

## Relating Nocturnal Enuresis with Self-esteem among Adolescents Patients in Baghdad City

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### ABSTRACT

**Objective:** The study aimed to Identifying the impact of nocturnal enuresis on Adolescents self-esteem. Finding out the relationship between nocturnal enuresis and adolescents demographical characteristics such as: (age, sex, and economic status) in Baghdad City

**Methodology:** A descriptive - analytic study was conducted at(Ibn-Rushid) Psychiatric Teaching hospital. The study was carried out through the period of November 20th 2018 to March 15th 2019 Which consist of 50 participant to assessing the impact of natural enuresis upon adolescent self-esteem both gender (male and female). A questionnaire based on comprehensive review of relevant literature and previous studies. For the purpose of the study, questionnaire format is designed and constructed by the investigator depending on: Developed psychological questions to measure the variables underlying the present study. Extensive review of available literature and studies related to the concept of psychological status for adolescents with (NE).

The questionnaire format constructed consists of two aspects which include all items related to the study purpose. Therefore, the study instrument consists of two parts:

Adolescents Demographic Data. This section includes data concerning the participants' demographic characteristics of gender, age, sex and level of economic status.

This aspect contains a questionnaire format that comprises structured questions (10 items) concerning the Patients' Health Knowledge related to EN that that are measured on a 3-point Likert type scale and rated as 1 = never, 2 = sometimes and 3 = always.

This aspect contains a questionnaire format that comprises structured questions (20 items) concerning the patients' psychological problems in relation to NE that are measured on a 3-point Likert type scale and rated as 1 = never, 2 = sometimes and 3 = always.

### **Data Collection Methods:**

The questionnaire has been submitted to each adolescent having EN, after taking the initial consent of each adolescent to participate in the study. The data is collected by the investigator through a questionnaire format and using semi structured interviews, all interviewed carried by meeting with adolescent conducted hospital administration from time to time, the purpose of the study is explained to the adolescent. The data collection process has been performed from February 1<sup>st</sup> through March 15<sup>th</sup> 2014. Each adolescent complete the interview and fill the questionnaire format by self-administrative method.

The data have been collected through the utilization of the interview. Data were analyzed through the application of descriptive statistical (frequencies and percentages), and inferential analysis chi by applying the Statistical Package for Social Science version 21.0(SPSS)

The validity and reliability of the instrument was determined by using through the panel of experts from different specialties related to the field of the present study. They have more than 10 years of experience at their job field to check and review the clarity, relevancy and adequacy of the questions to measure the concept of interest of this study. This panel includes (10) experts and internal consistency use through the computation of Alpha Correlation Coefficient.

**Result:** The finding of the study showed that the highest percentage is located within the age group of 12-13 and 14-15 ( 17=34.0 %).the sample was male and represents 37 (74.0%), distribution of participants within Parents' Living Status was living together 42 (84.0%) reveals that more than half of participants have fair information about enuresis ( $n= 26$ ; 52.0%), followed by less than half who has good information ( $n= 23$ ; 46.0%).

**Conclusion:** The study concluded that enuresis in this study sample mostly occurs in male more than in female. Most of the study sample are at age group (12-13).

**Recommendation:** Researcher recommended Educational programs should be carried out by the community health nurses in order to increase public health awareness about the nature of enuresis and

provide mothers with information related to risk factors of enuresis in natural development of bladder control, methods of prevention and child psychological needs.

**Keywords: Nocturnal, Enuresis, self-esteem, Adolescents**

## **Introduction**

Urinary incontinence is defined as frequent involuntary urination in clothing or bed after the age of development when the bladder had to be controlled (1). It can be defined as the involuntary passage of urine during sleep after the age of 5 years (2). Incontinence is classified as primary if the child is not at any time a urine in a long period representing 85% of cases and secondary when urinary incontinence recurs after a long period of strength 3-6 months (3), as well as primary and secondary organizations can be caused Maturity problems, organic and psychological, but many establishments believe secondary enuresis is less likely to be a simple maturity factor (4). Incontinence among school children is a hidden problem that must be diagnosed and treated as quickly as possible, as it can lead to many psychological consequences and poor academic attainment (5).

