Evaluation of Impact of Enuresis on Quality of Parental Reaction Towards Their Enuretic Children: A Comparison of Mothers With Fathers.

Afaf Mansour¹, Khalid Saad² and Tarek Molokhia¹.

¹Faculty of Medicine, Alexandria University, Alexandria, Egypt.
²Faculty of Medicine, Mansura University, Mansura, Egypt.

Background: Nocturnal enuresis (NE) is a chronic medical disorder that is distressing for children and their parents. 

Aim of the study: to investigate the impact of enuresis on parent-child relationship, parental satisfaction and parental tolerance.

Subjects & Methods: This study was performed on parents who have enuretic children selected from those applied for treatment at the child psychiatry out-patient clinic. Questionnaires used were Parental tolerance scale (PTS), Index of parental attitude (IPA), and Scale of parental satisfaction (KPS).

Results: The subjects consisted of group1 (60 mothers) and group 2 (42 fathers). Most of children in the two groups were in the 3rd birth order, and had 3 or 4 brothers or sisters. Mothers were significantly holding higher degree of education than fathers. Both mothers and fathers were intolerant to EN, experienced moderate degree of parental satisfaction, but showed clinically significant problem (According to IPA score) in relating with their enuretic children but did not reach the level of violence to deal with problems. This finding was statistically worse in fathers rather than mothers (P=0.001). Mothers were significantly more supportive to their enuretic children than fathers (P=0.001).

Conclusion: Enuresis affects quality of relation between parents and the enuretic child. So, in treating children with enuresis, it is important to assess and mange the parents’ reaction which consequently improve treatment adherence and effectiveness.

Keywords: Parental reaction, Nocturnal enuresis, Intolerance, Attitude, Support, Satisfaction.

Abbreviations:
NE: Nocturnal Enuresis
DSM-IV: Diagnostic and Statistical Manual of Mental Disorders. 4th ed
PTS: Parental Tolerance Scale
IPA: Index of Parental Attitude
KPS: Scale of Parental Satisfaction
SD: Standard Deviation

INTRODUCTION

Toilet training is an event that all parents are faced with when raising children. Toiletting behaviors are developmentally based and children achieve success when they are developmentally ready. Some children experience this toileting readiness later than others. Toiletting concerns at any level can cause disturbances in family interactions and daily routines. The overall stress and health of parents as primary caregivers are of crucial importance to optimal developmental outcomes of enuretic children (Macias, et al. 2006).

Nocturnal enuresis (EN) is a chronic medical disorder that is distressing for children and their parents (Butler, 1994). It occurs in about 2% to 5% of children depending on age (Schroeder and Gordon, 1991). It is generally expected by parents and society that nocturnal wetting will cease when the child is 5-6 years old (Byrd, et al. 1996). Washing bed linen, changing bedclothes, replacing mattresses, etc., effort, and financial impact by these families (Egemen, et al. 2008). Parents have been found to adopt many approaches designed to help their child become dry at night (Butler, et al. 2005).

Parental attitude might play important role in relation to successful treatment (Butler, et al. 1986) and potentially exacerbates punitive coping (Butler and McKenna, 2002). Parental tolerance has emerged as the most important predictor of parents who prematurely withdraw their children from treatment of enuresis (Butler, et al. 1986, 1988, 1993). Assessing the impact of enuresis and its severity on the child and family may guide the physician when considering various treatment options (Landgraf, et al. 2004).

Nocturnal enuresis is a problem that requires immediate attention and management since untreated conditions establish long-term psychosocial hazards to children as well as to their family members (Byrd, et al. 1996 and Hagglof, et al. 1997). It has been showed that providing special parenting program was associated with lower
levels of parental dysfunction, greater parental self-efficacy, less parental distress, and relationship conflict. Researchers noticed improvement of negative parental attributions for children's misbehavior and positive outcomes on parent practices, and parent adjustment (Sanders, et al. 2004 and Turner and Sanders, 2006).

This study intended to focus on the relationship between enuresis and parenting reaction within the families. Its purpose is to evaluate how enuresis affects parents, and consequently treatment adherence and effectiveness. The main question was whether the perceived suffering differs between mothers and fathers.

**AIM OF THE WORK**

The main question was whether the perceived suffering differs between mothers and fathers and to investigate the impact of enuresis on the quality of parental reaction towards the enuretic child through:

1. Measuring the extent, severity, or magnitude of parent-child relationship problems as seen and reported by a parent.
2. Measuring degree of satisfaction with parenting to a child with enuresis.
3. Identifying parental intolerance, so that intervention can begin prior to parents withdrawing from treatment.

**MATERIAL AND METHODS**

During the period March 2008-February 2009, after written informed consent and approval of local research committee was obtained, this comparative study performed on parents who have children diagnosed with diurnal and/or nocturnal enuresis depending on DSM-IV APA, (1994).

