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The Relation between Parent's Perception and Perceived Competence of School Age Enuretic Children

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Abstract :*Enuresis is a common childhood problem that can be very stressful for both children and parents. Parental perception plays an important role on the nature of response to the child with enuresis ,*
aim, *this study was aimed to investigat**e** the relation between parent's perception and perceived competence of school age enuretic children*
Design, *A descriptive correlation research design was utilized in this study.*
Setting: *The study was carried out at out - patient clinic of the centre of social and preventive medicine ,Pediatric Hospital Cairo University,*
Subjects: *A purposive sample consisted of 120 enuretic children and their parent who attended with them to the out -patient clinic at pediatric hospital,*
Tools for data collection, *Socio demographic data sheet that includes, data for children and their parents as child coding ,age ,gender, level of education , child ranking ,scholastic achievement of child and residence, parent perception questionnaire regarding nocturnal enuresis**.** and Perceived competence scale for children, by* ***Harter(1985) Conclusion*** *,slightly half of children were exposed to punishment & ridiculous from their parents more than three quarters of parents believed that, enuresis was abnormal and didn't thought that, it was a neurological disease ,there were statistically significant differences between parents educational level and their emotional reaction regarding enuresis*
Recommendation *,raise community awareness about nocturnal enuresis and decrease the incidence of bedwetting through, educating children and adolescents in schools about nocturnal enuresis., development of a health educational program for parents of enuretic children to update their knowledge and skills about the proper management of nocturnal enuresis .*
Keywords: *Parent's Perception, Perceived Competence, School Age Enuretic Children,*

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I. Introduction

1.1 Background of the Study

Enuresis can be defined as an intermittent incontinence in a child being at least five years old. For the diagnosis of enuresis to be established, a child five to six years old should have two or more bed-wetting episodes per month, and a child older than six years of age should have one or more bed-wetting episode per month **[1].** The prevalence has been found to be up to 20% in five-year-old children; this percentage decreases as children become older with a spontaneous remission rate of approximately 15 % per year. Therefore, at 15 years of age only 1 to 2 % of teenagers will still wet their beds..Enuresis is classified as nocturnal, diurnal, and combined types **[2].** Nocturnal enuresis is one of the most prevalent childhood problems affecting about 3-7% of 5-year-old girls and boys about 85% of the children are continent at the age of 5–6 years. So, 15% of the children do not succeed in becoming continent, and some are still enuretic as teenagers. the prevalence of NE to be around 20% in children of age 5 years and above, with a male predominance **[3].** The perceived competence decreases in children with nocturnal enuresis few previous studies suggested a small but detectable increase in behavior problems with children with wetting problems. Such children may react to problems with nocturnal bladder control by becoming more disruptive, inattentive, or difficult to manage bed-wetting **[1].**

Enuresis negatively affects the self-esteem, interpersonal relationships, and social performance of affected children and their families; moreover, enuretic children with daytime symptoms have particularly diminished self-esteem .self-esteem is impaired among children with wetting symptoms. If low self-esteem persists over years in enuretic children , later psychological and psychiatric dysfunction may be expected. Children that suffer

from nocturnal enuresis can experience loss of self esteem, humiliation and social isolation. All of these experiences can increase the risk for emotional and behavioral problems **[4].** In addition, other previous study done by **[5].** pointed out that, 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. Although children may develop secondary enuresis after an episode of emotional stress, psychological problems do not cause primary nocturnal enuresis .The youngster will have major negative social and emotional implications caused by his bedwetting issue **[6].**

Nocturnal enuresis 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**.** The parent's reaction of enuretic children is negatively affected; they have low general health concept, high anxiety and depression. These effects may lead parents to seek medical advice and treatment for their enuretic children. However, mothers preferred management strategies such as lifting, water restriction, regular voiding, and rewards rather than treatment interventions such as medication, alarm use, hypnosis, and physician advice **[7]..** Nocturnal enuresis 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. It is important to take the positive steps together as a team (parent and child) in getting through the problem of enuresis. Together parents and children should work on ways to diminish feelings of failure and look for ways to encourage good feelings **[8].**

Parental perception plays an important role on the nature of response to the child with enuresis. It has been shown that ,in different populations, there were several factors that influence parental response to enuresis. Therefore, extrapolation of findings from one population may not be appropriate for formulating treatment plans in another as a result of differences in culture or socioeconomic conditions. This report summarizes parental perceptions and responses to their children with enuresis in Jos Nigeria **[9].** Parental perception toward a child's bed-wetting can make the difference in how a child feels about his bed-wetting problem and himself .It is a common belief among parents that bedwetting will eventually resolve with age and, as a result, many parents delay seeking treatment for bedwetting until it is having a considerable impact on the child and family. There is evidence from randomized and quasi-randomized trials that treatment of bedwetting with an alarm or medication can be effective, **[10].** but many parents are unaware that effective treatments for bedwetting are available. Before seeking medical advice, parents often employ a range of simple strategies aimed at overcoming bedwetting, the most common being restricting drinks before bed, lifting (removing the sleeping child from bed to empty the bladder in the toilet or potty), rewarding for being dry, regular daytime toilet trips, using protection pants and showing displeasure **[11].**

