Bedwetting among School Children in Sokoto State: A Psychological Approach

BY
Dr. (Mrs). Asiyatu Abubakar Bagudo
Department of Adult Education and Extension Services
Usmanu Danfodiyo University, Sokoto
Email.asiyatuabubakar@yahoo.com
Gmail.asiya2bgd@gmail.com

Abstract
The issue of bedwetting also referred to as nocturnal enuresis is an under-researched area in Sokoto state, Nigeria. Many children and mothers are faced with stigma and worries about the bedwetting condition. It is not considered to be a serious health issue but it has some adverse consequences. This survey research method used 200 mothers of children who bed wet. They were sampled using the snowball method of sampling. Four research questions were raised and simple descriptive statistics was used for item analysis of data collected using a questionnaire. The psychometric property of the questionnaire used was obtained through the content, face, and construct validity by experts in the field. The reliability test yielded an index 0.76. The result shows that some of the misconceptions held about bedwetting is that it is caused by laziness of mothers to wake children, stubbornness on part of children, spirits and improper parenting. The study revealed associated stigmatizations and use of punitive measures on children that bet-wet. Some parents do not consider bedwetting as a medical problem until it exceeds six years and above. The study recommends the use of positive reinforcement, physical and psychological support to bed wet children and their mothers. Sensitization and enlightenment should be used to address issues of stigmatization, punishment and negative attitudes to children who bed wet. The need for psychological and medical intervention is also suggested.

Introduction

Globally, bed wetting also referred to as nocturnal enuresis is a common phenomenon among children who lose control and release urine on bed while sleeping. Discussions on bedwetting in is not so common because of associated stigma, shame and criticism. Similarly, literature, empirical researches on bedwetting in Sokoto state are scanty. Globally, attempts have been made to create awareness international level was made in 2016, by the International Children Continence Society(ICCS), along with the European Society for Pediatrics Urology(ESPU) launched a Bed Wetting Day (BWD). From then, 24th of May was declared to be commemorated annually and globally. The idea was to necessitate the advocacy and concern for bedwetting because discussion about bedwetting is not receiving adequate concern it deserve, and the impact on sufferers is often misunderstood and trivialized. In Sokoto state, bedwetting day is not publicized or commemorated. It is not a popular issue, it is often seen as a taboo and unhealthy, therefore children who bed wet and their mothers are left to bear the disturbing and worrisome situation especially among school age children. Drew, Carl, Dean and David (2014)

defined bedwetting otherwise called Enuresis as intermittent urinary incontinence during sleep in a child at least five years of age. Bed wet (enuresis) is not peculiar to people in particular society, geographical location or socio economic class. Report from American Academy of Pediatrics (AAP), (2021) indicated that approximately 5% to 10% of all seven-year-olds have enuresis, and estimated 5 to 7 million children in the United States to have enuresis, which serve as 10% of USA children population. In Nigeria the total statistic not available, but various studies provide insight on the prevalence of enuresis in Nigeria. Moses and Oluwafemi (2017) researched on prevalence, risk factors and parental perceptions of treatment of enuresis in south western Nigeria. They used 500 households and found that 58.5% had children less than five years that bed wet. Similarly, Abdukadir, Babagana, Usman, Muhammad, Ahmad and Maifada (2019) in their study using combined pooled population derived from 24 studies revealed 15,172 children and adolescents having enuresis.

Enuresis or bedwetting as commonly called is classified into two, Primary nocturnal enuresis which occur from birth continuously without break, no dry night for significant length of time among children 0-6 years. And Secondary Enuresis which occur after the child has stopped and then resume between ages 7 and above years. Medically, urinary incontinence (enuresis) is accidental or intentional urination in children who are at an age where they should be able to have control of their bladders (AAP,2021). There are different types of bedwetting as follows:

- Diurnal enuresis (wetting during the day)
- Nocturnal enuresis (wetting during the night)
- Primary enuresis (occurs when the child has never fully mastered toilet training)
- Secondary enuresis (occurs when the child did have a period of dryness, but then returned to having periods of incontinence) (Dewar 2019)

Evidences from Anyanwu ,Ibekwe and Orji (2015) and National Clinical Guideline Centre (UK). 2010) shows that more than 5 million children experience night time incontinence or nocturnal enuresis before age of 6 years. Girls usually obtain bladder control before boys do. The secondary enuresis starts later in life after a child have stopped bedwetting for at least 6 month, then resume again, which are mostly caused by underlying medical or emotional problem, such as urinary tract infection, anatomical and abnormality in bladder causing irritation, pain, pinworm strong urge or frequency for urination. Secondary enuresis is prevalent on children age 7 years and above (adolescent into adulthood).

