

An Experimental Study to Assess The Effectiveness of Behavioural Modification Therapy on Nocturnal Enuresis Among Rural Children in Madurai District.



Nursing

KEYWORDS : Effectiveness, Nocturnal Enuresis, Behavioral Modification Therapy, Enuretic children.

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ABSTRACT

A true experimental study to assess the efficacy of behavior modification therapy on Nocturnal Enuresis among children residing in selected rural areas in Madurai was carried out to identify the prevalence of Nocturnal Enuresis among children and to evaluate the effectiveness of behavior modification therapy. Simple random sampling technique was used. 100 nocturnal Enuretic children in the age of 5 – 10 years from two rural areas of Madurai. Nocturnal Enuretic rating scale was used to assess the Nocturnal enuresis level. Behavior modification therapy was implemented for experimental group which was a 15 minutes session a day over 4 weeks. Obtained data analyzed in terms of both descriptive and inferential statistics.

INTRODUCTION:

A child is an important asset not only for its family, but also for the whole nation. The children constitute the most vulnerable and an important segment of the population. Ultimately the nation's development is dependent upon the improvement of the human resources. So the future of our nation depends on the way in which we nurture our children.

Wetting bed frustrates a lot of parents, and kids consider this problem as one terribly humiliating experience. This is something worse than the monsters under their beds and closets. The medical term for bedwetting is Nocturnal Enuresis. For a child with involuntary bedwetting, the mere thought of sleeping over at someone's house is fearful and anxiety-filled that his or her secret will be discovered. **(Goodnites, n.d).**

Childhood age is an important period of life most of the behaviors, healthy practices develop during this period. Learning takes place through various institutions such as family, school, and community. Family is the place for teaching curricular & cultivating healthy behavior & practicing habits among children. Behavioral problem influences the general health of an individual. Prevalence of emotional & behavioral problems among school children in India **(2000).**

| Emotional & Behavioral problems | School children |
|---------------------------------|-----------------|
| Anxiety | 13.5% |
| Enuresis | 11.9% |
| Depression | 8.6% |
| Somatic disorders | 7% |
| Autistic disorders | 6.9% |
| Hyperactivity | 6.1% |
| Aggression | 4% |
| Somnambulism | 3.6% |

MATERIALS AND METHODS:

Research approach: Evaluative research approach

Research design: True experimental design

Settings of the study: Karungalakudi Village, Pettai Village, Madurai District.

Population: Nocturnal Enuretic children.

Sample: Nocturnal Enuretic Children who have met the inclusion criteria

Sample size: 100 Nocturnal Enuretic Children who have met the inclusion criteria

Sampling Technique: Simple Random Sampling technique.

Criteria for Selection of Sample:

Inclusion criteria: The inclusion criteria for the present study were: Enuretic children with in age group of 5 to 10 years.

Enuretic children from both sex

Exclusion criteria: The exclusion criteria for the present study were:

Children with any associated illness or major complications.
Children who had surgery in genital region.

Development and description of the tool: A structured interview schedule was developed based on the objectives of the study; through review of literature on related studies, journals, and books; opinion from the experts. The instrument used in this study consists of two sections which are as follows:

Part I:

Demographic data of the children and their parents include age, sex, type of family, number of children, income of the family, education level of mother, father etc

Clinical profile.

Contributing factors for nocturnal enuresis.

Part II:

Nocturnal Enuretic rating scale.

Method of scoring and interpretation:

If the test score is

0-5 ----- mild

6-10----- moderate

11-15----- severe

Method of data collection: the data was collected using structured interview schedule.

Description of the Intervention:

Lifting & waking: Taking the child to the toilet during the night usually before the time that Bedwetting is expected, without necessarily waking the child.

Waking: Waking the child to allow him/her to get up and urinate.

Stop-start training: Teaching children to interrupt their stream of urine in order to strengthen their pelvic floor muscles

Good bladder health recommendations: Children should be counselled to void regularly enough to avoid urgency and urgency incontinence.

Treatment of nocturnal polyuria: A liberal water intake during the day, especially during the morning and early afternoon hours at school, is recommended.