1.2 Significance of the study:

Prevalence of nocturnal enuresis (NE) in Egyptian children (6-12-year olds) was estimated to range between 10.4% and 15.7% **[12].**.Another Egyptian sample with a wider age range (6-18-year-olds) showed a prevalence of 11.5% for primary and 3.2% for secondary enuresis**[13].** Nocturnal enuresis can be stressful for both parents and their children feelings of the parents may ranged from being worried to frustrated, sad to the angry and even tired. Children may be able to sense these feelings in parents. Children may feel responsible for their parents' reactions and for upsetting the household. It is important to take the positive steps together as a team parent and child) in getting through the problem of enuresis. **[14].** In Egypt, no more research studies were conducted in this respect ,so an in-depth research is needed to clarify the magnitude of the problem as to emphasize the impact of parental beliefs and attitude on child's self perception the matter which provides knowledge base for mental health nurse to how to provide support for these children and their parents .Also providing empirical knowledge in this area of research which may be used after that in other future researchers related to children with special needs. Although concerns about nocturnal enuresis have been introduced and applied, few studies have examined the relation between parental perception and perceived competence among eneuretic children regarding this condition and its treatment. so, this study was aimed to investigate the relation between parent's perception and perceived competence of school age enuretic children.

II. Subjects And Methods

2.1.Aim:

The current study was aimed to investigate the relation between parent's perception and perceived competence of school age enuretic children.

2.2.Operational Definitions

Parents perception toward enuretic children: can be defined as the degree to which parents beliefs ,attitude, and behave toward enuretic children

2.3.Research questions:

1.Is there a relation between parent's perception and perceived competence of school age enuretic children?
2.Is there a relation between parent's attitude and perceived competence of school age enuretic children?
3. Is there a relation between parent's beliefs and perceived competence of school age enuretic children.

2.4.Research Design: A descriptive correlation research design was utilized in this study.

2.5..Setting: The study was conducted at out -patient clinic of the centre of social and preventive medicine , , Pediatric Hospital ,Cairo University.

2.6.Subjects:

A Purposive sample consisted of 120 male and female enuretic children (aged from 6-12 years) and their parents either the father or the mother who attended with them to the previous setting for follow up or to receive medication and willing to participate and complete the study.

2.7. Inclusion criteria:

1. Age ranged between 6-12 year-
2. Both genders and Attend the outpatient clinics with their parents.
3. Free from other physical illnesses

2.8.Exclusion criteria:

1. Child with other neurological disorder
2. Mentally retarded child

2.9.Tools for data collection:

Three tools were used for data collection

1-Socio demographic data sheet was developed by the researchers that including two parts the first part was including the child information regarding ,age ,gender , level of education , child ranking ,scholastic achievement , and residence ,second part was including parent information regarding age, educational level, occupation , family history of enuresis and their family size.

2 -Parent's Perception Questionnaire

Was developed and constructed after reviewing the related literature. It consisted of 29 items which covering broad range of parental perception for enuretic children ,the items were attributed to 4 components as Parent's attitude and beliefs toward causes of enuresis (7 items) Parent's emotional reactions to their enuretic children, (7 items) ,treatment strategies used by parents (6 items) and methods utilized by parents to control enuresis (9 items).The questions response is answered either yes (1) or no(0) the total scores ranged between 0-29

3- The Perceived Competence Scale for Children, by [15].

The scale was designed to measure the perceived competence of the children on specific domains of their life, it consisted of 36 items classified into 6 domains and are directed to the perceived competence concerning scholastic skills, social acceptance ,athletic competence, physical appearance, behavioral conduct and global self-esteem .Scholastic skills embraced the child's perception of his/her school-related competence (potentialities/skills). Social acceptance related to the child's feeling of acceptance by peers or the feeling of being popular (embraces no social skills). Athletic competence related to the feeling of competence about sport and outdoor activities. Physical appearance related to the child's feeling of satisfaction with his/her looks (length, weight, body, face, and hair). Behavioral conduct referred to the child's feeling of satisfaction with his/her behavior. Global self-esteem related to the child's feeling of satisfaction with oneself as person, the life he/she lives and his/her self-confidence.. Its 4 point- Likert scale ranged from one to four 1=low perceived competence to 4=high perceived competence. This induces a minimum of 6 and a maximum of 24 points per a subscale .The perceived competence scale was ranged from 36-144 high scores indicate that enuretic children had high perceived competence .Scoring system was calculated as score less than or equal to 36 means not at all perceived competence, scores ranged from 37- 73 means low perceived competence, scores ranged from 74-110 means moderate perceived competence, while scores ranged from 111-144 means high perceived competence, Internal consistency is good for 'physical appearance (>0.80) and sufficient for the other scales (>0.70), except for 'behavior conduct'. The test–retest reliability is good for 'scholastic skills' and 'athletic competence' (>0.80), sufficient for 'physical appearance', 'behavior conduct' and 'global self-esteem' (>0.70) and moderate for 'social acceptance .Items are scored 4, 3, 2, 1, where 4 represents the most adequate self-judgment and 1 represents the least adequate self-judgment.

2.10, Content Validity:

Content validity was done to identify the degree to which the tools measure what was supposed to be measured . The researcher used and followed the translation procedure for verifying the translation of the tools the researcher translated the tools (English formats)into Arabic language and rendered the same English formats to bilingual expert in the field of psychiatry, community and pediatric for more verification of the translation of the Arabic formats .The resulting versions were translated back into the original language by other bilingual experts .Minor description of the content were founded and necessary modification was done .

III. Reliability

Internal consistency was measured to identify the extent to which the items of the tools measure the same concept and the extent to which the items are correlated with each other .Internal consistency estimated reliability by Cronbach's Alpha was 0.862.