The causes of bedwetting have been subject of different interpretations. From the psychological perspectives factors such as age, development, maturity, physical, health and emotions, social conditions and sleeping disorder are attributed causes. But secondary enuresis is mostly attributed to underlying medical, emotional and social issues. Bakhtiar, Pournia, Ebrahimzadeh, Farhadi, Shafizadeh, and Hosseinabadi (2014), indicated physical, psychological, social, spiritual and medical factors as possible causes. Some medical causes are reduced bladder capacity, overactive bladder, too much urine production, developmental delay, urinary tract infection, constipation, obstructive sleep apnea.

Bedwetting (nocturnal enuresis) is perceived and treated from different perspectives. Scientific perspectives relate enuresis to pattern of sleep and urine production. Most bed wetting is said to occur when the child have not develop adequate bladder control mechanism. Because the bladder has not grown sufficiently in size and its nerve is yet to mature therefore, the sending of urination signal to and from brain is yet to mature (Robert, Robert and Michael 1996). Medically, primary enuresis problem is said to occur due to inadequate brain and bladder connection. The child's small bladder cannot hold urine throughout night and the needed body urges to wake him is not

adequately developed (Joinson, Heron, Emond and Butler, 2006). As such delay in bladder maturation, or the kidney producing a lot of urine at night are among the causes of bedwetting in children. Rajiv and Sumantra (2016) provided some causes as deep sleep, and inability of the child to wake when bladder is full. Generally, children who bed wet are said to have physiologically or neurologically immature bladder and decreased functional bladder capacity. Research evidences by Dewar 2010-2013 parenting science, shows that 20% of under 5years children bed-wet.

The secondary enuresis is said to be due to constipation, obstructive sleep apnea, anorexia, obesity, migraine, onset diabetics, stress, sickle cell and other health and physical problem (NICE, 2010). Other likely causes among adult populations are diabetics, structural or anatomical abnormality in the organs, .muscles, nerves involve in urination. Similarly, neurological problems, abnormalities in nervous system, injury or disease of nervous system, as well as upset in delicate neurological balance that control urine can cause bedwetting among adults.

Opinions vary about bed wetting among psychologists. Some attributed psychological causes are birth of a new siblings, parental separation, divorce, death of parent, fear, trauma, and dysfunction in family, school and society. According to Freud psychoanalytic approach, claimed that urination is erotic and wetting the bed is frustrated sexual act thus portraying it to be a sign of psychological maladjustment or anti-social tendencies (Joinson, Heron, Emond, Butler 2006). Available literature shows that Macdonald 1960 triad theory perceived enuresis as a risk sign for a child becoming violent, sociopath, and possessing sexual predatory behaviour. According to this view, bed wetting, cruelty and arson are indication of child's substantial stress and lead to violence criminal or sociopathic behaviours. Critics and researchers in criminology debunk these

assertions due to lack of supportive empirical data. However, data from Rajiv, Sinha and Sumantra Raut (2016) indicated that children are sensitive and picked up on suppressed emotion, causing night wetting. Children who bed wet are usually too hard to wake, seem to be rude and indiscipline. Urologists explained that their body produces less vasopressin, a hormone that suppresses the production of urine. Experts in genetics attribute bedwetting to genetic basis as common within family members such as parents, siblings, uncles have once experience bedwetting. This claim was supported by DNA research which identified possible enuresis genes on chromosome 13 and 22 providing the idea that it is heritable. Psychologically, children with attention deficit disorder, learning disability, or allergies are said to be more likely to bed-wet. Also, children who are exposed to stressful life experiences such as family problems like parental quarrels, parental alcoholism, arrival of new baby, abuse and neglect and pressure are also considered to be prone to bedwetting. Just as there are many causes so also Bed wetting has diverse effects.

Some of the effects of bedwetting include lower self-esteem (Joinson ,Heron , Emond and Butler (2006). Butler and Heron (2008); Dewar (2019) revealed that children who bed-wet are not more likely to be sad, worried, distressed, depressed, anxious, or anti-social. Research findings by Iduoriyekemwen and Nwaneri (2007), Faten and Mohammad (2015) found that children with irregular bedtimes are more likely to bed wet and to have behavioural difficulties. In similar way, Anyanwu, Ibekwe and Orji (2015) indicated that bed-wet affect sleep, behavior, and academic performances.

