

## “To Assess the Knowledge Regarding Nocturnal Enuresis among Mothers of Children Admitted In Selected Hospitals, Belagavi Karnataka, View To Develop Self Instructional Module”

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**Abstract:** “A study to assess the knowledge regarding nocturnal enuresis among mothers of children admitted in selected hospitals, Belagavi Karnataka, view to develop self instructional module”. The objectives of the study were, to assess the knowledge regarding nocturnal enuresis among mothers. To find out the association between knowledge of mothers regarding nocturnal enuresis with their socio-demographic variables. View to develop Self Instruction Module on nocturnal enuresis. Descriptive survey research was used. Pre test level of knowledge reveals that majority of mothers 36 (60%) had average knowledge, 11 (18.33%) had good knowledge and 13 (21.67 %) had poor knowledge. Study findings reveal that there is no significant association between pre test knowledge score of the mothers and demographic variable is parity. Study findings reveals that there is no significant association between pretest score of mothers and demographic variables like age, education, religion and occupation. ( $P < 0.05$ ) level of significance.

### I. Introduction

Children are ready for toilet training by 18 months of age. Before the child is started for toilet training they should be assessed for readiness for such training. Cognitive development should be such that they are able to follow start instructions the volume and the frequency of the urine the child passes should be assessed to know the bladder capacity. At this age they can be trained slowly and calmly<sup>1</sup>.

Generally children develop full bladder control by 4-5 years. Bedwetting is urinary incontinence occurring beyond the age of 4 years at day time and 6 years at night time or loss of continence after at least 3 months of dryness is called enuresis. Bed wetting at night is known as nocturnal enuresis<sup>1</sup>.

The word ‘enuresis’ is derived from Greek word “enourein” which means to void urine. In medical terminology, the term has evolved into clinical diagnosis that is usually taken to mean the inadvertent voiding of urine during sleep<sup>2</sup>.

There are two main types of enuresis in children. Primary enuresis occurs when a child has never established bladder control. Secondary enuresis occurs when a person has established bladder control for a period of six months, then relapses and begins wetting. To be diagnosed with enuresis, a person must be at least five years old or have reached a developmental age of five years. Below this age, problems with bladder control are considered normal<sup>2</sup>.

According to the International Children’s Continence Society (ICCS), nocturnal enuresis (NE) is an intermittent loss of urine during sleep characterized as a symptom and a condition.

Bedwetting is a widespread and distressing condition that can have a deep impact on the child/young person’s behavior and on their emotional and social life. It is also particularly stressful for the parents or guardians. Unlike involuntary enuresis, voluntary enuresis is not common. It is associated with such psychiatric disorders as oppositional defiant disorder, and is substantially different from ordinary nighttime’s bed-wetting. Voluntary enuresis is always secondary<sup>2</sup>.

Behaviour modification is often the treatment of choice for enuresis. It is inexpensive and has a success rate of about 75%. The child’s bedding includes a special pad with a sensor that rings a bell when the pad becomes wet. The bell wakes the child, who then gets up and goes to the bathroom to finish emptying his bladder. Over time, the child becomes conditioned to waking up when the bladder feels full. Once this response is learned, some children continue to wake themselves help from without the alarm, while others are able to sleep all night and remain dry. A less expensive behavioural technique involves setting an alarm clock to wake the child every night after a few hours of sleep, until the child learns to wake up spontaneously. In trials, this method was as effective as the pad-and-alarm system<sup>3</sup>.

## II. Research Methodology

In this study descriptive approach was used and Descriptive research design which belongs to survey design was selected to assess knowledge of mothers regarding nocturnal enuresis.. The settings selected for the present study was conducted in KLES Prabhakar Kore Charitable Hospital Belagavi. karnataka. The populations for the present study were all the mothers who have children of 3 to 7 years of age. The sample size considered for the study were 60 mothers who have children of 3 to 7 years of age by purposive sampling (non-probability sampling). The tool used for gathering relevant data was structured questionnaire on knowledge on nocturnal enuresis. The data obtained was analyzed in terms of the objective of the study, using descriptive and inferential statistics.

## III. Results

**Table2:** Distribution of sample’s characteristic according to demographic variables.  
n =60

Age of the mother	Frequency	Percentage(%)
20-25 Years	34	56.6
26-30 Years	20	33.4
31 Years & above	06	10
<b>Education of Mothers</b>		
No formal education	30	50
Primary education	15	25
Secondary education	10	16.6
Degree	5	8.4
<b>Religion of Mothers</b>		
Hindu	53	88.4
Muslim	7	11.6
<b>Occupation of Mothers</b>		
Housewife	50	83.3
Laborer	8	13.3
Professional	2	3.4

**Table2:** Frequency and percentage distribution of knowledge scores on nocturnal enuresis among mothers.  
n=60

KNOWLEDGE	SCORE	FREQUENCY	PERCENTAGE
Good	08-15	11	18.33%
Average	04-07	36	60%
Poor	1-03	13	21.67%