3.1.Pilot Study:

A pilot study was conducted on 12 (10%) of the total subjects to check feasibility, objectivity, applicability and clarity of items and estimated the time needed to complete the tool was 20-30 minutes according to the needed explanation results of the pilot study illustrated that no modifications were needed ,so the subjects were included

3.2 .Field work: An official permission was sent from the dean of the Faculty of Nursing ,Cairo University to the head of Out Patient Clinics at Pediatric Hospital to carry out the study ,the researcher conducted visits to the outpatient clinics to explain the aim of the study to subjects and to gain their cooperation and consent to share in the study, the total data were collected over a period of three months starting from June2017 to August 2017.The tools were filled by the researcher through an interview with enuretic children and their parents two days/week from 9Am:2Pm the time spent to fill the tools ranged between 20:30 minutes according to the needed explanation, voluntary participation ,confidentiality and anonymity were assured .

3.3.Ethical Consideration:

This study was approved by the ethical committee of the Faculty of nursing; Cairo and Ain Shams University. An official permission was obtained from the director of the out - patient clinics of centre of social and preventive medicine ,Cairo University at pediatric Hospital to conduct the study A meeting was scheduled with the director of out- patient clinics to present the research project. Once all necessary consents were granted, a date was chosen to conduct the study according to the available time of children and their parents. A detailed description about the study, procedure and questionnaire was given to the children and their parents. Study participants were informed that they have the right to refrain from participating in the study at any time without experiencing any negative consequences. Informed consents were obtained from all eligible participants who agreed to participate in the study. Data confidentiality and patients‟ privacy were secured. Code numbers were created and kept by the researchers to keep patients' anonymity.

3.4.Statistical Analysis

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0.(Armonk, NY: IBM Corp) Qualitative data were described using number and percent. Quantitative data were described using range (minimum and maximum), mean, standard deviation and significance of the obtained results judged at P-value <0.05.

3.5 The used tests were

Chi-square test for categorical variables, to compare between different groups**.** Monte Carlo correction for chi-square when more than 20% of the cells have expected count less than 5**.** Student t-test for normally distributed quantitative variables, to compare between two studied groups **.**F-test (ANOVA)for normally distributed quantitative variables, to compare between more than two groups Pearson coefficient to correlate between two normally distributed quantitative variables**.** Reliability, was assessed by using Cronbach's Alpha test.

IV. Results

Table (1): Concerning child's ,gender and age more than half of children 57.5% were male; and their age were ranged 6 - <10 with mean age was 9.11 ± 2.39. in relation to child's place of residence more than two third of the studied subjects 72.5% were from rural areas .concerning history of child enuresis, nearly half of the studied subjects 46.6% had family history of enuresis .Regarding school achievement more than one third of children 43.3% were succeeded with satisfactory grade followed by27.5% succeeded with excellent, while the minority of them 2.5% were succeeded with a subject.

Table(2): in relation to parents age it was found that ,89.9% of mother their age ranged between 26<35 .As regards to parents education more than one third of mothers and fathers cannot read and write, while one third of them had basic education and 26.8% of mothers had secondary education. In relation to parents marital status, it was found that, more than three quarters of them 85%were living together ,while 5.8% were divorced .

Table (3): As shown in this table, more than half of children were exposed to punishment and ridiculous from their parents (45.8% &45.0% respectively),In relation to kind of enuresis ,nearly two thirds of the studied subjects 65.8% had primary enuresis while more than one third of them 34.2% were secondary enuresis. Majority of children 81.7% had nocturnal enuresis .Concerning frequency of nocturnal enuresis among children, more than one quarter of them 45.8 % were enuretic every night followed by 37.5% had from 1-3 times per week.

Figure(1): regarding parents attitude and beliefs about the cause of enuresis ,more than three quarters of them 83.3% thought that enuresis was abnormal and didn't think that it was a neurological disease (83.3% ,88.3% respectively).While three quarters of them 75% didn't thought a kidney or bladder disease was cause of enuresis and half of them 50% did know the cause .of enuresis , more than one thirds of parents thought the cause of enuresis were child was deep sleeper and was too lazy to get up to go to the bathroom 46.7%, 44.2% respectively .

Figure(2): illustrated that the parent's emotional reactions to their enuretic children, majority of them were active by encourage with words of comfort and praised their children for being dry(81.7% &83.3% respectively). While more than three quarters of them were not receptive and felt ashamed (77.5%,75% respectively) .and more than half of them 53.3% felt troublesome ,while minority of them felt angry, nervous and punished their children for enuretic episode (44.2 % , 34.2% respectively).

Table (4):clarified the parents motives for treatment as most of parents were worried that child's enuresis will get worse, enuresis negatively affect the self-esteem or self-confidence of the child and the interpersonal relationships of him/her (96.7%, 85.8% , 80% respectively). More than one thirds of parents 48.3% worried about child's enuresis which might develop into another urologic disease while minority of them worried about that sleep disturbance because of enuresis may induce growth retardation and other parents did not get worry from child's enuresis (24.2%, 10.8% respectively).

Table(5): Concerning methods parents utilized to control enuresis the mean percentage score was (45.14±15.13).Most of parent's had child void prior to sleep ,praised and rewarded child for dry nights 82.5%, while more than half of parents were limited children's fluid intake before bedtime and regularly waked their children to use bathroom during the night (64.7% and 52.5% respectively).More than one thirds of parents didn't not know and followed a doctor's recommendations ,medical advice and used medical methods 37.5%,30.8%respectively. Minority of parents thought counsel from psychologist, used a bedwetting alarm, change the diapers of their children, and used traditional methods for management (20.8%,20%,15% respectively).