This study was conducted by personal interview. Participation was open to accompanied parents (Mothers or fathers). They were selected from those applied for treatment at the child psychiatry out-patient clinic. The main problem in the child was enuresis with no major psychiatric problem in both parents and the child. Parents who were providing care for an elderly, chronically ill, or disabled relative; having another child younger than 2 years; having another child at home needs special health care and has a history of chronic illness; pulmonary disease; cardiovascular disease; and psychiatric disorder were excluded from the study. Enuretic children with anatomical or neurological abnormalities, mental retardation or chronic disease, their parents were also excluded. Data were collected while children received outpatient care at the clinic. The background questionnaire collected information on the sociodemographic characteristics of the children and parents such as sex, birth order and age of the child (≥5 years), number of siblings, parent’s age and highest year of education. If the child was accompanied by both parents we enrolled both in the study.

Questionnaires in the local language applied to all parents. Parents were given detailed instructions about how to complete them and were assumed that all information would be treated as confidential, serving only research purposes. All participants could contact the researchers for additional information.

Questionnaires used were Parental tolerance scale (PTS) (Butler, et al. 1986, 1993), Index of parental attitude (IPA) (Hudson, 1997) and Scale of parental satisfaction (KPS) (James, et al. 1985).

The PTS is a 16-item instrument designed to measure parental tolerance to their child's enuresis. It predict premature dropout of parents from treatment of their children's enuresis. It contains variable related to parental anger, attribution, and concerns regarding their children’s enuresis.

The IPA is a 25- item instrument designed to measure the extent, severity, or magnitude of parent-child relationship problems as seen and reported by a parent. It has two cutting scores. The first is a score of 30. Scores above 30 suggest the presence of a clinically significant problem. The second cutting score is 70 which indicate that parents are experiencing severe stress with a clear possibility of violence to deal with problems.

The KPS is a 3-item instrument designed to measure satisfaction with oneself as a parent. It is easily completed in less than two minutes.

**Statistical analysis:**

The results were analyzed using the Statistical Package for Social Science for Windows version 12 (SPSS Inc., Chicago, IL, USA). Numerical data were expressed as a mean and standard deviation (SD) while categorical data were expressed as number and percentages. Correlation between groups was done using Pearson Correlation Coefficient. For all tests of significance, a P value of 0.05 was used as the level of significance.

**RESULTS**

A total of 102 accompanied parents (Mother or father) were involved in the study divided into two groups: group 1 (n=60) consisting of mothers with a child having NE and group 2 (n=42) consisting of fathers who have a child with NE.

Demographic data are shown in (Table 1). There was no difference between groups as regards age and sex of children. Mothers were statistically younger than fathers (P=0.001). Mothers were significantly holding higher degree of education than fathers (P=0.002).
**DISCUSSION**

Most papers published regarding bedwetting assess the psychological impact of this condition on the children rather than on their families. In our study, we investigated and compared the impact of this disorder on mothers and fathers.

Our study found that mothers were statistically younger and significantly holding higher degree of education than fathers. Mothers were as fathers in their intolerance to EN, parental satisfaction, negative attitudes but were more supportive to their enuretic children.

This study did not show any effect for the child’s age on parental tolerance to enuresis. On the contrary many researches found that several parents become angry, annoyed and intolerant of the bedwetting, particularly with an older child where the family are functioning under stress (Butler, et al. 1993 and Chao, et al. 1997). However, as the child gets older, parental expectations of the child’s level of responsibility and self control increases with an increasing intolerance as the child grows (Butler, et al. 1986). They seek to blame their child, believing bedwetting is somewhat under their control, and resort to punitive means of coping (Butler, et al. 1993 and Chao, et al. 1997).

We found that and number of siblings of the EN children ranged from 1 to 6 and most of them had 3 or 4 brothers or sisters. On the contrary, Inan, et al. (2008) proved that enuretic children usually belong to large family size. Another study (2002) did not establish significant correlation of enuresis prevalence and the number of children in the family although the lowest risk was associated with a total number of 5 children or greater in a family (Cher, et al. 2002).

The results showed birth order of children ranged from 1 to 6 but most of them in the two groups were in the 3rd one. Interestingly a previous study noted that higher risk for enuresis when child parity in the family was ranked second may be due to complicated psychosocial mechanism (Cher, et al. 2002).

Studied mothers were significantly holding higher degree of education than fathers. In agreement with this result Cher, et al. (2002) proved that a higher relative risk of enuresis in children was observed in families with a father with a lower education and a mother with a relatively higher education. On the contrary, a previous research reported that higher prevalence of enuresis occurs in families where mother has lower level of education (Inan, et al. 2008). A previous survey did not show that parental education levels would be related to nocturnal enuresis in their children (Spee, et al. 1998). In addition, other studies have established higher nocturnal enuresis prevalence with lower parental education level (Gumus, et al. 1999).

Mothers and fathers of the present work were intolerant to EN. In agreement with us, many authors reported that parents who suffer a great deal from their child’s bedwetting have been shown to be more intolerant (Butler, et al. 1986, 1993; Schober, et al. 2004 and...
Macias, et al. 2006). These parents may have difficulty accepting their child's enuresis and therefore have less tolerance for their children result in higher problem report (Macias, et al. 2006). On the contrary a previous research done by Butler, et al. (1986) proved that most parents tolerate EN well. Haque, et al. (1981) in their study detected that 61% of the parents considered EN as a significant problem. A previous work found that parents typically adjust to the problem with a resigned sense of helplessness and tend to believe the bedwetting is uncontrollable (Butler, et al. 1994).