Evidence from the Royal kids information (2009), indices shows that in Victoria alone at least 37,000 children between the ages of five to 15 regularly bed wet at night. Similarly National Institute for Health Care Excellence(NICE) (2010) describe the prevalence rate among children

as, by age four nearly one in three children wets the bed and by age six it reduced to one in ten and one in 20 by age ten. Bakhtiar, Pournia, Ebrahimzadeh, Farhadi, Shafizadeh, and Hosseinabad**i** (2013)conducted study to find the prevalence of nocturnal enuresis and its associated factors in children in the city of Khorramabad. The study used descriptive-analytic, cross-sectional method.710 male and female children were divided into two groups with equal numbers. The samples were selected from the schools of Khorramabad using the multistage cluster and stratified random sampling methods based on the diagnostic criteria of DSM-IV. The data was analyzed using the logistic regression. The results showed that 8% of the children had nocturnal enuresis, including 5.2% of primary nocturnal enuresis and 2.8% of secondary nocturnal enuresis. The prevalence of nocturnal enuresis in the boys (10.7%) was higher compared with that in the girls (5.4%)(P=0.009). There were statistically significant relationships between nocturnal enuresis and history of nocturnal enuresis in siblings (P=0.023), respiratory infections (P=0.036), deep sleep (P=0.007), corporal punishment at school (P=0.036), anal itching (P=0.043), and history of seizures (P=P0.043). The study showed that the prevalence of nocturnal enuresis in the boys was higher compared with that in the girls.

Another study by Joshua, Peter, Aloka, and Odongo (2019) explored the social experiences of students who have nocturnal enuresis with teachers in boarding secondary schools in Kisumu area in Kenya. Qualitative research approach, particularly the phenomenological research design was used. The researchers employed saturated sampling to select all the 6 boarding secondary schools because they are few, three (3) Boys' schools and three (3) Girls' schools.. From qualitative data, the main themes that emerged through thematic narratives participants were: reciprocal cordial relationship, inclusive responsibility appointment. It's recommended

that teacher and counselors should help students with nocturnal enuresis cope with psychosocial effects as a result of nocturnal enuresis.

Anyanwu , Ibekwe and Orji (2016) Used cross sectional descriptive study of 2016 children (6 years old) using structured questionnaire and behavioural tools to study the association of nocturnal Enuresis with sleep, behaviour and school performance and find the prevalence was 37.0%, and nocturnal Enuresis was significantly associated with abnormal behaviour ($p=0.049$) and poor hygiene $p<0.05$, another research shows that Children with Nocturnal Enuresis have significantly lower perceived competence among children without nocturnal enuresis concerning physical appearance ($t=2.42$, $p<0.05$) and global self-esteem $l=2.96$, $p<0.01$ and lower perceived competence regarding scholastic skills and social acceptance but is not significant. The implication is that some adverse due to bedwetting may deter children from proper interaction or participation in school activities.

Base on the studies cited on children with nocturnal enuresis, there are various associative behavioural, psychological and social problems that need to be discovered with view to lessen or address the effect of enuresis.

Statement of problem

Traditionally, in Sokoto state there are some misconceptions and myth attributed to bedwetting. This reflects on the type of concern, handling and medications. The contention of this study is that the ways or measures used in handling children who bed wet could have negative or devastating effect on them and their families more especially school children. Indeed, quite a number of children spend their early year period passing out involuntary urine while sleeping at night-time a phenomenon referred to as bedwetting and medically referred to as nocturnal

enuresis. Traditionally, it is often considered to be a non-medical and not a behavioral problem, but simple developmental and personal condition. Mean while Bed wetting often result in worries, embarrassments, feeling of guilt and frustrations not just to the child but to parent especially mothers who does the washing and cleanings. Similarly, people's attitude, disgusting and awkward smell and odor are also issues. The burden and workload associated with the daily occurrences and sometimes prolong duration of enuresis beyond primary school age can be frustrating and source of physical stress. Sometimes even after managing it, it leaves some negative lingering memories and imprints on the personality and life of the child. In fact, the consequences could be diverse as well. It can affect wellbeing, and interfere with capacity, achievements and overall personality of the individual . Thus, this researcher seek to find out how bedwetting is perceived and managed in some selected areas of Sokoto state. The study provide implications for children, parents, stakeholders and society,

Research Questions

1.At what age does bed wetting become a problem necessary for medication?