Figure(3): illustrated that**,** self-perception profiles for enuretic children total mean score was (49.79 ± 2.27). The highest mean scores were for physical appearance and behavioral conduct subscales (51.44 ± 7.60)and (50.88 ± 9.17 respectively), followed by global self-worth and social competence subscales with mean scores (49.54 ± 7.74 and 49.31 ± 8.93 respectively). While the least mean scores were for athletic competence and scholastic competence subscales (48.98 ± 8.12 and 48.61 ± 8.25 respectively).

Table(6): Concerning Correlation between parents educational level and their emotional reactions to enuresis it was found that, a statistically significant negative correlation was found between parents educational level and their emotional reaction to enuresis at (r =-0.234 ,p=0.010)and methods utilized to control enuresis at (r =0.253,p=0. 0.005).

Table (7): clarified that ,there was a statistically significant positive correlation between children self perception , parents emotional reaction and parents beliefs for enuresis at (r=0.201, p= 0.028).and (r=0.204, p=0.025 respectively).

Table(8):illustrated that ,there was a significant positive correlation between scholastic competence and social competence at (r=-0.226, p= <0.013). There was significant positive correlation between athletic competence and physical appearance at (r=-0.328, p= 0.001).also Also, there was significant correlation between physical appearance, behavioral conduct and global self-worth at (r=-0.280, p=<0.002 and r=-0.305, p=0.001 respectively .

Table (9): revealed that ,there were significant positive correlation between frequency of nocturnal enuresis and parents emotional reactions, at (r=0.224, p =0.017) .While a statistically significant difference was found between frequency of nocturnal enuresis and their beliefs for enuresis at (F=6.484, p =0.002).

Table(10):demonstrated that, there was a significant positive correlation between frequency of nocturnal enuresis and child's punishment at ($\chi 2$=11.055, P=0.006) ,while there was no significance difference between frequency of nocturnal enuresis and child's self perception at (F=0.986,P=0.402).

Table (1): Distribution of the studied subjects according to their demographic data (n= 120)

Demographic Characteristics	No.	%
Child's gender		
Male	69	57.5
Female	51	42.5
Age of the child		
6 - <10	69	57.5
10- 12	39	32.5
>12	12	10.0
Min. – Max.	6.0 – 15.0	
Mean ± SD.	9.11 ± 2.39	
Place of residence		
Urban	33	27.5
Rural	87	72.5
Child ranking in the family		
First	50	41.7
Second	38	31.6
Third	21	17.5
Fourth and more	11	9.2
Family history of enuresis	56	46.6
Scholastic achievement of child		
Succeed with excellent	33	27.5
Succeed with good	32	26.7
Succeed with satisfactory	52	43.3
Succeed with subject	3	2.5

Table(2): Distribution of the studied subjects according to their parents characteristics (n= 120)

Items	No.	%
Mother's age(93)		
16<25 years	14	15.0
26<35 years	65	89.9
36<45 years	8	8,6
46<55 years	6	6.5
Father's age(27)		
16<25 years	9	9.7
26<35 years	4	4.3
36<45 years	9	9.7
46<55 years	5	5.3
Parent's marital status(120)		
Live together	102	85.0
Separated	10	8.4
Divorced	7	5.8
Widowed	1	0.8
Mother's educational level(93)		
Illiterate	32	34.4
Basic education	25	26.8
Secondary school	25	26.8
Institute graduate or University graduate	11	11.8
Father's educational level(27)		
Illiterate	11	11.8
Basic education	7	25.9
Secondary school	6	22.2
Institute graduate or University graduate	3	11.1
Mother's occupation(93)		
Housewife	70	75.3
Employed	23	24.7
Father's occupation(27)		
Free occupation	17	62.9
Employed	10	37.1

Table (3): characteristics of the child regarding history nocturnal enuresis (n= 120)

Characteristics	No.	%
Punishment of the child		
No	65	54.2
Yes	55	45.8
Ridicule of the child		
No	66	55.0
Yes	54	45.0

Kinds of enuresis		
Primary (never been successfully trained to control urination)	79	65.8
Secondary (dry before for at least 6 months)	41	34.2
Types of enuresis		
Diurnal	6	5.0
Nocturnal (bed wetting)	98	81.7
Mixed enuresis	16	13.3
Frequency of nocturnal enuresis		
Every night	55	45.8
1-3 time per week	45	37.5
4-6 time per week	18	15.0
1-2 times per months	2	1.7