Table 2 revealed that in test majority of mothers 36 (60%) had average knowledge, 11 (18.33%) had good knowledge and 13 (21.67 %) had poor knowledge

### Association between pre test Level of Knowledge and their Demographic Variables n=60

Sl no	Demographic Variable	Good	Average	Poor	$\chi^2$ Cal. Value	$\chi^2$ Tab. Value	Df
1	Age of the mother in years				NS		
	o 20-25	05	23	07	4.58	9.488	4
	o 26-30	06	08	05			
	o 31 & above	14	33	01			
2	Education status of mother				NS		
	o No formal education	11	14	05	7.89	12.592	6
	o Primary education	03	07	03			
	o Secondary education	00	06	05			
	o Degree	00	05	01			
3	Religion of mother				NS		
	o Hindu	11	31	11	2.24	5.991	2
	o Muslim	03	03	01			
4	Occupation of mother				NS		
	o House wife	11	20	10	3.46	9.488	4
	o Laborer	03	03	02			
	o Professional	02	08	01			

**Key:**  $\chi^2$ : Chi-square , df : Degree of freedom , NS : Not significant

Data presented in table indicated that there was no significant Association between pre test Level of Knowledge and their socio- Demographic Variables such as age, education, religion and occupation at (P>0.05). Hence  $H_0$  accepted.

#### **IV. Discussion**

##### **Knowledge of mothers regarding nocturnal enuresis**

Pre test level of knowledge of mothers reveals that majority of mothers 36 (60%) had average knowledge, 11 (18.33%) had good knowledge and 13 (21.67 %) had poor knowledge. Similar study was done in China a positive family history was found in 94 families (22.87%) of 411 probands with PNE, including 48.94% of fathers, 8.51% of mothers, 6.38% of both parents, 6.38% of the siblings and 29.79% of grandfathers or (and) mothers<sup>16</sup>.

##### **Association between pre test knowledge scores and selected demographic variables**

Study findings reveals that there is no significant association between pre test knowledge score of the mothers and demographic variable like age, education, religion and occupation. Similar study was done in USA conducted a study on Nocturnal Enuresis in 1,389 children of age group 6-12 years and found that 15 to 20 % of children have Nocturnal Enuresis. It was also concluded that parents of 9% of children with the problem never ever thought of any intervention although they admitted that the problem created inconvenience and affected the behavior of their children<sup>17</sup>. The study conclude that Majority of mothers 36 (60%) had average knowledge, 11 (18.33%) had good knowledge and 13 (21.67 %) had poor knowledge

#### **References**

- [1]. Dutta Parul, Text book of Pediatric Nursing, 1st edition, New Delhi, Jaypee Brothers Publication,2007, 120-122.
- [2]. Sharma Rimple , Text book of Pediatric Nursing, 1st edition, New Delhi, Jaypee Brothers Publication,2010, .455-457.
- [3]. Ghai OP Text book of Pediatric, 7th edition, New Delhi, Jaypee Brothers Publication,2007, .247-250
- [4]. American Psychiatric Association. Diagnostic and Statistical Manual of Mental D 1. Cendron M. Primary Nocturnal Enuresis: Current American Family Physician; March 1999, p.1219.
- [5]. DuMars R. C. Treating Primary Nocturnal Enuresis: College Student Journal; June 1999. p211-216.
- [6]. Wan J, Greenfield S. Enuresis and common voiding abnormalities: Pediatr Clin North Am; 1997. p1117-31.
- [7]. Mohammed R. Safarinejad. Prevalence of Nocturnal Enuresis: Online Edition. August 2007.
- [8]. Deanna M. Swartout-Corbeil RN, Genevieve Slomski Ph.D. Gale Encyclopedia of Children's Health; 2006
- [9]. Al-Rashed KhM, Bataineh HA. Shiraz E-Medical Journal; Vol. 8, No.1, January 2007
- [10]. Kanaheshwari Y. Journal of Paediatrics and Child Health; March 2003. 39(2):118-123
- [11]. H Ravi Ramamurthy, Madhuri Kanitkar. Indian Pediatrics 2008; 45: 689-691.
- [12]. Tuncel, Altug, Mavituna. Scandinavian Journal of Urology and Nephrology: 2008. Vol.42. p449-454.
- [13]. Polit DF, Beck CT. Nursing research: principles and methods.7th ed. Philadelphia: Lippincott Williams and Wilkins; 2004. 15- 28
- [14]. Polit DF, Hungler BD. Nursing Research: principles and methods .Philadelphia B Lippincott Company; 1999. 32-33
- [15]. Basavanthappa B T. Nursing research. 1st edition. New Delhi; Jaypee. 1998; p156-78.
- [16]. Kursat B. Carmana, Omer Cerana, Cevdet Kayab. Nocturnal Enuresis in Turkey: Prevalence and Accompanying Factors in Different Socioeconomic Environments. 2008 June 27. p80(4):362-6.
- [17]. Jian Guo Wen, Qing Wei Wang. An epidemiological study of Primary Nocturnal Enuresis in Chinese Children: Online Edition. 2008.