Retention control training: The goal of therapy is good bowel health, which might be defined as a soft movement, with a diameter less than 2 or 3 cm, passed without discomfort every morning after breakfast and before the child leaves for school. Encouraging a movement before the child leaves for school prevents withholding during school hours. The need to drink a liberal amount of water, to avoid foods known to cause hard stool, and to choose foods that soften the stool, should be discussed.

Reinforcement therapy: Reward system should serve as a positive reinforcement to the child for achieving dry nights. The rewards can be candy or stationary things like scale, pencil, rubber according to the child for achieving dry nights.

RESULTS AND DISCUSSION:

Prevalence of nocturnal Enuresis was 42.8% in Karungalakudi and 60.6% in Pettai. The overall prevalence was 47.75%. 40% of children in both the groups belonged to 5-10 years of age. More than one third of children (63%) in both groups were of females. 99% of the subjects had for more than six months period. Most of them (77%) had bedwetting at midnight and 23% of them had at early morning. In pretest level of nocturnal enuresis, 13 children (26%) were in mild and 36 children (72%) were in moderate and 1 child (2%) had severe Nocturnal enuresis. Whereas in post-test level of nocturnal enuresis, 37 children (74%) in the experimental group had reduction to mild level i.e. none was found with moderate/severe form of nocturnal enuresis due to the intervention.

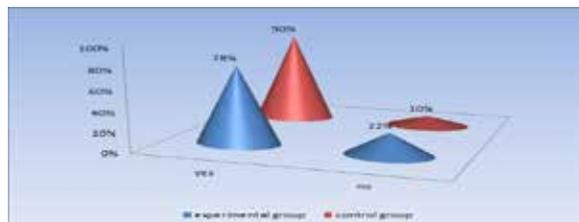
The mean post nocturnal Enuretic score of 1.14 was lower than the mean pretest nocturnal Enuretic score 6.28 in experimental group. The obtained 't' value 24.13 was statistically highly significant at P>0.05 (df-49) levels. This illustrates the mean difference of 5.14 was a true difference and has not occurred by chance. So the researcher rejects the null hypothesis and accepts the research hypothesis

Table-1
Comparison of post test level of nocturnal enuresis between experiment and control group.

| Group | Level of nocturnal enuresis reduction | | | | | |
|--------------------|---------------------------------------|-----|----------|----|--------|---|
| | Mild | | Moderate | | Severe | |
| | F | % | F | % | F | % |
| Experimental Group | 50 | 100 | - | - | - | - |
| Control Group | 18 | 36 | 32 | 64 | - | - |

Table -1 depicts that, in post test, in all the 50 subjects (100%) there was significant reduction in nocturnal enuresis level of experimental group. Whereas control group none of them had reduction in nocturnal enuresis level.

Figure -1



Distribution of children having nightmare

Table-2
Comparison of mean pre test & post test of Nocturnal Enuretic score of experimental group.

| Nocturnal Enuretic Score | N | Mean | Mean difference | SD | 't' Value | DF |
|--------------------------|----|------|-----------------|-------|-----------|----|
| Pre Test | 50 | 6.28 | | 1.513 | | |
| | | | 5.14 | | 24.13* | 49 |
| Post Test | 50 | 1.14 | | 0.921 | | |

*significance at (p<0.05) level.

To compare the mean pretest & post test nocturnal Enuretic score of children, the null hypothesis stated was as follows: H01 – the mean post test Enuretic pattern score of child in experimental group who had behavioral modification therapy will be significantly lower than their pretest score.

CONCLUSION:

The following conclusions are drawn from the study.

Nocturnal enuresis is more prevalent in rural areas, this study proved that behavioral modification therapy is effective. Hence it is cost effective, simple and much applicable in rural children. Primary health care nurses should screen routinely for nocturnal enuresis. Health education of parents by the PHC team is needed to advise against punishment of the Nocturnal Enuretic child and explain the various modalities of treatment. Enuresis is a paediatric public health problem and efforts at all levels should be made such as preventive, etiological and curative.

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