2.What are the perceptions about the causes of bedwetting in Sokoto state?

3.What are the practices for stopping bedwetting in Sokoto state?

4.What the effects of bed wetting on children in Sokoto state?

Methodology

The study used a survey research approach, using a sample size of 200 parents selected from Sokoto North, Wamakko, Kware and Sokoto South, local governments areas of Sokoto State. The study used snowball method of sampling to reach out for mothers with school children who bed wet. Mothers were used as respondents because they are the care givers and more involve with children who bed wet. A questionnaire tittled: Perception and Practices on Bedwetting

Questionnaire (PPBQ) in Sokoto state was used. It's Psychometric property was obtained from peer review of the content and face and construct validity of the instrument and a reliability index of 0.76 was obtained using test- retest method and Pearson Product Moment reliability coefficient. The questionnaire was distributed and collected with aids of four trained research assistants. Five research questions were raised, simple descriptive statistics was used for item analysis and presentation of findings.

Data presentation and Findings

Responses of participants on research questions raised were analyzed using frequency count and percentages in corresponding tables.

Table 1: Showing Responses of Parents on age at Which Bedwetting Become a Problem

	Age at which Bedwetting become a problem	SA%	A%	D%	SD%
1	0-2years	20(10%)	35(17.5%)	33(16.5%)	112(56%)
2	3-5years,	24(12%)	28(14%)	58(29%)	76(38%)
3	6-8years,	56(28%)	113(56.5%)	20(10%)	11(5.5%)
4	10-12years,	80(40%)	105(50. 25%)	10(5%)	5(2.5%)
5	14years and above	130(65%)	60(30%)	6(3%)	4(2%)

The data in the table indicates that parent consider bedwetting to constitute a problem when the child reaches the of three years, and the concern increase with age. Frequency count shows that 56% disagreed that it a problem at age2 years and 130 out of 200,(65%) strongly agreed that it is problem for children aged 14 years and above. It also shows that most parent do not consider bedwetting to be a problem for intervention until the child is 5 years and above which correspond to formal school age.

Table 2:Showing of Various Perceptions causes of Bedwetting

S/ No	**Perception on Bed Wetting**	Strongly Agree (%)	Agreed (%)	Disagreed (%)	Strongly Disagree %
1	It is normal for a child to bed wet	60(30%)	80(40%)	40(20%)	20(10%)
2	Bedwetting is caused by spirits	00(0%)	23(11.5%)	86(43%)	91(45.5%)
3	Bed wetting is sign of hidden sicknesses	05(2.5%)	87(43.5%)	86(43%)	22(11%)
4	Bedwetting is a condemnable act	46(23%)	75(37.5)	60(30%)	19(9.5%)
5	Bedwetting is developmental problem	19(9.5%)	120(60%)	45(22.5%)	16(8%)
6	Bedwetting is caused by stubbornness	08(4%)	84(42%)	86(43%)	22(11%)
7	Bed wetting is due to Laziness	49(24.5%)	67(33.5%)	75(37.5%)	09(4.5%)
8	Bed wetting is due to sickness	40(20%)	100(50%)	57(28.5%)	03(1.5%)
9	Bed wetting is due to dream	50(25%)	130(65%)	15(7.5%)	05(2.5%)
10	Bed wetting is due deep sleeping	65(32.5%)	86(43%)	41(20.5%)	08(4%)

11	Children who bed wet are hard to wake	82(41%)	75(37.5%)	34(17%)	09(4.5%)
12	Bedwetting is due poor toilet training	41(20.5%)	87(43.5)	37(18.5%)	35(17.5%)
13	Children bed-wet intentionally	01(0.5%)	20(10%)	120(60%)	59(29.5%)
14	Children bed wetting is hereditary	34(17%)	56(28%)	46(23%)	64(32%)
15	Children bedwetting is due to use of pampers,	44(22%)	54(27%)	56(28%)	46(23%)
16	Bed wetting is due to in adequate mother caring attitude	20(10%)	50(25%)	60(30%)	70(35%)
17	Bed wetting is due to absence of the child's mother	36(18%)	48(24%)	67(33.5%)	49(24.5%)

Table 2 shows that out 200 respondents 60(30%) strongly agreed and 80(40%) agreed that it is normal for children to bed-wet at night. 130(65%) of them agreed that bedwetting is due to dream, while 120(60%) perceived it to a developmental problem, and 100(50%) agreed that it is due to sickness. Only one (.5%) strongly agreed in contrast to 120(60%) that strongly disagree that children bed wet intentionally.82(41%) respondents strongly agreed and75(37.5%) agreed that children who bed wet are hard to wake. Only 23(11.5 perceive bedwetting to cause by spirit. Absence of mother and inadequate mother care are common attributable factors.

