

Psychological Impact of Nocturnal Enuresis on Self-esteem of School Children

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Abstract

Bedwetting is the cause of significant psychosocial stress especially in older children. Aim: The study aimed to assess the psychological impact of nocturnal enuresis on self-esteem of school children.

Design : Descriptive research design was used in this study.

Setting : The study was conducted in Jaipur National University Hospital Institute of medical science and research Centre in Jaipur, Rajasthan, which consisted of 18 outpatient clinics. The pediatric outpatient clinic of Jaipur National University Hospital Institute of medical science and research Centre it is general pediatric outpatient clinic for all children disorders not just for enuresis.

Sample : This is a convenient sample of 140 of children representing almost half of the total attendants with nocturnal enuresis during three months duration. The total number of the sample was 70 children of nocturnal enuresis.

Tools : For data collection, an interview questionnaire was used to assess socio demographic data, children knowledge about enuresis, psychological impact of enuresis on the children regarding depression and social isolation, self-esteem inventory scale for the children.

Finding : The results of the study showed there were no significant difference between gender and their positive self-esteem. In addition, there were no significant difference between psychological problems of the studied children and their positive self-esteem.

Conclusion : This study concluded that children in this age have poor knowledge in relation to enuresis. In addition, most of studied children had low self-esteem.

Keywords : nocturnal enuresis, psychological impact, children, self-esteem

Introduction

The total number of school age children in Jaipur, Rajasthan in the year 2022 is about 99.3 lakh children in different stages of education^[1].

Enuresis is the medical term for bed-wetting during sleep. The word enuresis is derived from a Greek word meaning to make water, also the word "enourein", meaning to void urine^[2].

Enuresis is the involuntary or intentional discharge of urine after the age of bladder control, which ranges from 3-7 years of age..^[3].

According to the International Children's Continence Society, enuresis or nocturnal enuresis is wetting episodes that occur in discrete amounts during sleep.^[4]

Enuresis that persists beyond the age of 8 to 10 years may be associated with a poor self-concept or other psychological problems. Reassurance, support, and

avoidance of punishment and humiliation are important to maintain the child's self-esteem and minimize parental frustrations^[5].

The most difficult aspect of nocturnal enuresis is its effect on a child's self-esteem. Bedwetting can be a source of embarrassment for children causing them to refrain from certain age-appropriate activities such as sleepovers. Parents may become frustrated with their child's wetting because it is a drain of time, energy, and money. Some parents punish their children in response to their bedwetting.^[6]

Nocturnal enuresis can take a toll on child's self-esteem and is a frustrating problem to parents. The parents are typically the one responsible for the clean up after an accident and are typically charged with finding a cure for the problem.^[7] Problem can be stressful for the parents and other family members. Feelings of the parents may range from being worried to frustrated, sad to angry, and even tired. Children may be able to sense these feelings in parents.

Children may feel responsible for their parent's reactions and for upsetting the household. [8]

Psychosocial support is an essential part of care since stress is a significant cause of secondary enuresis. It is important for the child to understand that he or she is not alone. The child should be included in the treatment plan; this help to increase the child's motivation to become dry and discuss potential strategies with the family to reduce stressors on the child or to help the child cope with the stressors [9].

Methods

Research Design : Descriptive research design was used in this study.

Setting : The data was collected from Jaipur National Hospital Institute of medical science and research Centre, which consisted of 18 outpatient clinics. The Pediatric outpatient clinic of Jaipur National Hospital Institute of medical science and research Centre, it is general pediatric outpatient clinic for all children disorders not just for enuresis.

Sample : The studied subjects represented a convenient sample of 140 of children representing almost half of the total attendants with nocturnal enuresis during three months duration. The total number of the sample was 70 children of nocturnal enuresis.

Tools of Data Collection

A-Socio-demographic data sheet :- Includes socio-demographic data of children such as age, gender, birth order, school achievement, drinking habits and family history of nocturnal enuresis.