The etiology of incontinence is not fully understood. Several pathophysiological mechanisms have been suggested, including bladder dysfunction, small functional bladder capacity, abnormal vasopressin levels, nocturnal poluria, and abnormal sleep patterns (6). Chronic kidney failure, constipation, bogus diabetes for us, diabetes, hyperthyroidism, pinworm infection, psychological stress, epilepsy disorders, sickle cell disease, and urinary tract infections recorded in secondary urinary incontinence (7) of expected bladder control. It is seen all over the world in all races and cultures. It is a common problem among adolescents, and its prevalence rate varies between studies (8).**Methodology:**

**Design of the study:** A descriptive study is conducted on children adolescents (male and female) who experience nocturnal enuresis and. Through the period from November 20th 2018 to March 15th 2019 and aims at assessing the impact of natural enuresis upon adolescent self-esteem.

**Setting of the Study:** The study has been conducted in (Ibn-Rushid) Psychiatric Teaching Hospitals and Centers at Baghdad City.

### **The Sample of the Study:**

A purposive “non-probability” sample of (50) adolescents with Nocturnal Enuresis have been selected. The questionnaires have been distributed among children.

### The Study Instrument:

A constructed questionnaire has been designed and means of an interview technique with the school-age children and their parents are constructed to measure the variables underlying study. A questionnaire based on comprehensive review of relevant literature and previous studies.

For the purpose of the study, questionnaire format is designed and constructed by the investigator depending on: Developed psychological questions to measure the variables underlying the present study. Extensive review of available literature and studies related to the concept of psychological status for adolescents with (NE).The questionnaire format constructed consists of two aspects which include all items related to the study purpose. Therefore, the study instrument consists of two parts:

**Adolescents Demographic Data** This section includes data concerning the participants' demographic characteristics of gender, age, sex and level of economic status. **Second Part: Patients' Health Knowledge** ,This aspect contains a questionnaire format that comprises structured questions (10 items) concerning the Patients' Health Knowledge related to EN that that are measured on a 3-point Likert type scale and rated as 1 = never, 2 = sometimes and 3 = always.

**Third Part: Patients' Psychosocial aspect** ,This aspect contains a questionnaire format that comprises structured questions (20 items) concerning the patients' psychological problems in relation to NE that are measured on a 3-point Likert type scale and rated as 1 = never, 2 = sometimes and 3 = always.

### Data Collection Methods:

The questionnaire has been submitted to each adolescent having EN, after taking the initial consent of each adolescent to participate in the study. The data is collected by the investigator through a questionnaire format and using semi structured interviews, all interviewed carried by meeting with adolescent conducted hospital administration from time to time, the purpose of the study is explained to the adolescent. The data collection process has been performed from February 1<sup>st</sup> through March 15<sup>th</sup> 2014. Each adolescent complete the interview and fill the questionnaire format by self-administrative method.

### The Validity of the Study Instrument:

The validity of an instrument concerns its ability to gather the data that is intended altogether. Content's validity for the early developed instrument is determined through the use of a panel of experts from different specialties related to the field of the present study. They have more than 10 years of experience at their job field to check and review the clarity, relevancy and adequacy of the questions to measure the concept of interest of this study. This panel includes (10) experts.

### Statistical Analysis:

The data of the present study is analyzed by using statistical package of social sciences (SPSS) version 21.0. The following statistical measures are used in order to analyze and assess the results of the study:

f = Frequency, S = score, n = Sample size

A mean of score of 1.49 has been considered low, (2.49) is considered moderate and 2.5 is considered high.

**Sample of the Study:** A purposive (non- probability) sample is selected for the study which includes (50)participants, which located in Baghdad city.