Table3**: Showing Practices and Remedies for addressing Bedwetting**

S/NO	**Practices used to Stop Bedwetting**	Strongly Agreed	Agreed	Disagreed	Strongly Disagreed
1	By waking the child in the night	114(57%)	65(32.5%)	15(7.5%)	06(3%)
2	By avoiding taking water in the evening and night	20(10%)	30(15%)	120(60%)	30(15%)
3	By beating the child	15(7.5%)	20(10%)	135(67.5%)	30(15%)
4	By use of herbs and incantations	28(14%)	98(49%)	45(22.5%)	29(14.5%)
5	By using punishment	34(17%)	53(46.5%)	76(38.5%)	47(23.5%)
6	By rewards for dry nights	67(33.5%)	78(39%)	32(16%)	33(16.5%)
7	By use of song to tease or ridicule the child	51(25.5%)	70(35%)	45(22.5%)	34(17%)
8	By allowing the child to overcome it with time	90(45%)	65(32.5%)	30(15%)	15(7.5%)
9	By use hospital drugs and services	28(14%)	34(17%)	132(66%)	06(3%)
10	By use psychotherapy	30(15%)	48(24%)	97(48.5%)	25(12.5%)
11	By guidance and counseling	40(20%)	65(32.5%)	55(27.5%)	40(20%)

Table 3 shows that majority of the respondent 114(57%) strongly agreed,65(32.55 agreed that waking the child at night can remedy bedwetting. 98 (49%) contend to the use of herbs and incantation to stop bedwetting. In contrast 135(67.5%) and 132(66%) disagreed in the use of beating and hospital drugs or services as means to stop bedwetting respectively. About 155(77.5%) combined opined on allowing the child to grow out of it developmentally with time.

only 40(20% and 30(15%) strongly agree on the use of counseling and psychotherapy. Beating the child was highly disagreed (15%) as measure to stop bedwetting.

Table 4 Showing Effects of Bedwetting

S/NO	**Problem associated with bed wetting in children**	Strongly Agreed	Agreed	Disagreed	Strongly Disagreed
1	Children who bed-wet feel shy.	110(55%)	60(30%)	15(7.5%)	15(7.5%)
2	Children who bed-wet are Rude,	17(8.5%)	42(21%)	76(38%)	65(32.5%)
3	Children who bed wet are sick	06(3%)	35(17.5%)	84(42%)	75(37.5%)
4	Children who bed wet are isolated,	98(49%)	32(16%)	32(16%)	18(9%)
5	Children who bed wet have poor self esteem	102(51%)	67(33.5%)	27(13.5%)	04(2%)
6	Children who bed wet feel distressed	113(56.5%)	54(27%)	25(12.5%)	08(4%)
7	Children who bed wet suffer psychological problems	86(43%)	45(22.5%)	34(17%)	35(17.5)
8	Children who bed wet constitute social problem	125(62.5%)	56(28%)	14(7%)	5(2.5%)
9	Children who bed wet are immoral	34(17%)	57(28.5%)	47(23.5%)	65(22.5%)
10	Children who bed wet encounter educational problem	45(27.5%)	44(22%)	57(28.5%)	34(17%)
11	Bedwetting affect schooling	113(56.5%)	46(23%)	30(15%)	11(5.5%0
12	Bedwetting affects academic performance	78(39%)	42(21%)	43(21.5%)	47(23.5%)
13	Bed wetting cause physical stress	120(60%)	60(30%)	15(7.5%)	5(2.5%)
14	Bedwetting affects family	86(43%)	55(27.5%)	43(21.5%)	16(8%)

Table 4 indicate the perception of parents on the plight of bedwetting on children.It shows that 102(55%) strongly agree and60(30%) agree that children who bed-wet feel shame, but are not rude 17(8.5%) nor are they sick 06(3%), but they feel distressed 113(56.5%), have poor self-esteem,102(84.5%), become isolated 98(49%), suffer psychological problem 86(43%). While 113(56%), perceive that it affects schooling, 78(39%) contended that it can affect performance. While 86(43%) indicated the effects on family. Based on these it could be inferred that bed wetting is a problem related to general well being of children which could affect children education.

