INTRODUCTION

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 ***(Rosdahl, 2003).***

The total number of school age children in Egypt in the year 2007/2008 is about 609742 children in different stages of education ***(WHO, 2007).***

Enuresis is the repeated voiding of urine during the day or at night into clothing or bed by a child at least 5 years of age either chronologically or developmentally. Most enuresis is involuntary; when intentional, it is associated with a disruptive behavior disorder. Seventy-five percent of children with enuresis have a first degree relative who had the disorder ***(Videbeck, 2008).***

There are physical factors including decreased bladder capacity, underlying urinary tract abnormalities, neurologic alterations, obstructive sleep apnea, constipation, urinary tract infection (UTI), pinworm infection, diabetes mellitus, and voiding dysfunction. Emotional factors related to increased stress can contribute to secondary enuresis. These factors include family disruption, inappropriate pressure during toilet training, inadequate attention to voiding cues, and decreased self-esteem, sexual abuse must be considered in a child with secondary enuresis ***(James & Ashwill, 2007).***

Enuresis can be primary or secondary diurnal or nocturnal, or both. A child who has never achieved a period of dryness for at least 3 months is referred to as primary enuresis. Secondary enuresis occurs when a child has been dry for at least 3 to 6 months and then resumes wetting ***(Potts & Mandleco, 2007).***

A child with enuresis is at risk for further psychological involvement. As a child ages and continues with the disorder, his or her peers, children can be ruthless and hurtful to each other and teasing begins. The child with disorder feels even further separated from his or her social group and may fall deeper into the incontinence behaviors or may slip into further psychological trouble ***(Neeb, 2006).***

Impairment associated with elimination disorder depend on the limitation on the child's social activities, which affects on self-esteem, degree of social ostracism by peers, and anger, punichment and reflection on the part of parents or caregivers. The family become increasingly intolorant of the behavior. The family unit feels discouraged and frustarated peers begin teasing ***(Neeb, 2006).***

The nurse can provide the child and his family with information about the causes of enuresis and variety of treatment options. The family should be involved in the decision about treatment plan. As appropriate to the treatment, the child and family need instruction on the use of bed-wetting alarm, medications, behavior modification and elimination diets. The family should be encouraged to emphasize the child's strengths and praise attempts at control to increase confidence and self-esteem. The nurse assists the child and family to verbalize feelings of frustration ***(Potts & Mandleco, 2007).***

The role of mothers is essential to success in the process of management. They should take responsibility for helping their children to learn the skill of being dry ***(Gorski, 2003).*** Mothers are the main caregivers for their children so, nurses as providers of primary health care play a major role in changing knowledge attitude and behavior of mothers regarding their enuretic children ***(Ahmed, 2002).***

Magnitude of the Study:

The prevalence of nocturnal enuresis varies with age and gender, being most common in young boys - an estimated 15% of 5 year-old boys, 7% of boys aged 7 to 9 year, and 1% of 14 years-old boys have nocturnal enuresis ***(Austin & Boyd, 2008).*** The frequency in girls is about half that of boys in each group. There is no available document regarding to the actual incidence of enuresis among children in Egypt. However, according to a study done in Egypt, Alexandira ***Governorate in 1991***, showed that nocturnal enuresis was recorded with prevalence rate of 14.5% with a higher frequency for boys than girls (16.5% versus 12.6% respectively). Enuresis was found to be the most common type of behavior disorder among primary school age children (6-12 years) ***(Hamoda, 1991).***

Another study done in Egypt at ***Menoufiya Governorate in 2003*** on the magnitude of the problem of enuresis, stated that at the age of 6-8 years, 62.0% of school age children are enuretic; and 38.0% of children are still enuretic at 8-11 years. This study showed that 64.0% of males were enuretic compared to 36% of females at school age ***(El Nagar, 2003).***