**Statistical Methods:** Data were analyzed through the application of descriptive statistical (frequencies and percentages).and inferential analysis  $\chi^2$

### 1. Descriptive analysis

Sample demographic Description (Table 4.1)

<b>Table.1: Demographic Characteristics of the sample</b>					
<b>Sample Demographic Characteristics</b>					
<b>Gender</b>			<b>Parents living status</b>		
	<b>No.</b>	<b>%</b>		<b>No.</b>	<b>%</b>
<b>Female</b>	37	74.0%	<b>Live together</b>	42	84.0%
<b>Male</b>	34	68.0%	<b>Separated</b>	1	2.0%
<b>Total</b>	<b>50</b>	<b>100.0%</b>	<b>other</b>	7	14.0%
<b>Age</b>			<b>Level of Education</b>		
<b>Age</b>	<b>No.</b>	<b>%</b>		<b>NO</b>	<b>%</b>
12-13	17	34.0%	<b>Primary school</b>	19	38.0%
14-15	17	34.0%	<b>Intermediate school</b>	24	48.0%
16-18	16	32.0%	<b>Secondary school</b>	5	10.0%
<b>Total</b>	<b>100</b>	<b>100.0%</b>	<b>Total</b>	<b>50</b>	<b>100.0</b>
<b>Residency</b>			<b>Income</b>		
	<b>No.</b>	<b>%</b>		<b>No.</b>	<b>%</b>
<b>City</b>	29	58.0%	<b>Insufficient</b>	23	46.0
<b>Rural</b>	21	42.0%	<b>Sufficient</b>	27	54.0
<b>Total</b>	<b>50</b>	<b>100.0%</b>	<b>Total</b>	<b>50</b>	<b>100%</b>

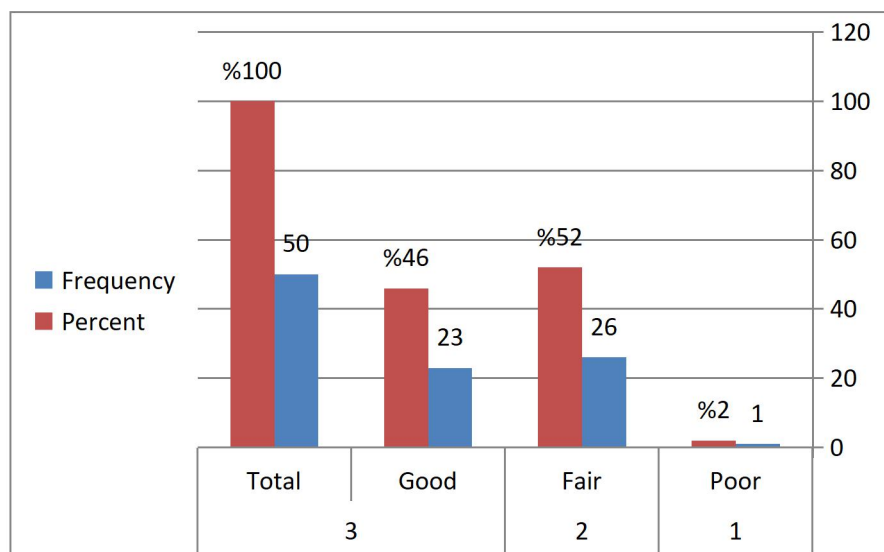
In this table, the demographic information like gender, age, Parents living status education level Table (1) describes that the clients' mean age is  $14.40 \pm 1.71$ ; more than third of them within 12-14 years-old age group and the same proportion for those who are in 14-15 years-old age ( $n= 17$ ; 34.0%) the majority of them is male ( $n= 34$ ; 68.0%), more than half of them live in urban areas ( $n= 29$ ; 58.0%) the majority of their parents live together ( $n= 42$ ; 84.0%), the mean of brothers is  $3.94 \pm 1.812$ ; less than half of them has 4-5 brothers ( $n=22$ ; 44.0%), the majority of them is student ( $n= 42$ ; 84.0%), less than half of them has intermediate education ( $n= 24$ ; 48.0%), the condition onset for most of them belongs to their childhood ( $n= 31$ ; 62.0%), and more than half of them has sufficient monthly income ( $n= 27$ ; 54.0%)

