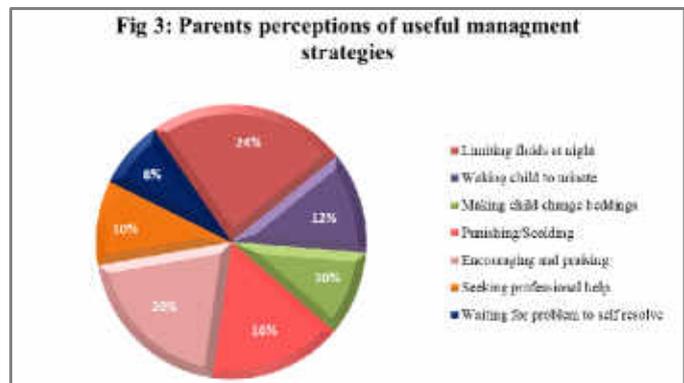


Fig 3 shows Out of total 50 parents 12 (24%) believe limiting child's fluid intake before bedtime to be useful management strategy, 10 (20%) consider encouraging and praising child to be effective, 8(16%) perceive punishing or scolding the child to be helpful, 6(12%) believe waking the child to urinate ashelpful, 5(10%) consider making the child change bedding, 5(10%) believe seeking professional help is effective whereas 4(8%) has faith that the problem will go by its own.

**DISCUSSION**

The findings of the present study highlights that majority of parents 12(24%) considered deep sleeping as the main cause of nocturnal enuresis while 3 (6%) considered it is caused by a neurological problem. The results of parents emotional reactions on their child's enuresis revealed majority 18 (36%) regarded their child's bedwetting as troublesome while 7 (14%) felt angry. On basis of their perceptions about useful management strategies 12 (24%) considered limiting fluid intake before bedtime as a useful management strategy for bedwetting while 8 (16%) considered punishing and scolding

**Table 1. Distribution of parents based on socio demographic profile (N= 50)**

Socio-demographic data	Frequency	Percentage
<b>Age</b>		
Less than 25 years	3	6%
25 -30 years	21	42%
31 – 35 years	18	36%
36 – 40 years	6	12%
Above 40 years	2	4%
<b>Relation with the child</b>		
Mother	36	72%
Father	14	28%
<b>Level of education</b>		
Illiterate	0	0%
Primary	6	12%
Secondary	9	18%
College	11	22%
Graduate	16	32%
Post graduate	8	16%
<b>Marital Status</b>		
Single	0	0%
Married	46	92%
Divorced	3	6%
Widowed	1	2%
Separated	0	0%
<b>Family History of Bed wetting</b>		
Positive	28	56%
Negative	22	44%
<b>Frequency of child's bedwetting</b>		
Every night	13	26%
1 to 3 times per week	18	36%
4 to 6 times a week	19	38%
1-3 per month	0	0%

the child as a useful remedy. Majority of parents 36 (72%) who answered the questionnaires were mothers. Out of 15 parents with a primary and secondary education 7 (46.6%) get angry while none from college, graduate or post graduate group react angrily for their child's bedwetting. Parenteral education level was also related to management of enuresis where all 8 parents who considered punishing bed-wetting children as a useful management strategy belonged to parents with either primary or secondary education while all 10 parents who considered encouraging and praising children for dry nights belonged to either graduate or post graduate level of education. Parents with a positive family history of bedwetting (56%) considered limiting fluid intake, praising the child and waking the child to void as useful management strategies. Parents with children who wet their bed every night (26%) felt more worried and angry on child's bedwetting habit. These results are similar to the findings of Haque *et al.* (1981) where parental perceptions of nocturnal enuresis were explored in a collaborative study of 1379 children aged 4 years and older. One in four children (25.1%) was found to be enuretic. Majority (74%) of parents answering the questionnaires were mothers. Parental educational level was related to the management of bedwetting; parents with only a school grade education punished their children and sought medical advice more often than the parents with higher education. Contrary to this parental educational level was not related to beliefs about bedwetting causes. More than one third of parents of both groups considered that enuresis has an emotional cause, with physical causes being ranked lower than emotional causes or heavy sleeping. More than half of the parents failed to seek help from physicians which may have resulted from lack of confidence in physician's ability to solve the problem. Another study by Chao *et al.* (1997) addressed the parental perspectives for the treatment of primary monosymptomatic nocturnal enuresis in children conducted in Singapore. Thirty parents were included in the study.

Fifty percent of parents felt that primary monosymptomatic nocturnal enuresis was due to a maturational delay while 50% of them thought that it was caused by deep sleep where the child was unable to wake up to void. Thirteen (43.3%) parents felt that the problem was familial and 43.3% felt that it was due to behavioural problems in the child like being lazy, defiant or difficult. Eight (26.7%) parents regarded excessive fluid intake at night as the cause. Nocturnal enuresis was seen as a social stigma by 83.3% of parents.

## Conclusion

Parents' educational status has a major role in their attitude and perception regarding emotional reactions and management of nocturnal enuresis whereas parents' educational status was not related to their beliefs about causes. Parents with a positive family history of bedwetting have a better perception regarding useful treatment strategies. Parents of children who wet their bed every night tend to be more worried and angry than parents of children who occasionally wet their beds. The results emphasize the need for proper educational or bladder training programs for parents to help manage their children with nocturnal enuresis. The parents and family need to be guided regarding a supportive approach towards their enuretic children as emotional feelings of worry and anger as well as punishing and scolding children can cause more damage to the child's emotional health and may end up escalating the problem than solving it.

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