Knowledge, Attitude and Concerns among Urban Malaysian Parents of Bedwetting Children

Nocturnal enuresis (NE) is a common childhood problem all over the world. The prevalence is reported as 9, 7 and 2.1%, respectively in 7-, 9- and 12-year-old urban Malaysian children [1]. These rates are remarkably similar to reports from other Asian and Western countries. NE also occurs in 1–1.5% of Western teenagers [2] in whom the impact leads to tremendous emotional turmoil [3], anxiety and reduced self-esteem [4]. This in turn interferes with the normal social and psychological development of the child and adolescent. Though most parents show concern, some become annoyed and intolerant and even resort to punishment [5]. In a previous study, 73% of Malaysian parents considered NE a problem and 76% of bedwetting children admitted they were embarrassed, yet parents rarely consulted a doctor [1]. Hence, there was a need to determine the knowledge, attitudes and concerns or otherwise about this common problem among parents of bedwetting urban Malaysian children. A questionnaire was produced to determine: (i) parents knowledge on the causes of their child’s bedwetting; (ii) their coping strategies prior to medical consultation; (iii) their reasons for finally seeking a consultation; and (iv) their perception of the impact of enuresis on their child.

Parents of 40 bedwetting children completed the questionnaire. The children were aged 7–17 years (mean 10.7 years). As expected, 87.5% had primary NE, 85% had more than two wet nights per week and 40% were wet every night. Most parents blamed ‘deep sleep’ (85%) and ‘drinking too much’ (40%) as causes, while 5% picked ‘delayed maturation’. Waking the child to void (97.5%), restricting bedtime fluids (85%) and ‘lifting’ (57.5%) were the most frequent coping methods. ‘Lifting’ is taking the child to the toilet without fully waking him/her. Forty percent of children were made to wear diapers and 38% were made to change their own sheets when wet. The most common reasons for seeking therapy was the fear of the effects on the child (97.5%) and fear of an underlying medical problem (70%). Sixty percent sought therapy because of concern over their child’s restricted social activities. Other reasons included disruption to their child’s sleep (40%) and parents’ sleep (32%). Seventy-three percent perceived that their child was embarrassed to discuss their bedwetting while 80% perceived their child to have a lower self-esteem than their peers.

Bedwetting has not been recognized as a significant condition especially by the medical fraternity in Malaysia. Inability to talk about their bedwetting, avoidance of overnight social activities and indeed continued diaper-use add to the child’s embarrassment and lead to a sense of social difference, stigma and isolation for many of these children. Disruption of the child and parents’ sleep may further add to stress within the family and lead to feelings of guilt and low self-esteem as perceived by many parents. A ‘wait and see’ attitude is no longer acceptable. General practitioners and paediatricians should pay more heed to parents who bring their children for consultation of this age-old problem.

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YOGANATHAN KANAHESWARI
Department of Paediatrics, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre
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Correspondence: Yoganathan Kanaheswari, Department of Paediatrics, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Jalan Yaakob Latif, Bandar Tun Razak, Cheras 56000 Kuala Lumpur, Malaysia.
Tel: 603-9145-5392; Fax: 603-9173-7827.
E-mail: <kanahes@ppukm.ukm.my>

Is Screening Cost-effective for Melamine-associated Nephrolithiasis?

In the wake of the melamine crisis, many countries have faced an enormous uncertainty in identifying all