Summary of Findings

1. Bed wetting among children is considered to be a problem after age 5 years.
2. The perception of bedwetting is that it is a normal not a disease in children.
3. Bed wetting was attributed to laziness, poor parenting, spirit and also caused by to personal, hereditary, social, jinn and medical problems.
4. Bed wetting in children are treated using traditional measures and waking the children.
5. The effects of bedwetting are physical stress, poor self-esteem, social, emotional and educational challenges.

Discussion of Findings and Implications

Research Question one: At what age does bed wetting become a problem necessary for medication?

Bedwetting during childhood is considered as natural phenomena that will stop normally after some age. Based on this people share different view on need for medication bedwetting children. It is considered common and normal for children. The present study found the age of prevalence and when it is considered to be a problem differs among people, (72 %) of the parents do not see bedwetting as problem at age 0- 2year, also 67% do not conceive it as a problem for ages 3-5 years, they begin to see bedwetting as a problem from ages of 6 years (84%), at 10 years (90.25%) and at age 14 years (95%) from 15 years it becomes a serious issue. This is in harmony with findings of Moses and Oluwafemi (2017) on their research on prevalence, risk factors and parental perceptions of treatment of enuresis in south western Nigeria. They used 500 households and found that 58.5% had children less than five years that bed wet and perceived as common issue among children. It is also in congruent with findings of Bilal Haseeb, Saeed, Sarwar, Ahmed, Ishaque and Raza (2020), they used 1500 children, 570 (38%) male 930(62%) female. They found that 70% of male age six and seven years bed wet. Cleveland Clinic (2019) reported that about 30% of children 7 years and below, and 5% of 10 years old children and 2 to 3% of people over 18 years have primary nocturnal enuresis with very small number continuing into adulthood.

In this study children who bed wet are not considered as ill. It is not considered to be a disease or health challenge in children unless it persists into adulthood. So early diagnoses and medical interventions are not done in early years. Even small children are not comfortable and happy when they bed wet. Similarly, feelings, attitude and reactions toward children who bed wet is

mostly in negative form. They are teased, mocked and laugh at even as children. These attitudes and reactions have diverse and devastating wellbeing of bed wetting children as they grow.

Also, in Sokoto state bedwetting is a reality that occurs in children, but could not statistically accounted for due to inadequate census and official statistical health and demographic data. It is equally difficult to ascertain the number of children and adults suffering from bed wetting because of shame and embarrassment associated with it. More so, it is rarely subjected to upon discussion or reported in hospital and seems to be a neglected area of research. This is

because traditionally in Sokoto, bedwetting in children is not generally considered to be a disease condition nor is it considered to be wellness,

The implication is there is need to establish prevalence and early intervention. Because some children in primary schools are having primary enuresis a circumstance that is often considered a non-issue in schools, thus leaving the child alone to face and live with the embarrassments and worries. Thus it is imperative for educators to promote awareness and provide necessary forms of interventions for bed wetting children. There is need for consultation and referral to medical personnel to rule out possibility of underlying pathological problem.

. **Research Question 2: What are the common perceptions held about the causes of bedwetting in Sokoto state?** The findings of this study on causes of bed wetting (enuresis) corroborate with Bakhtiar, Pournia, Ebrahimzadeh, Farhadi, Shafizadeh, and Hosseinabad**i** (2014); Joshua, Peter, Aloka and Benson (2019);and Bilai,Haseeb, Saeed,Saeed,Sarwar,Ahmed, Ishaque and Raza (2020).This study discover that 70% consider bedwetting to be a normal thing, while, 45% attributed the cause to hereditary, 46% said it is caused by underlying disease. While 69.5% attributed the cause to be developmental problem, 58% considered it caused by laziness,80% identified dream as the cause,76% consider the cause to be deep sleep,64% indicated poor toilet training,48 feel is due to stubbornness,42% believe is caused by absence of mother in the home, only 15% think is caused by spirit and only 15 % said it is deliberate while

61% considered it as condemnable. However, majority of participants 89.5% accepted that bedwetting is not is intentionally done, while 71% indicated the use of pampers to also account for bedwetting in children. Dream got highest opinions as cause of bedwetting 90% by adding those who highly agreed and agreed. It was observed that boys tend to bed wet more than girls, the reason given is that they have the habit of withholding urine while they are awake such as leg crossing, face straining, squirming, squatting, groin holding these are assumed to lead to bedwetting at night.