We found that parents were experiencing a clinically significant problem in relating with their enuretic children but did not reach the level of violence to deal with problems. This finding was statistically worse in fathers. Consistent with our results a previous work assumed that EN tends to negatively affect the parent-child relationship and the environment at home (Butler, 2001 and Mobarak, et al. 2000) especially when the child has not yet received treatment for wetting (Landgraf, et al. 2004). Also, the sense of loss in expectation experienced by parents of enuretic children may impact parenting stress (Heaman, 1995). Against this finding were Egemen, et al. (2008) who reported that mothers of children with enuresis had significantly lower quality of life. Mean score was higher and they were negatively affected by having a child with enuresis. Macias, et al. (2006) suggested that by enuresis, parents experience additional stressors associated with child rearing. They also added the characteristics of both enuretic children and parents often contribute to that level of stress. Schober, et al. (2004) concluded that with prolonged EN, physicians should be aware of the possibility of anger and distress within the child-caregiver relationship. Sanders, (2000) suggested that parenting problems are complicated by other factors including marital conflict, parental mood disturbance, and lack of social support, or having other children in the family with enuresis. Cher, et al. (2002) mentioned that parental raising style affects prevalence rate of enuresis. Children with an authoritarian father were at higher risk for enuresis. They also showed that more caretaker efforts devoted to children with enuresis were associated with as much as a 3-fold likelihood of enuresis than no efforts at all.

This study proved that both mothers and fathers experienced moderate degree of satisfaction being a parent of an enuretic child but differ from each others in degree of intolerance to EN, negative attitude and moderate feeling of satisfaction being a parent of an enuretic child but were more supportive to their enuretic children. Previous research suggested that fathers of children with enuresis respond in very similar ways to mothers (Butler, et al. 1993). Our results showed that mothers were similar to fathers in their intolerance to EN and moderate feeling of satisfaction being a parent of an enuretic child but differ from each others in degree of support and quality of attitude towards their child with enuresis, mothers being better. This could be explained by culture difference. In our culture it is the mother’s responsibility to take care of the children in general; therefore, quality of life and psychosocial status of mothers might be affected when trying to overcoming this problem.

CONCLUSION

Mothers were similar to fathers in their intolerance to EN, negative attitude and moderate feeling of satisfaction being a parent of an enuretic child but were more supportive to their enuretic children.

RECOMMENDATION

Clinicians should assess parental stress levels and family functioning as a part of the diagnostic assessment. Psychological services in the form of counseling, support and other interventions should be made available to parents as a resource when the situation exceeds their available resources (Butler and McKenna, 2002 and Macias, et al. 2006). The overarching goal is to enhance the knowledge, skills, and confidence of parents with regulation of the interactions between children, parents, and service providers.

REFERENCES


الملخص العربي

تقييم تأثير التبول اللاإرادى على جودة علاقة الوالدين بأبنائهم الذين يعانون من هذا المرض. مقارنة بين الآباء والأمهات

عفاف منصور، ط. ملوخي و خالد سعد

1 أساتذة مساعد (كلية طب جامعة الإسكندرية) ، 2 أساتذة مساعد (كلية طب جامعة المنصورة)

التبول اللاإرادى مرض مزمن يؤثر على كل من الطفل المريض ووالديه ولذلك حرص الباحثين على دراسة تأثير هذا المرض على علاقة الوالدين بطفليهما المريض ومدى تحملهما لهذا الوضع. قامت الدراسة على مجموعة من الآباء الذين لديهم طفل يعاني من التبول اللاإرادى ومن يراجعون العيادة الخارجية لطب نفس الأطفال وتم تطبيق عدة قياسات على الوالدين لتقديم مواقفهم من هذا الطفل ومدى رضاهم عن أنفسهم كأباء ومدى تحملهم لهذا الطفل و جاءت النتائج كالتالي: أظهر كل من الآباء والأمهات عدم تحملهم لهذا الطفل وكان رضاهم عن أنفسهم كأباء متوسط الدرجة

وكانت هناك مشكلة حقيقية واضحة في تعاملهم مع هذا الطفل. هذه النتائج كانت أشد شيوعًا ووضوحًا في الآباء عن الأمهات حيث أظهرت الأمهات بعض المساندة لأبنائهن المرضى أكثر من الآباء. نستنتج من ذلك أن التبول اللاإرادى يؤثر على مدى جودة علاقة الوالدين مع طفلهما المريض وكذلك عند معالجة هذا الطفل لابد من الاهتمام بتقييم وتعديل رد فعل الآباء نحو هذا المرض والذي من شأنه زيادة إتزام الأهل بمواصلة العلاج وكذلك تحسين نتائج هذا العلاج.