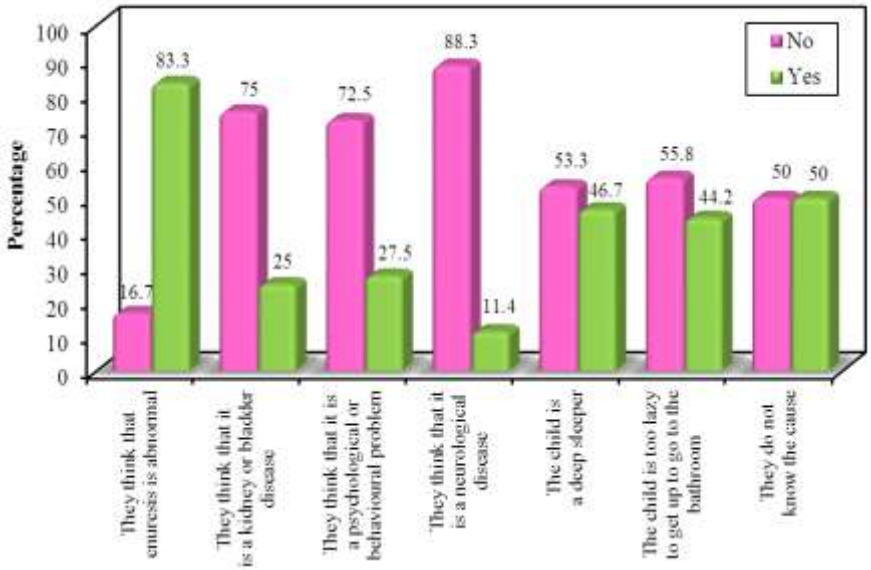
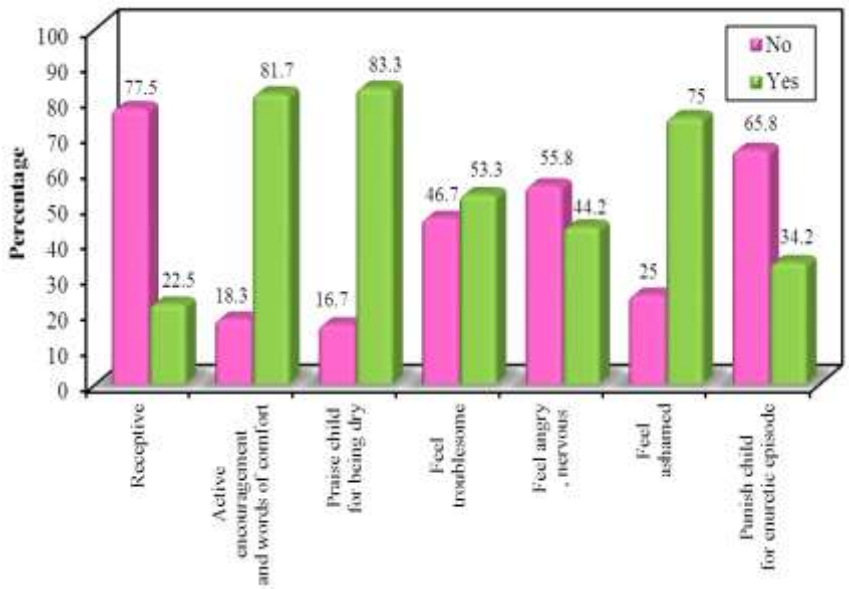


Figure (1): Distribution of the studied subjects according to their parents attitudes and beliefs about causes of enuresis (n= 120)



Figure(2): Distribution of the studied subjects according to parents emotional reactions to nocturnal enuresis (n= 120)

Table (4): Distribution of the studied according to treatment strategies by parents motives for treatment (n= 120)

Treatment Strategies	No		Yes	
	No.	%	No.	%
Worry that child's enuresis will get worse	4	3.3	116	96.7
Worry that child's enuresis will develop into another urologic disease	62	51.7	58	48.3
Worry that enuresis negatively affects the interpersonal relationships of my child.	24	20.0	96	80.0
Worry that my own enuresis negatively affects the self-esteem or self-confidence of the child.	17	14.2	103	85.8
Worry that sleep disturbance because of enuresis may induce growth retardation.	91	75.8	29	24.2
Do not worry from child's enuresis	107	89.2	13	10.8
% score				
Min. – Max.	16.67 – 100.0			
Mean ± SD.	57.64 ± 18.06			

Table (5):Distribution of the studied subjects according to utilized methods to control enuresis (n= 120)

Methods	No		Yes	
	No.	%	No.	%
Limit children's fluid intake before bedtime	42	35.3	77	64.7
Having child void prior to sleep	21	17.5	99	82.5
Regularly wake their children to use bathroom during the night	57	47.5	63	52.5
Use a bedwetting alarm and changing the diapers of their children	96	80.0	24	20.0
Praise and rewarding child for dry nights e.g. use Star Charts to encourage children to achieve dryness	21	17.5	99	82.5
Medical advice and use medical methods (medications as physician orders)	83	69.2	37	30.8
Counseling by a psychologist	95	79.2	25	20.8
Traditional methods for management e.g. give herbal remedies to children	102	85.0	18	15.0
Do not know/follow a doctor's recommendation	75	62.5	45	37.5
% score				
Min. – Max.	22.22 – 88.89			
Mean ± SD.	45.14±15.13			

Figure(3): Descriptive analysis of the studied subjects according to self-perception profiles for children with enuresis (n = 120)