In Sokoto state, traditionally, Some believe that long duration of bedwetting is caused by poor parenting, such as not waking children properly. bad discipline, nightmare, sleep disorder and jinn. Due to these perceptions on bedwetting, it is difficult for children and parents to understand and cope with it. There is also assumption that bedwetting is misnomer and hard to control, or that it takes long time to overcome, this results in neglect of effected children. The implications for school children are enormous such as shame, embarrassments, worries, displeasure, stigma and low self esteem. This correspond with Collier,Butler and Redsell (2002); Butler and Heron , (2008). In this regard, teachers need to come to the aid of affected children. It is important to note that bedwetting is a unique growth deficit, some children often outgrow it automatically, some need medication and the longer it takes to resolve the more the negative consequences.

Question Three: What are the practices for stopping bedwetting in Sokoto state?

There are different practices to address bed-wet. This study discovered that only (37%) of samples who had Enuresis consider it as an issue, And (66.2%) of caregivers made attempt to stop Enuresis, through frequent waking, 51 (96.2%) using denial of fluid (75.5%), this agreed with Morrison (1998); Butler and Heron (2008) and Dewar (2019). This study further found that (47.2%) use local or traditional approach, only 14(17.5%) sought orthodox help and (35.3%) do not use any approach. Some local approaches used to address bed wetting include making the child to urinate in hot fire charcoal which is said to lead to some sensation, or irritation whenever

the bladder is full and the child will wake. Children are asked to urinate in ant colony to stop bedwetting. Different concoctions, herbs, and physical torture are used to stop bed wetting which could result into some health complications including psychological, emotional, physical and social problems.

The implication derived from this study is that some the measures used could be destructive to physical, social, emotional, cognitive and general wellness and wellbeing of the affected child. Virtually, wellness and wellbeing are very important factors in educational pursuits and academic performance. Thus, bedwetting might invariably affect schooling some of the effects might extends to their immediate family members such as parents and siblings. Many time they are seen as rude and indiscpline. These effects could be devastating to the life of such children. This justify the need to give issue of bedwetting adequate concern on the need for successful treatment. Findings of this study show that modern medical approaches are under patronized and under-utilized for addressing bedwetting problem in Sokoto State. Therefore, teachers and school can serve as mediator or intermediary between parents, and hospital to promote access to services and treatments.

The fact that many children and parents do not want it to be exposed, discussed or publicized, make bedwetting a neglected area of study and area of medical and counseling intervention in our society. Most often, bed wetting expose children to teasing, blame, humiliation, isolation, stigmatization, less interaction with friends, family members and social activities. The use punitive measures such as beating, threats, and corporal punishments have negative consequences. This means that children encounter social, psychological, physical and emotional adversity for bedwetting, these could affect school work, performances and achievements. Children who bed-wet are innocent and powerless, such children are left to wonder, to worry

and are confused on being maltreated over something they do not do intentionally do and have no control over it. Bedwetting may not be a sickness on itself but the handling can cause problem. It is better resolved through re-assurance, the use of punishment damages his self-esteem. Many children and families suffer undue constrains by the condition which could be treated. According (NICE) (2010) successful treatment of bedwetting showed improvement in auditory working memory, quality of life and day-time functioning of children with nocturnal enuresis. It also reported that there was increase association between bed-wetting, brain and psychological functioning, and sleep issues. While successful treatment was said to have removed emotional burden placed on the child and promoting his functioning and social and school performance Rajiv, and Sumantra (2016); Nwaneri and Iduoriyekemwen,(2017) .The clue derived here is bedwetting is a problem that needs advocacy further research to find the most proper way to handle it and reduce its adverse effects.

Research question5: What are the effects of bed wetting on children in Sokoto state?

Children who bed wet encounter series of challenges along with their parents. This study revealed that (85%) of children who bed-wet feel shame, poor self 55%esteem(56%),distressed (43%) psychological problems,physical stress (60%) and academic performance(50%). This agreed with Collier, Butler and Redsell (2002); Anyanwu, Ibekwe and Orji (2015). Based on these it could be inferred that bed wetting is a problem related to pathological, psychological, behavioural and mental disorder. Similarly the finding agrees with (Sweeing 2001) that bedwetting can lead to discomforting and distressing disorder .This often that translate to who psychological, social, financial and physical burden on family.

