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Parental perception and factors associated with treatment strategies for primary nocturnal enuresis

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Summary

Objective
The aim was to investigate the factors influencing parents seeking reasonable managements for their child and their overall outlook toward primary nocturnal enuresis (PNE).

Study design
We recruited 93 children with PNE from enuresis clinics and requested their parents to complete questionnaires regarding their child's medical history and behavior, their methods for coping with PNE, and their perception of enuresis. Logistic regression models were applied to investigate factors influencing the parents to adopt a positive approach toward enuresis and to subsequently seek a medical consultation.

Results
One-third of the parents had an encouraging attitude toward children with PNE, whereas slightly less than half reacted with anger. The more educated the father or the younger the child with NE, the larger the possibility of the parents utilizing a positive approach, such as encouragement, for coping with NE. Factors that influenced parents to seek medical consultation for NE were socioeconomic status, maternal educational level, and the age and birth order of their child.

Discussion
From our results, angry and frustrated parents (43.0%) were significantly more likely to punish their child for bedwetting than were parents who approached NE positively (comfort and encouragement; 33.3%). A lack of encouragement may negatively affect the self-esteem of children with NE. Moreover, an individual's self-esteem or confidence, both of which can help them eliminate NE, determines the person's behavioral response to bedwetting. In our study, approximately 50% of the parents who approached NE positively (comfort and encouragement) or inconsistently (ambivalence) reported that they comforted their child after bedwetting.

Conclusions
Nearly half the parents reacted angrily to children with NE, and some parents even punished their child. The parents' socioeconomic background, education, and the age and birth order of the child were the factors associated with their seeking active treatment for NE. A father's education and young age of the child were factors that influenced parents who preferred positive approaches, such as encouragement, for coping with NE.

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Introduction

Nocturnal enuresis (NE), commonly known as "bed wetting," is a disorder in which episodes of urinary incontinence (uncontrollable leakage of urine) occur during sleep in children ≥5 years of age [1]. It can be divided into primary and secondary forms. NE is considered primary (PNE) when bladder control has never been attained and secondary (SNE) when incontinence recurs after at least 6 months of continence [2,3].

Recent epidemiological studies have estimated that approximately 15–22% and 7–15% of male and female children, respectively, have experienced NE at 7 years of age, and this percentage reduces to 7% and <1% at ages 10 and 18, respectively [4–9]. An overall prevalence of 8%, similar to that in Western populations, has been reported in Taiwan, indicating that NE affects numerous children worldwide [10,11]. NE, specifically PNE, can be frustrating, and many parents responded to their child's bedwetting with resigned helplessness [12]. In addition, a concerning number of parents respond with anger and annoyance, particularly to older children. One-third of all parents of children with NE have been reported to resort to punitive methods [13,14] and blame their child, believing that the problem is associated with the child's control over the bladder. Studies have consistently shown that punishment is ineffective for treating NE and that such an approach can induce psychological problems [15,16]. Moreover, parental intolerance of NE is closely associated with discontinuing other types of therapy, such as bed alarm therapy, which in turn can potentially exacerbate punitive methods for coping [15,17]. Thus, assessing the factors influencing parents in seeking standard management for their child with NE is critical.

Although researchers in Taiwan have conducted epidemiological studies on NE, the literature is incomplete, as these studies have either psychologically assessed NE or examined the factors influencing parents for seeking medical attention for their child. For further investigation, we conducted a study that extends our previous case–control study that examined the difference in NE perception between parents and their child [18]. In that study, we found that parents perceived NE differently from their children, and as a result, parents have a different perspective from their child on the influence of NE on the child's emotional and behavioral wellbeing. The purposes of our current study were to analyze the self-reported questionnaires completed by the parents in order to understand the parental perception and examine the factors that influence the treatment and coping strategy that parents utilize in response to PNE.

Methods

Participants and procedure

This study recruited those children (aged 6–15 years) with bedwetting during a bedwetting seminar hosted by the urology department of Changhua Christian Medical Center in Changhua, Taiwan. As long as the participants were registered for the seminars on bedwetting, agreed to participate in our study, and fit the criteria of our study, their data were included for analysis.

After explaining the study's objectives to the children and their parents, we asked the parents to fill out questionnaires. Using the questionnaire (Electronic Supplementary Material), we obtained the child's basic details and medical history. In addition, the parents' knowledge of, attitude toward, and management of their child's bedwetting were assessed. Based on the responses from the questionnaire, we categorized the parents' attitude and approach toward their children's bedwetting into three groups: (1) positive attitude: parents who comforted, rewarded, or encouraged their children; (2) negative attitude: parents who approached bedwetting with disgust and anger and scolded or punished their children; (3) ambivalence: parents who sometimes comforted their children, but sometimes scolded or punished them as well.

This study included only children with PNE. Exclusion criteria included chronic health conditions, delayed development (when a child does not achieve developmental milestones within the normal age range, such as walking or talking, as described by their parents), other organic illnesses, and secondary enuresis. Finally, a total of 93 children were recruited. The study procedures were approved by the institutional review board of the Changhua Christian Hospital in Changhua, and written informed consent was obtained from all participants.

Statistical analyses

For analysis, the chi-square and Fisher exact tests were used first for determining significant differences in the basic characteristics of the participants. We then compared these characteristics to determine whether the parents differed in their outlook (comfort and encouragement, ambivalence, and anger and frustration) toward enuresis and further evaluated significant differences in the methods (conservative or active) employed by the parents for coping with their child's NE. Finally, we applied the logistic regression model to investigate the factors influencing the parents to adopt a positive approach toward enuresis and to subsequently seek a medical consultation. All statistical analyses were performed using the IBM SPSS Statistics for Windows, Version 22.0 (IBM Corp., Armonk, NY, USA), and $p < 0.05$ was considered statistically significant.

Results

This study recruited 45 girls and 48 and boys, of whom 37.6% and 47.3% experienced NE at least once a week and once a day, respectively. Fifty-nine children (63.4%) were treated previously (Table 1). One-third of the parents adopted a positive outlook (comfort and encouragement) toward their child with NE, whereas 43.0% reacted with anger and berated their child. The other 23.7% of the parents reacted inconsistently (ambivalence). Most parents believed that NE was caused by deep sleep (45.2%), excessive water intake before going to bed (33.3%), or a genitourinary disease (26.9%).

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