**Table 2.** Mean and Standards Deviation of Clients' Information about Enuresis (N= 50)

List	Items	Mean (SD)	Sig.
1	Dealing with large amounts of fluids before bedtime	1.54	F
2	Do you sleep during the day when urinating	1.88	G
3	You have difficulty urinating voluntary	1.74	G
4	Do you go to the doctor for treatment after a recurrence of the situation you have	1.76	G
5	Take treatment to treat your condition	1.66	F
6	Increasing cases worse when you quit to take treatment	1.60	F
7	Trying to hide your status from your peers	1.16	P
8	You have room on your own	1.22	P
9	You have a special mattress you just	1.96	G
10	Do you go to urinate before going to sleep at night	1.90	G
11	Do you feel urinate at night does not want to go	1.76	G
12	Do you have a pre-existing illnesses dogging period when childhood	1.76	G

**Cut-off-point: 1-1.33 = Poor, 1.34-1.67 = Fair; 1.68-2.0 = Good F= Fair; G = Good; P = Poor**

**Table (2) demonstrates that clients' information are poor in the items 7 and 8 (1.16; 0.370), (1.22; 0.418) respectively.**



This figure1 reveals that more than half of participants have fair information about enuresis ( $n= 26$ ; 52.0%), followed by less than half who has good information ( $n= 23$ ; 46.0%).

**Table 2.** Mean and Standard Deviation of Clients' Self-esteem (N=50)

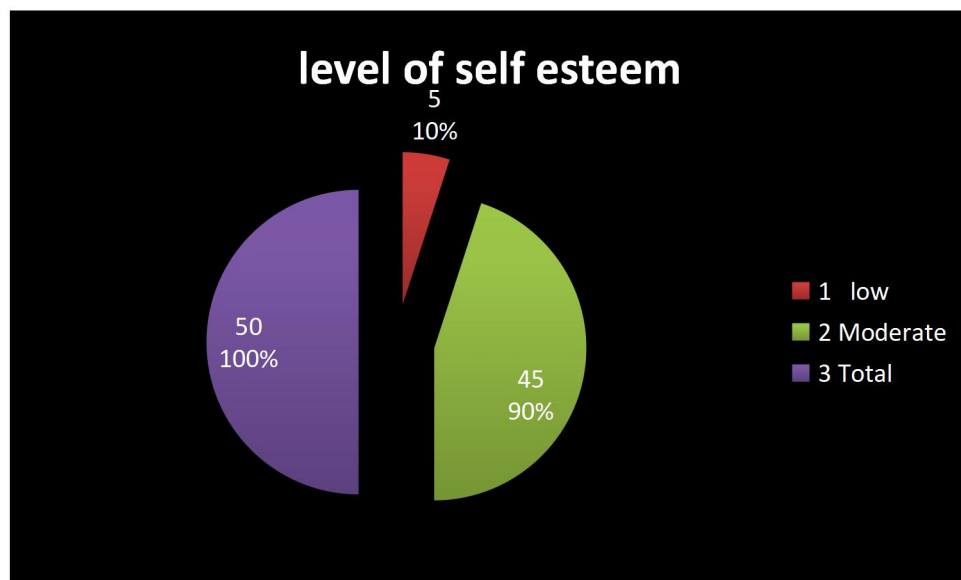
List	Items	Mean (SD)	Sig.
1	I feel that others would not love me even if they knew my truth	2.70 (0.931)	M
2	I feel that others are able to interact and communicate with others is better than me	3.50 (0.863)	G
3	I feel a loved one	2.34 (0.848)	M
4	When I'm with the others feel they are happy with my stay, including	2.24 (0.894)	L
5	I feel that others want to talk to me	2.58 (0.859)	M
6	I feel very incompetent person	1.88 (0.799)	M
7	I think I leave a good impression with others	1.80 (0.990)	M
8	I feel like I need more self-confidence	3.66 (1.042)	G
9	I feel very tense when I'm with stranger	2.86 (0.833)	M
10	I feel boring person (heavy blood)	2.70 (0.909)	M
11	I feel someone is not loved	2.78 (0.864)	M
12	I feel that others enjoy their lives more than me	3.24 (0.938)	M