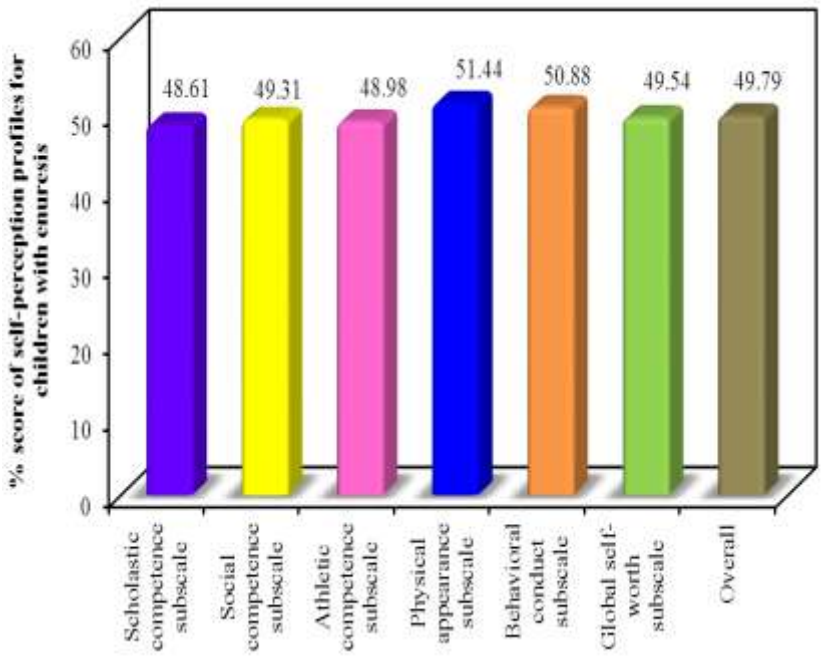


Table (6): Correlation between Parent's level of education ,their emotional reaction , beliefs and methods utilized to control enuresis (n= 120)

Items		Parent beliefs for enuresis	Parent emotional reaction	Methods utilized to control enuresis
Parent beliefs for enuresis	**r_s**	0.157		
	P	0.087		
Methods utilized to control enuresis	**r_s**	0.081	0.119	
	P	0.381	0.197	
Parent's level of education	**r_s**	0.065	-0.234*	0.253*
	P	0.483	0.010*	0.005*

r_s: Spearman coefficient

*: Statistically significant at $p \leq 0.05$

Table(7): Correlation between child self-perception and Parent's emotional reaction; and beliefs and methods utilized to control enuresis. (n= 120)

		Child self-perception	Parent emotional reaction	Parent beliefs for enuresis
Child self-perception	**R**			
	P			
Parent emotional reaction	**R**	0.204*		
	P	0.025*		
Parent beliefs for enuresis	**R**	0.201*	0.164	
	P	0.028*	0.074	
Methods utilized to control enuresis	**R**	-0.137	0.095	0.126
	P	0.136	0.302	0.171

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table (8): Correlation within self-perception domains (n= 120)

	r	p
Scholastic competence vs Social competence subscale	0.226*	0.013*
Athletic competence vs Physical appearance subscale	0.328*	<0.001*
Global self-worth subscale vs Physical appearance	0.280*	0.002*
Global self-worth subscale vs Behavioral conduct	0.305*	0.001*
Overall vs Scholastic competence	0.278*	0.002*
Overall vs Social competence	0.478*	<0.001*
Overall vs Athletic competence	0.411*	<0.001*
Overall vs Physical appearance	0.371*	<0.001*
Overall vs Behavioral conduct	0.664*	<0.001*
Overall vs Global self-worth subscale	0.322*	<0.001*

r: Pearson coefficient

* Statistically significant at $p \leq 0.05$

Table(9): Relation between frequency of nocturnal enuresis and Parent's emotional reactions, methods utilized to control enuresis and their beliefs for enuresis(n= 120)

Items	N	Parents emotional reactions	Methods parents utilized to control enuresis	Parent beliefs for enuresis
		Mean ± SD.	**Mean ± SD.**	**Mean ± SD.**
Frequency of nocturnal enuresis				
Every night	**57**	63.91±19.67	46.10±14.32	44.36±21.20
1-3 times per week	**45**	46.98±25.41	41.73±15.74	33.65±16.16
4-6 times per week	**18**	55.56±19.53	50.62±14.87	50.0 ±15.69
F(p)		7.461* (0.001*)	2.499 (0.087)	6.484* (0.002*)
r(p)		0.224* (0.017*)	0.034 (0.716)	0.013 (0.887)

* Statistically significant at $p \leq 0.05$

Table (10): Relation between frequency of nocturnal enuresis, child punishment and child self-perception(n= 120)

	Frequency of nocturnal enuresis								Test of sig.	P
Items	**Every night (n=55)**		**1-3 time per week (n=45)**		**4-6 time per week (n=18)**		**1-2 times per months (n=2)**			
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**		
Punishment of the child										
No (n = 65)	27	41.5	32	49.2	5	7.7	1	1.5	χ^2=	^{MC}p=

Yes (n = 55)	28	50.9	13	23.6	13	23.6	1	1.8	11.055*	0.006*
Child self-perception										
Min. – Max.	45.37 – 55.56		44.44 – 53.70		46.30 – 54.63		48.15 – 50.0		F=0.986	0.402
Mean ± SD.	49.63±2.19		49.69±2.24		50.62±2.60		49.07±1.31			

* Statistically significant at $p \leq 0.05$

V. Discussion

This study was aimed at investigate the relation between parent's perception and perceived competence of school age enuretic children., The present study was carried out on 120 school age enuretic children and their parents at the centre of social and preventive medicine ,Pediatric Hospital, Cairo University. Concerning socio-demographic characteristics of the studied subjects the results of study demonstrated that, more than half of the studied subjects 57% were males this findings were consistent with a study done by **[16].**who reported in a study on the effect of an educational program upon parents' knowledge of nocturnal enuretic children where high percentage (80%) of. nocturnal enuresis was among male children s while (20%) were females .These results were in agreement with percentage of the **[17].** where enuresis is prevalent in 7% to 20% of males and 3% of females ranging from ages 5 to 7 years of age .In contrast a study was done by **[18].** reported that. there was no difference among boys and girls as nocturnal enuresis was 16.1% among females and 14.1% among males, and such results were parallel with another Egyptian study in Assiut governorate done by **[19].**..Another Egyptian study was carried out in Menoufia governorate by **[20].** who approved that, gender did not have a significant effect on the prevalence of enuresis. Regarding child age the current study findings demonstrated that, more than half of the studied subjects 57% their age was 6 - <10 year .This was in the same line with a study done by **[21].** who reported that, five to seven million children over the age of six suffer from what is commonly known as bedwetting .These findings were in agreement with a study done by **[22].** who had shown that, the prevalence of nocturnal enuresis was increasing with age from 6 to 10 years and remarkably decreased thereafter .In contrast a study done by **[23].** who reported that, (31.3%)of the children were wetting their beds at age 7 whereas(13.3%) of them were wetting their beds at age11.Another study conducted at the outpatient clinic of psychiatric hospital in Tanta University hospital where enuresis was reported to be higher in children aged 9 to<12 years old, **[18].** these results might be explained because nocturnal enuresis is mostly expected to improve spontaneously, its decrease with age is thought to be mostly due to spontaneous improvement.