B-Children knowledge questionnaire :-The questionnaire was determine children level of information about nocturnal enuresis (definition, types, etiology), (five items), effect and consequence of nocturnal enuresis on the child and family (2 items).

C-Self-concept questionnaire, it was used to assess the psychological impact of nocturnal enuresis on the children regarding to depression and social isolation, adopted from Blleck and Edlun (1992) [10], it is composed of twelve statements, 1) I am happy; 2) I am intelligent; 3) I do not like my appearance; 4) I have good morals in the class; 5) I have good ideas; 6) I am sad; 7) I am shy; 8) I do friendship hardly; 9) I am sometimes worried and nervous;

10) I do had things; 11) I am the most important person in the family; and 12) I solve my problem easily. Answer by "yes" to statements 3, 6, 7, 9, 10 are considered negative self-concept.

D- Self- Esteem Inventory Scale for the children:- This tool was developed by [11] and adopted from [12], It was revised by two professors of psychiatry to measure self-esteem of children between the ages of six to fifteen years through attitudes toward the self in social, academic, family and personal areas of experience. The modified scale, which contains 40 items, was divided into two subscales.

Ethical Considerations : Personal communication was done with children to explain the purpose of the study and assure their best possible cooperation. The researcher emphasized to children that the study was voluntary and anonymous. Children had the full right to refuse to participate in the study or to withdraw at any time without giving any reason.

Results

Table 1 indicated that the majority of the studied children were at age group from 8-10 years old 78.6% and 54.3% were male, while, 52.9% were first and second birth order. In addition, it was found that 31.4% were succeeded with satisfactory grades, and 54.3% had positive family history of nocturnal enuresis.

Table 1. Socio-Demographic data of the studied children No = (70)

Socio-demographic data	No	%
1-Age (yr.)		
8<10	55	78.6
10 -12	15	21.4
2-Gender		
Male	38	54.3
Female	32	45.7
3-Birth order		
-1stt-2nd	33	52.9
-3rd-5th	37	47.1
4-Scholastic achievement		
-Succeed with excellence	10	14.3
- Succeed with good	18	25.7
- Succeed with satisfactory	22	31.4
- Succeed with subjects	20	28.6
5- Family history of nocturnal enuresis		
- Positive	38	54.3
- Negative	32	45.7

Table 2. Frequency distribution of drinking habits among children No = (70)

Drinking habits	No	%
- Fluid intake in the morning		
- Less than one liter	46	65.7
- More than one liter	24	34.3
- Time of last drink before sleep		
- Just before bed time	56	80
- Before bed time at least two hour	14	20

Table 3. Mean and SD of the studied children knowledge regarding to definition, causes, signs and symptoms of enuresis

Children Knowledge	Mean and SD
Definition of enuresis	0.92±1.453
Causes	
-Physical causes	1.83±1.281
-Social causes	2.62 ±0.612
-Psychological causes	3.71±1.241
-Emotional causes	2.69±0.720
Signs and symptoms of enuresis	0.98±0.231
Enuresis Problems	
-Social problems	2.71±0.551
- Psychological problems	3.81±1.230
-Economic problems	2.48±.521
Total mean score of Children Knowledge	24.9±5.43

Table 7. The relationship between the child's gender and their positive self-esteem. Table (7 & 8) is the answer of research question No (2)

The child's gender	Positive self-esteem before the intervention				X ²	p
	Low positive self esteem		High positive self esteem			
	No	%	No	%		
- Male	26	37.2	14	20	1.5	0.22
- Female	22	31.4	8	11.4		N.S

Table 4. Frequency distribution of children knowledge. This table is the answer of research question No (1)

Children Knowledge	No =(70)	%
Poor knowledge	32	45.7
Fair knowledge	28	40
Good knowledge	10	14.3