The implication is that psychologically, low self-esteem, embarrassment, feeling of guilt, depressed moods, anxiety are behavioural problems that often make bed wetting children exhibit strong head, peer conflict, social withdrawal, lack of control and intolerance. Some Researches showed that bedwetting children have inferior sleep quality, sleep fragmentation, and sleep deprivation but paradoxically have more difficulty in completely awakening. This correspond with Joinson, Heron, Emond, Butler(2006), they outlined some impact of bedwetting to include negative effect on child's school performance, on cognitive and psychosocial wellbeing of a child, damage self-esteem ,isolation from peer group, cause anxiety, lead to missing-out school activities, such as games, sports school excursion, trips, children who bed wet feel discouraged to embark on long journey and visits to friends and relation for vocation or holiday. Usually, urine odor prevents them from intermingling with friends and to exchange visit with friends. Virtually all these are challenges that have negative impact on child's involvement and performance in school. This implied that bed wet children might be suffering in silence, they need teachers to come to their rescue. Socially, Children who bed wets suffer teasing, humiliation, isolation, stigmatization, less interaction with friends and family members, restrict social activities. Emotionally, they are susceptible to distress, depression, anxiety, disenchantment. Physically, some are exposed to beating, punishment, washing and cleaning of clothes, bed sheets and rooms which are extra workload. Financially, bed wetting call for extra expenses to be bored by family on procurement of protective bedcover, cost of detergent, fragrant, disinfectants and medication etc.

The effect on cognitive capacity was earlier found by Stein (2007) He found that cognitive functions of children who bed wet regularly at night score worse on multiple measures of cognitive performance than non-bedwetting children, they were able to track changes in

cognitive function in 95 bedwetting children and 46 children such abilities in intelligence, short-term memory and attention focus . All the children were evaluated over two years period using several widely accepted cognitive tests. Result showed that bedwetting group had poor scores than the non-bedwetting group on standardize test of intelligence, focus attention and short-term memory. The chronic bed wetting children also had worse retention ability and long-term memory and lower learning speed reaction. However, after treatment they significantly improved in all measures of cognitive function, sleep –awakening and brainstem function restored to normal after treatment. *Yeung*, Sreedhar, SIhoe, and Lau.(2006); American Academy of Pediatrics (AAP)(2021); indicated that treatment of bedwetting improve school performance, self-image and interaction with peers and family members. In general term successful treatments of bed wetting improve auditory working memory, quality life and daytime functioning and improved capacity in socio-emotional, behavioural, academic perspectives.

Conclusion

Bedwetting is one of the under- research developmental problem that require adequate research and attention of many stake holders such as medical science, psychologists, counselors and most importantly teachers. Though, it is individual unique growth deficits which often stop automatically, but lack of proper management, delay in diagnosis, and medication have some negative impacts. Management therapies are very effective not necessary drugs and medicine. Thus, the need for proper understanding and provision of timely and appropriate intervention, support and adequate measures to handle it is very vital. This will remedy the diverse effect on psychological, social, emotional, intellectual development, academic performance and behavior of children. It will serve to address fatigue, hustles, stress and challenges encountered by mothers.

Recommendations.

Based on the findings of this study,some recommendations were offered to address challenges associated with bed wetting as follows:

- Stake holders such doctors, teachers, psychologists, counselors, should combine efforts to intensify awareness and enlighten the public on bedwetting issues so as to understand when it becomes necessary to seek medical services.
- Nigeria should join in the Global commemoration of Bedwetting day 24th May annually.
- Psychological therapy and use of reinforcement and support strategies is very necessary by parents, care takers and guardians.
- Use of hospital medication services and use of Enuresis alarm is said to be very effective with no adverse effect.
- The way children are treated often cause stress, emotion,and psychological problem, because quite often they are blamed, teased, beaten, threaten, blaming,faulting, beating,and worries only create unnecessary stress. All these should stop and be replaced with behavior modification, empathy, reassurance, support services and affection by caregivers, parents and all stakeholders involve in caring and management of children at formal and informal level.
- This need for support to bed-wet children exposed to various type of threats and punishments especially those who may not want to showcase themselves due fear of stigma. remain and assist them to enable them overcome symptoms associated with bed wetting.

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