13	I feel like I give my boredom to others	2.42 (0.810)	M
14	I think that my friends think I'm a fun person	2.32 (1.039)	L
15	I feel that I have a high sense of humor or humor	2.20 (1.050)	L
16	I will be very careful when I'm with strangers	3.00 (1.050)	M
17	If I'd like the others to the best of my life was so much	3.78 (1.036)	G
18	I feel that others spend a good time when they're with me	2.30 (0.974)	L
19	I feel him persona non grata when I interact with others	2.30 (0.909)	L
20	I feel I suffer psychological pressure more than others	3.50 (0.974)	G
21	I feel a nice person	2.30 (0.863)	L
22	I feel that others love me so much	2.22 (0.764)	L
23	I feel accepted by others	2.48 (0.814)	M
24	I am afraid that I feel foolish when confronted with others	2.70 (0.839)	M
25	My friends respect me well	2.44 (0.951)	M

Cut-off-point: 1-2.33 = Low; 2.34-3.35 = Moderate; 3.36-5.0 = High

Table (4) demonstrates that the self-esteem is at a low level in the items 15, 22, 4, 18, 19, 21 and 14 (2.20; 1.050), (2.22; 0.764), (2.24; 0.894), (2.30; 0.974), (2.30; 0.909), (2.30; 0.863), (2.32; 1.039) respectively.

Figure 2 Level of Self-esteem





**Figure( 2)**

**Describes that self-esteem is at a moderate level for the vast majority of participants (n= 45; 90.0%).**

Table 3. Association between Study Variables

<b>Variables</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Age</b>						
<b>Number of brothers</b>	<b>.166</b>					
<b>Rank among brothers</b>	<b>-.045-</b>	<b>.633**</b>				
<b>Patient's Level of Education</b>	<b>.713**</b>	<b>.280*</b>	<b>-.115-</b>			
<b>Monthly Income</b>	<b>-.066-</b>	<b>.059</b>	<b>.064</b>	<b>-.184-</b>		
<b>Information</b>	<b>-.307*</b>	<b>-.305*</b>	<b>-.074-</b>	<b>-.382**</b>	<b>.123</b>	
<b>Self-esteem</b>	<b>.021</b>	<b>-.136-</b>	<b>-.034-</b>	<b>-.017-</b>	<b>-.231-</b>	<b>-.104-</b>

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

Table (6) describes that age, number of brothers, patient's level of education negatively correlate with patient's information about the enuresis ( $r= -0.307; P<0.01$ ), ( $r= -0.305; P<0.01$ ), ( $r= -0.382; P<0.05$ ) respectively. While, there was no association between any of study variables and the severity of enuresis.

**Conclusions**

According to the findings of the present study, the researcher has concluded the

1. Enuresis in this study sample mostly occurs in male more than in female.
2. Most of the study sample are at age group (12-13).

The vast majority is of the children coming from family of low socio-economic status.

The psychosocial status of the children with enuresis has been affected the adolescent self-esteem depending on the mean of score level for each aspect. There is a significant association between demographic Characteristics of adolescents with their self-esteem due to nocturnal Enuresis.

Based on the results of the study, the study recommended the following

Educational programs should be implemented by community health nurses in order to increase public health awareness about the nature of urinary incontinence and provide mothers with information related

to risk factors of urinary incontinence in the natural development of bladder control, methods of prevention and psychological needs of children

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