In relation to parent's Punishment and ridicule of enuretic children , the current study findings showed that ,nearly half of the studied subjects 45.8% were punished from their parents after urination at night this result was supported by a study done by Department of Pediatrics, King Hussein Medical Center found that by 16% of parents viewed bedwetting as a significant problem and that one third dealt with it by punishment. The Jordanian families seem to show great concern about the problem. Families of 50% of the enuretics had sought medical help and only 14% reverted to punishment. **[24].** In the same context , a study done by **[25].** who found that parents with grade level school were twice more likely to punish their enuretic children than parents with high school or college education. similarly a study done by **[9].**who reported that many parents (67.6%), harshly punished their enuretic children. This approach to control of enuresis was probably informed by their understanding of the condition. Between twenty- five to thirty percent of parents punish their children for wetting the beds and sometimes, punishment is physically abusive. Many blamed their children for bed wetting. On the other hand, a study done by **[26].** contradicted with these findings illustrated that, parents with a high educational level and socioeconomic status were more proactive in seeking out treatment for their child's enuresis and more likely to utilize encouragement and comfort as their methods of treatment. In the same line a study was done by **[16,27].** found that, (76%) and (64%) of children in the study group and control group respectively do not punish their children for enuresis these findings could be explained by the need for better understanding of the condition on the part health officers, so that appropriate therapy can be offered to affected children. so it must be clearly expressed that bed-wetting is not the child's fault and that bed-wetting must not be punished .With respect to frequency of nocturnal enuresis nearly half of the studied subjects 45.8% were urinate every night this finding was supported by a study done **by [16].** who found that ,frequency of urination more than once a week in the (40%) of children at the study group while (44%) every night at the control group .Similarly. **[28].** mentioned that, Severe nocturnal enuresis wetting beds daily was reported in 145 children 48.3%.Regarding Parent's level of education ,the study findings revealed that (20.8 % &16.7%respectively) of mothers and fathers were graduated from secondary school .These results were consistent with a study done by***[26].*** who reported in the study findings that (16% & 4% respectively) were intermediate school graduate for the fathers in both control and study groups and 36% of mothers in both groups are graduated from the secondary school and only (12% & 8% respectively) graduated of college In contrast, a study done by **[9].** who revealed that, parents with a high educational level and socioeconomic status were more proactive in seeking out treatment for their child's enuresis and more likely to utilize encouragement and comfort as their methods of

treatment. On the same line **[29].** found a significantly greater association between parents of higher educational level and enuresis. These results could be explained by children whose parents have low education have higher prevalence of enuresis while their parents respond more severely to them. As regards to Parent's attitude and beliefs for causes of enuresis the current study results revealed that ,(83.3 %)of them thought that , enuresis is abnormal while (75%) didn't thought a kidney or bladder disease was the cause of enuresis .These findings were consistent with a study done by **[30].**who found that, (86%)of the parents were worried about organic or psychological disorders as a cause of bedwetting. This worry was present whether they had a positive family history of primary nocturnal enuresis PNE, and whatever their educational level was. In the same line with **[31].** who reported that, majority of the parents (82.4%)did not consider enuresis a medical problem even though, (70.6%) of them expressed concern or worry .Also a study by **[32].**who found that, all the parents were aware about enuresis but only very few of them correctly identified it as a health problem In relation to Parent's emotional reactions to nocturnal enuresis ,the study findings showed that, (81.7% &83.3% respectively) of parents were active encouragement with words of comfort and praised their children for being dry. While (77.5% &75% respectively) of them were not receptive and felt ashamed .These results were in agreement with a study done by **[30].** who reported that, more worrying were the negative feelings of parents towards their enuretic children. They felt troublesome (71.4%),angry (19%) and ashamed (11.4%), towards the bedwetting events as these meant extra spending for buying nappies, extra work for washing clothes, and disturbed sleep for lifting children to toilet. Such perceived burden has been reported to be associated with greater parental intolerance, Furthermore ,similar study was done by **[31].**who found that ,one-third of the parents had an encouraging attitude toward children with PNE, whereas slightly less than half of them reacted with anger. In contrast with these findings a study demonstrated by **[32].** who reported that ,(80.9%) of the study sample declared that ,enuresis is not a source of worry to them while (16.2 %) of them admitted it is a source of worry. Because enuresis carries such a stigma in our society, the emotional impact of nocturnal enuresis on a child and family can be enormous. Concerning methods parents utilized to control enuresis more than half of parents were limited their children's fluid intake before bedtime and regularly waked their children to use bathroom during the night (64.7% & 52.5%respectively) .In the same line ,a study done by **[34].** reported that ,more than half of the parents of enuretic children do not seek professional medical advice. A very low proportion of parents were concerned about the future development of their children whereas (50% to 97%) were very concerned about enuresis itself .in agreement with these findings a study was done by **[35].** who found that,(86%) of parents reported they would treat with home behavioral therapy, including: having child void prior to sleep (77%), limiting fluid intake at night (71%), and rewarding child for dry nights (39%)and few parents reported that, they would use a bedwetting alarm (6%). In accordance with these results**, [5].** reported that, 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. In contrast a study done by **[22].**who **re**ported that ,general knowledge of the parents about the causes and effective treatments for enuresis was lacking .Only (41%) of them reported that, they asked for medical care for their child with enuresis .This reflected that, health seeking habit generally has been shown to be poor in most developing countries due to causes such poverty, cultural practices and beliefs, ignorance or accessing other means of care. Concerning perceived competence for enuretic children the study finding revealed that ,the highest mean scores were physical appearance and behavioral conduct (51.44 ± 7.60 &50.88 ± 9.17) followed by global self-worth and social competence .These findings were consistent with **[28].** who mentioned that, nocturnal enuresis was a health problem that can had adverse consequences and can result in poor self-esteem for the child as well as, frustration and anger for their parents. Children with a bedwetting problems often suffer from shame and guilt, and may had feelings of failure and view themselves as different from other,. they were afraid of being discovered by their peers, and often fear teasing and humiliation by their own siblings and relatives.

