

## PARENTAL PERCEPTION OF CHILDHOOD ENURESIS AND THE METHOD OF TREATMENT

### Hypothesis / aims of study

Although primary nocturnal enuresis is a common problem, it can be very stressful for both children and parents. Parental perception of childhood enuresis may influence the children's behavior and the success of treatment. The aim of this study was to understand the parental perspective and their management of enuresis.

### Study design, materials and methods

93 children between the ages of six and fifteen were diagnosed with primary enuresis by a medical center urologist. All of the participants and their parents were briefed by the doctors on what the study entails. After agreeing to participate, their parents were asked to fill out their children's basic information, medical history, behavior, their perception regarding enuresis, and the methods they utilized in deterring and treating enuresis. We first used the Chi-square test and Fisher's exact test to determine whether there were significant differences between the participants in their basic characteristics. We then compared these enuretic children with different characteristics, determined whether their parents had different perception regarding enuresis, and evaluated whether there were significant differences in the methods they used to deter their children's enuresis. Lastly, we used the Logistic regression model to investigate the factors that influenced parental attitude towards the treatment of enuresis and the reasons parents actively seek treatment along with its related factors. All statistical analyses in this study were done with SPSS 15.0 software, and a p value less than 0.05 was considered statistically significant.

### Results

This study employed a sample of 45 female and 48 male children, with 37.6% of the participants experiencing bedwetting at least once a week and 47.3% at least once a day. One third of the parents approached their children's enuresis with active encouragement and words of comfort, while 43.0% reacted in anger and berated their children. The remainder 23.7% of the parents react inconsistently, sometimes with anger and sometimes with words of encouragement. The most common methods parents utilized to control nocturnal enuresis was to regularly wake their children to use the restroom during the night (62.4%) and limit their children's water intake before bed (61.3%). Few other methods they utilized included giving warnings before bed and changing the diapers of their children (39.8% each). Only 17.2% of parents opted to continue anti-diuretic medication. Through the Logistic Regression Model, several factors that affected the likelihood of parents to seek medical treatment included socioeconomic status, educational level, the age of the child, and the birth-order of the child. Parents that have a high socioeconomic background and educational level were found to be more proactive in seeking out treatment. In addition, they were also more likely to seek treatment as the child ages or if the child is the first child in the family. In contrast, parents that had a history of enuresis themselves were unlikely to seek treatment; moreover, multiple regression analyses also found that the more educated the father was and if the child is the youngest, the more likely the parents were to utilize encouragement and comforting as their methods of treatment. Enuresis severity was not found to be correlated with parental attitude and perception in regards to enuresis and had no influence in the treatment strategies parents chose to adopt in the face of ongoing enuresis.

### Interpretation of results

Parents of high educational level and socioeconomic status (SES) were more active in seeking medical treatment for their child and were more likely to utilize encouragement and comforting as their methods of treatment against enuresis. These results suggest that education level and SES are factors that may help in identifying families that are struggling with enuresis. Because active medical treatment and encouragement may help to deter enuresis, parents that utilize these methods may see more improvement in their children.

Furthermore, parents indicated that enuresis severity was not an important factor for adopting certain treatment methods, suggesting that even mild enuresis warranted their concern. About half of the parents indicated that they reacted in anger and berated their children in response to bedwetting which warrants concern.

### Concluding message

Children's age, parents' education level and their economic status are the main factors whether these enuretic children will receive more active strategy. Their fathers' education and children's birth ranking also influence parents daily attitude to face their children. On the contrary, the severity of enuresis does not seem to be an important factor.

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Institutional Review Board of the Changhua Christian Hospital **Helsinki:** Yes **Informed Consent:** Yes