

SUMMARY

School-age children embark on a period of rapid learning, not only in the educational setting, but through increased encounters with people outside the family circle, and expanded awareness of the world around them. As they complete this stage, children approach physical maturity and head into emotional, social and intellectual challenges of adolescence.

Enuresis (bed wetting) is common and troublesome disorder that is defined as intentional or involuntary passage of urine into bed (usually at night) or into clothes during the day in children who are beyond the age when voluntary bladder control should normally have been acquired.

Nocturnal enuresis is an common health problem in childhood. Nocturnal enuresis has a dramatic psychological and social impact on a child, many children suffer from shame, embarrassment and low self-esteem because of bedwetting.

So, the mothers should understand the problem of enuresis. The role of mothers is essential to success in the process of management. They should take responsibility for helping the young person to learn the skill of being dry. Mothers are the main caregivers for their children sonurses as providers of primary health care play a major role in changing knowledge, attitude and behavior of mothers regarding their to enuretic children.

Aim of the study:

The present study aimed to assess mothers' care regarding to their enuretic children through:

- Assessing mothers' knowledge about enuretic children to detect mothers' needs.

- Assessing mothers' attitude toward their enuretic children to detect needs.
- Design guidelines for mother's regarding their enuretic children.

The work was directed to answer two questions: 1) Is mothers level of education affect their knowledge regarding to their enuretic children? 2) Is mothers' sociodemographic status affect their attitude toward their enuretic children?

Setting:

This descriptive study was carried out at the Outpatient Clinics, Pediatric and Psychiatric Outpatients in Health Insurance Hospital at Benha City.

Sample:

A sample of convenience including 100 enuretic children and their mothers representing half of the total attendants (220). They were chosen randomly from the previously mentioned settings during the period from beginning of December 2008 up to end of March 2009 according to the following the criteria:

- Enuretic children aged from 6 to 12 years.
- Newly or previously diagnosed enuretic children without abnormalities.

The data were collected using a self administered questionnaire, designed by the researcher. The questionnaire was based on literature review. consisted of the following two tools. 1) Sociodemographic characteristic of children (age, sex, level of education, school achievement, sleep pattern and health services), sociodemographic characteristics for their mothers, (age, level of education, occupation, marital status, number of children, income, home environment (home

condition, safe water, bathroom, available light in bathroom, light outside the bedroom), knowledge of children and their mothers regarding to definition, causes, signs and symptoms and problems, source of mothers, knowledge about enuresis. Mothers' attitude was assessed using likert scale adapted from *Ahmed (2002)* and modified by the researcher to assess mothers attitude toward their enuretic children, mothers care (practice) through asking question to the mothers related to their enuretic children, and self concept about enuretic children. Medical records were used for information about children enuresis.

Results: The main study results revealed the following:

- An over all frequency rate of enuresis was detected with a rate of 56% among children aged 6- < 8 years and 44.0% among those aged 8-12 years.
- The incidence of enuresis in males was more than in girls (64.0% versus 36.0%).
- An occurrence of enuresis representing 41.0% and 40% took place among first and second ordered children in their families.
- More than half of enuretic children scholastic achievement was satisfactory (52%).
- Majority of enuretic children (82%) have deep sleep pattern.
- The least percentage of enuretic children was detected among mothers with high level education.
- less than two thirds (63%) of enuretic children their mothers aged less than 30 years.
- The majority of enuretic children (84.0%) was noticed among those belonging to families with size of 3 or more siblings.
- More than half of mothers with poor knowledge score were among those educated (52.0%) and among not working mothers (56.0%).

- The less than three quarter of mothers (72%) did not know how to control nocturnal enuresis and how to prevent the relapse of problem.
- There was no statistical difference between mothers attitude and type of enuresis.
- Enuresis was noticed among less than two thirds (63%) of children who started toilet training below one year of age.
- Less than three quarters (70%) of enuretic children were nocturnal enuresis while (20%) were diurnal.
- Almost three fifths (59.0%) of enuretic children had secondary enuresis, and slightly more than two fifths (41%) of them had primary enuresis.
- There was the highly statistically significant relation between mothers' knowledge regarding to enuresis and their level of education ($P<0.001$).
- There were highly statistically significant relations between sociodemographic characteristics of mothers and their attitude toward their enuretic children ($P< 0.001$).

Based on results of the present study, the following recommendations are suggested.

- Development of a health educational program for mothers of enuretic children to update their knowledge and skills about the advancing technology in the health care of their enuretic children. This educational program could be delivered through mass media, posters, booklets, MCH centers and individual counseling.
- Early counseling should be directed to mothers regarding toilet training especially for families with positive history of enuresis among their members.

- 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.
- Home visits should be carried out by the community health nurse in order to follow up the enuretic children, assess and help their mothers and solving any problems that may arise.
- Further studies are required to test the effect of continues health instruction in prevention of enuresis among children.