Table 5. Assessment of self-concept condition of enuretic children

Variables	Yes %	No %
I am happy	31.4	68.6
I am intelligent	62.9	37.1
I do not like my appearance	40	60
I have good morals in the class	78.6	21.4
I have good ideas	41.4	58.6
I am sad	57.1	42.9
I am shy	87.1	12.9
I do friendship hardly	64.3	35.7
I am sometimes worried and nervous	82.9	17.1
I do had things	72.9	27.1
I am the most important person in the family	38.6	61.4
I solve my problem easily	30	70

Table 6. Frequency distribution of positive Self-Esteem and Negative Self-Esteem among Children No = (70)

Children self -esteem	No	%
Positive self-esteem		
- Low positive self-esteem	48	68.6
- High positive self-esteem	22	31.4
Negative self -esteem		
- Low negative self-esteem	46	65.7
- High negative self-esteem	24	34.3

Table 8. The relationship between the child's gender and their negative self-esteem

The child's gender	The child's positive self esteem				X ²	p
	Low Negative self esteem		High Negative self esteem			
	No	%	No	%		
- Male	25	35.7	15	21.4	1.06	0.30
- Female	21	30	9	12.9		N.S

Table 9. The relationship between psychological problems of the studied children and their positive self-esteem. This table is the answer of research question No (3)

Psychological problems of the children	Negative self-esteem before the intervention				X ²	p
	Low positive self esteem		High positive self esteem			
	No	%	No	%		
- Social isolation	13	18.5	3	4.3	1.9	0.73
- Aggression	3	4.3	2	2.9		N.S
- Hyperactivity	2	2.9	4	5.7		
- Embarrassment	20	28.6	12	17.1		
- Aggression & hyperactivity	8	11.4	3	4.3		

Discussion

Many children with a bed-wetting problem suffer from low self-esteem, shame, and guilt. They have feelings of failure and see themselves as different from other people. Children with a bedwetting problem are afraid of being discovered and often fear being teased and humiliated by their peers. These feelings are heightened if the individual also suffers from daytime "accidents" which can accompany nocturnal enuresis [7].

Regarding to socio-demographic characteristics of the enuretic children, this study result showed that the age of enuretic children for more than half of them, ranged between 8<10 years and were male (Table 1). This finding may be due to the incidence of enuresis decrease gradually with increasing age. This finding similar to that of another study conducted at the Outpatient Clinic of Psychiatric Hospital's in Jaipur National University Hospital, Jaipur where enuresis was reported to be higher in children aged 9 to<12 years old compared to those in the age category of 6-<9 years^[13] also, Butler & Heron reported that nocturnal enuresis is a prevalent and potentially distressing experience for children and their parents. Around 15-22% of boys and 7- 15% of girls wet the bed at 7 years of age, with almost 3% wetting more than twice a week, Combined (day and night) wetting has been reported in 3.3% of 7-year-olds and 4% of children aged 5-12 years^[14]

Conclusion

This study concluded that the age of enuretic children for more than half of them, ranged between 8<10 years and were male, two third of them were had fluid intake in the morning less than one liter and majority took their last drink just before bedtime, children in this age have poor knowledge in relation to enuresis, slightly more than three quarters of enuretic children have low self-concept and less than one quarter of them had high self-concept and two thirds of them had low self-esteem. The child's gender and their self-esteem the present study showed that the male children had low self-esteem more than female children with no statistically significant difference, there were no statistically significant difference between psychological problems of the studied children and their positive self-esteem.

Recommendations

Based on the findings of the present study, it could be recommended that:

- ✓ Raise community awareness about nocturnal enuresis and decrease the incidence of bedwetting through:
- ✓ Educating adolescents in schools and universities about nocturnal enuresis because they will be the parent of the future.
- ✓ Development of a health educational program for mothers of enuretic children to update their knowledge

and skills about the advancing technology in the health care of their enuretic children. This educational program could be delivered through mass media, posters, booklets, MCH centers and individual counseling.

- ✓ Pediatric nurse, Psychiatric nurse, Community health nurse and school health nurse should offer counseling services for the mothers and their children regarding nocturnal enuresis.

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Conflict of Interest : there is no conflict of interest in this research.