Similarly, a study was conducted by **[36].** who reported that ,children with nocturnal enuresis had a significantly lower perceived competence than children without nocturnal enuresis, concerning physical appearance and global self-esteem. There was also a tendency to a lower perceived competence in enuretic children concerning scholastic skills and social acceptance. In the same line ,a study done by **[37].** who demonstrated that ,enuretic children in particular commonly fear being discovered by others, feel unable to sleep at a friend's house, sense being different from friends and were likely to report being bullied. Such children experience a loss of self-esteem, although this appears to be specific to certain aspects of functioning, such as perceived social competence and physical appearance.

Furthermore, a study done by **[38].** found that, children with PNE had significantly lower self-esteem, which led to loss of confidence, poor school achievement and difficulty in making friends. The impact of bedwetting as an adverse life event was comparable to poor academic attainment These results could be interpreted as

nocturnal enuresis is profoundly affects the child's life socially, emotionally, and behaviorally and also impacts the everyday life of his/her family.

In addition, the findings of this study revealed that ,a significant positive correlation was found between Parent's educational level ,their emotional reaction &methods utilized to control enuresis these findings were consistent with a study about Micturitional dryness and attitude of parents towards enuresis in children attending outpatient unit of a tertiary hospital in Abeokuta, outhwest Nigeria done by **[32].** who reported that, there was a trend that when either or both parents had higher educational level, a higher percentage of them would use positive reinforcement and a lower percentage of them would use punishment .In the same line a study about Toilet training: methods parental expectations and associated dysfunctions done by **[27].** who revealed that , parents with a high educational level and socioeconomic status were more proactive in seeking out treatment for their child's enuresis and more likely to utilize encouragement and comfort as their methods of treatment In contrast a study done by **[27].** who found that ,the highly educated and those in high socioeconomic classes were carrier parents who do not have time for an early toilet training of their children. As regards frequency of nocturnal enuresis and child punishment a significant positive correlation was found between frequency of nocturnal enuresis and child punishment .This finding was in accordance with a study done by **[39].**who found that ,children with nocturnal enuresis were commonly punished and were at significant risk of emotional and physical abuse which lead to feelings of embarrassment and anxiety, loss of self-esteem; and effects on self-perception, interpersonal relationships, quality of life, and school performance. Furthermore, a study was done by **[16].** for effect of the educational Program upon parents' knowledge of nocturnal enuretic children showed that ,the mean of scores related to punishment of the child by his parent's after urination at night increase the complication of nocturnal enuresis and also the knowledge of parents in the pre-test concerning saying and blaming to the child bad words language by his parents when bedwetting at night .This reflected that, an application of these punishment methods could leads to guilt feeling and reduction in self-confidence of children.

VI. Conclusion And Recommendation

6.1 Conclusion

This study concluded that , slightly half of enuretic children were exposed to punishment and ridiculous from their parents(45.8% &45.0%respectively),more than three quarters of parents(83.3%)believed that ,enuresis was abnormal and didn't thought that it was a neurological disease (83.3% and 88.3% respectively).in relation to parents' perception of enuresis the study results found that ,,majority of parents were active encouragement with words of comfort and praised their child for being dry (81.7% and 83.3% respectively). More than three quarters of parents not receptive and felt ashamed (77.5% and 75% respectively). there were statistically significant differences between parents educational level and their emotional reaction regarding enuresis ,there were also statistically significant positive correlation between frequency of nocturnal enuresis and child punishment.

VII. Recommendation

7.1Based on the findings of the present study, it could be recommended that:

1. Teaching children and adolescents in schools and universities about nocturnal enuresis because they will be the parent of the future.
2. -Development of a health educational program for parents of enuretic children to update their knowledge and skills about the proper management of nocturnal enuresis This could be delivered through posters, booklets, MCH centers and individual counseling.
3. -Pediatric nurse, Psychiatric nurse, Community health nurse and school health nurse should offer counseling services for parents and their children regarding nocturnal enuresis. It should be aimed at relieving their misconceptions, worries, guilt and psychological impacts resulting from improper management of nocturnal enuresis.
4. Widening the scope of this study by carrying it in a longer time and a larger sample size.

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