Increased Risk of Physical Punishment among Enuretic Children with Family History of Enuresis

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Purpose: Some parents blame their children for bedwetting and, therefore, punish them. This study aimed to assess the rate of punishment experienced by enuretic children and associated causative factors.

Materials and Methods: A total of 87 children 6 to 15 years old with monosymptomatic enuresis were assessed individually. Parents answered the questions in the tolerance scale. The forms of punishment were classified as verbal, chastisement and physical aggression. Family history of enuresis was considered only when 1 or both parents had experienced enuresis.

Results: Of the 35 girls and 52 boys with a mean ± SD age of 9.3 ± 2.3 years 67 had a family history of enuresis. Of the 67 parents 57 (85.0%) had a history of being punished due to enuresis. All children experienced some sort of verbal punishment. Children who had a family history of enuresis were more prone to being punished by physical aggression than those without such a family history (32 of 67 or 47.8% vs 4 of 20 or 20%, OR 3.7, 95% CI 1.1–12.1, p = 0.03). Punishment was found 3 times more frequently in girls than in boys (20 of 35 or 57.1% vs 16 of 52 or 30.8%, OR 3.0, 95% CI 1.2–7.3). Parents of 79 of the 87 children (90.8%) had high scores on the tolerance scale regardless of the history of enuresis.

Conclusions: Enuretic children are at a high risk for experiencing some kind of punishment. Children whose parents had enuresis are at risk for being physically punished. Parents should be taught about the involuntary nature of enuresis and the fact that no punishment would help improve the condition.

Key Words: urinary bladder, enuresis, punishment, child abuse, parents

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Primary nocturnal enuresis, that is involuntary loss of urine during sleep, affects about 6% to 10% of children at age 7 years but its incidence decreases by about 15% for each subsequent year of age. It is a medical and familial concern that can also be considered a public health problem.[1] In spite of being a well-known disorder there is still no clear definition of its etiology mainly due to lack of clarity about its origin, intervening factors, and uniformity of concepts and definitions.[2]

Although it does not cause any physical or cognitive limitations in the life of the child, enuresis is one of the most common chronic problems of

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childhood with great social limitations and emotional implications that require parent, physician and researcher attention.[3]

Evidence shows that behavioral problems as a cause of bedwetting have not been confirmed,[4] although behavioral improvements after enuresis treatment have been observed.[5] Nevertheless, secondary enuresis (a condition that develops at least 6 months after a person has learned to control the bladder) seems to be related to a higher incidence of stressful social and familial events.[1] Studies support that the older the enuretic child, the greater the chance of emotional disorders.[6]

Parents punishing enuretic children is not a rare occurrence and it is a secret that remains in the family. Furthermore, family weariness due to bedwetting episodes is considered a risk factor for domestic violence.[7] Studies of punishment due to enuretic episodes claim that families punish 2% to 89% of children with enuresis.[7–11] Punishment strategies tend to be used more often in children whose parents are less tolerant and they impact the life of the enuretic child.[9,10] Although it is a burden to the whole family, Schlomer et al reported that about 45% of parents do not consider treatment for their enuretic child.[11]

Lack of knowledge about enuresis may also motivate punishment.[12] Studies suggest that parental punishment has a poor outcome in children with enuresis.[13] Punishment is still considered part of nocturnal enuresis treatment by many parents.[14]

The degree of parental acceptance of enuresis may be related to treatment success. Most of the time parents tend to blame their children for wetting the bed and, therefore, may punish them or expose them to humiliating situations. According to Sapi et al punishment may vary from verbal to physical aggression.[7]

The aim of this study was to evaluate punishment among enuretic children in our population and factors related to it.

PATIENTS AND METHODS

All new patients starting treatment at the enuresis clinic at University Hospital of Federal University of Juiz de Fora from March 2012 to March 2015 were asked to participate in the study. Our enuresis clinic is a treatment center for all children who present with enuresis and voiding dysfunction in an area of about 1 million inhabitants.

The human research ethics committee at our institution approved the study. The legal guardians of all included children were asked to provide written informed consent.

At the first visit a structured questionnaire on patient general health and urinary symptoms as well as the family history of enuresis was administered to assess the characteristics of enuresis. Children were also asked to complete a 3-day voiding diary to help classify enuresis as monosymptomatic or nonmonosymptomatic. Only those with primary monosymptomatic enuresis were included in study.

To evaluate the frequency and type of punishment due to enuresis a psychologist interviewed both parents and children individually and apart from each other. Some play materials were used to facilitate the interview with the child. Punishment was classified as 1) verbal, including humiliation, threatening, bullying, verbal offenses, etc, 2) chastisement, characterized by a strong reprimand or penalization without physical contact between the aggressor and the child, and 3) physical aggression, which is when the child was touched violently.

Each interview was done by the team psychologist in a private environment and it lasted about 30 minutes. Parents also answered the questions in the tolerance scale.[15] The scale contains 20 items and is used to check their perception regarding enuresis and identify their degree of tolerance toward enuresis in their children. This measure is completed by the parent when away from the child. Parents are considered intolerant when the score is greater than 1.45.

Continuous variables are expressed as the mean $\pm$ SD or the median and IQR. Categorical variables were compared using the Fisher exact or chi-square test. The OR and 95% CI are used to describe the magnitude of the association between categorical variables. Univariate analysis was done to determine possible associations with physical punishment. All tests were 2-sided with $p < 0.05$ considered statistically significant. Analysis was performed using Prism®, version 6.02 for Windows®.

RESULTS

A total of 87 children (35 girls and 52 boys) with a mean age of 9.3 $\pm$ 2.3 years (range 6 to 15) were included in study. None of the parents or children refused to answer any of the questions. Many parents had a low level of education and only 35 of 87 (about 40%) had a high school or college degree (see table).

All children assessed in the study had experienced some type of punishment, including verbal punishment in 100%, chastisement in 56.3% (49 of

Demographic characteristics of enuretic children and parents, and punishment by gender

No. pts (%):	87	
Male	52	(60)
Female	35	(40)
No. punishment (%):*		
Male	16	(31)
Female	20	(57)
Mean $\pm$ SD yrs age (range)	9.3 $\pm$ 2.3 (6–15)	
Parent educational level:		
Elementary school	52	(60)
High school	31	(35)
College degree	4	(5)

* OR 3.0 (95% CI 1.23–7.32).