



## Evaluate The Effectiveness of Need Based Intervention on Social Parameter Among Children with Nocturnal Enuresis

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### ABSTRACT

Nocturnal enuresis is the indolently discharge of urine at night by a person with no physical diseases at the age when they could be expected to be dry. "An experimental study to evaluate the effectiveness of need based intervention on selected social parameter among children with nocturnal enuresis in selected settings". Quantitative research approach was adapted, quasi experimental research design which includes control group and manipulation with no randomization. The setting of the study was Child Guidance Clinic, Government Institute of Child Health, Egmore, Chennai. The sample consisted of 40 children in experimental and control who were diagnosed to have nocturnal enuresis and met the inclusion criteria were chosen by Non probability purposive sampling technique. The tool used was a demographic variables and rating scale for assessing social parameter (quality of life).The calculated paired 't' value of  $t = 8.828$  was found to be statistically significant at  $p < 0.001$  level. This clearly indicates that after the administration of need based intervention there was significant increase in the level of quality of life among children with nocturnal enuresis in the experimental group. The calculated paired't' value of  $t = 1.285$  was not found to be statistically significant and this clearly indicates that there was no significant improvement in the level of quality of life among children with nocturnal enuresis in the control group.The calculated unpaired't' value of  $t = 4.997$  between the experimental and control group was found to be statistically significant at  $p < 0.001$  level. This clearly indicates that the need based intervention administered to the children with nocturnal enuresis was found to be effective to improve the social parameter(quality of life) among children in the experimental group than the children in the control group.

### KEYWORDS

#### Introduction

Nocturnal enuresis is the indolently discharge of urine at night by a person with no physical diseases at as age when they could be expected to be dry. Nocturnal enuresis should be carefully evaluated because it may be a large impact on the child or young persons and their family. There is several form of enuresis. Primary nocturnal enuresis (PNE) consists of never at night, while secondary nocturnal enuresis (SNE), and refers to the development of enuresis after a period of established bladder control. Nocturnal enuresis, also called bed wetting, it happen during the night while the child in sleeping.

It is important to take positive steps together as a team (Parent and child) in getting through the problem of enuresis. Together parents and children should work to look for the way. There are several behavioral therapies, used to eliminate nocturnal enuresis by giving positive and or negative reinforcement. Motivational therapy involves reassuring the parent and the child, removing guilt with bed wetting and providing emotional support to the child. The success result for children receiving motivated therapy has been estimated 25% to 80% with a relapse rate of approximately 5%.

In the health related quality of life of enuresis children, there was a significant difference in enuresis children after treatment for enuresis the health related quality of life score was improved not only for the enuresis children, but also for the mothers of enuresis as assessed. Similar to other pediatric chronic diseases, nocturnal enuresis is a condition that negatively affects the health related quality of life of children and their mothers. Impaired health related quality of life can be improved after the successful treatment of nocturnal enuresis. Smith. (2009)

#### Objectives

1. To assess the pre test level of social parameter (quality of life) among children with Nocturnal enuresis in experimental and control group

2. To evaluate the effectiveness of need based intervention on social parameter (quality of life) among children with Nocturnal enuresis

#### Assumption

The need based intervention may have effect on social parameter (quality of life) among

children with Nocturnal enuresis

#### Methodology

Quantitative research approach was adopted for this study. The research design selected for the study was quasi experimental research design which includes control group and manipulation with no randomization. The setting of the study was Child Guidance Clinic, Government Institute of Child Health, Egmore, Chennai. The sample consisted of 40 children who were diagnosed to have nocturnal enuresis by the screening and confirmed by an Urologist, psychologist and psychiatrist and met the inclusion criteria were chosen for the study by Non probability purposive sampling technique. The tool used was a demographic variables and rating scale for assessing social parameter (quality of life).

#### Section-A

Semi structured questionnaires to assess the background variable which consisted of items related to age, gender, educational level of child, number of siblings, parent's education, parent's occupation, type of work. The investigator has collected the responses by interview method and bio physiological assessment.

#### Section B

Rating scale for assessing quality of life among children with nocturnal enuresis used to assessthe level of quality of life. This instrument consisted of 20 items and had three domains likephysical, emotional and environmental. In which 8 ques-

tions were passively scored (4-3-2-1-0) the score of 4 was given for never; 3 was given for rarely; 2 was given for some time; 1 was given for often 0 was given for always. And 12 questions were negatively scored (0-1-2-3-4) the score of 0 was given for never; 1 was given for rarely; 2 were given for some time; 3 were given for often; 4 were given for always. The r value for the tool was 0.82.

**Results and findings**

**Table 1 -Frequency and percentage distribution of pretest level of social parameter (quality of life) among children with nocturnal enuresis in experimental group.**

**n = 20**

Social parameter (Quality of Life)	Good QOL (≤25%)		Fair QOL (26 – 50%)		Average QOL (51 – 75%)		Poor QOL (76 – 100%)	
	No.	%	No.	%	No.	%	No.	%
Physiological	0	0	9	45.0	10	50.0	1	5.0
Emotional	0	0	8	40.0	12	60.0	0	0
Environmental	0	0	7	35.0	13	65.0	0	0
Overall	0	0	8	40.0	12	60.0	0	0

The table 1 shows that with regard to the domain physiological parameter of QOL majority 10(50%) had average level of QOL, 9(45%) had fair level of QOL and only 1(5%) had poor level of QOL in the pretest. Considering the emotional parameter of QOL, majority 12(60%) had average level of QOL and 8(40%) had fair level of QOL in the pretest. With respect to the environmental parameter of QOL, majority 13(65%) had fair level of QOL and 7(35%) had fair level of QOL in the pretest. The overall pretest level of QOL among students in the experimental group revealed that majority 12(60%) had average level of QOL and 8(40%) had fair level of QOL.

**Table 2: Frequency and percentage distribution of post test level of social parameter (quality of life) among children with nocturnal enuresis in experimental group.**

**n = 20**

Social parameter (Quality of Life)	Good QOL (≤25%)		Fair QOL (26 – 50%)		Average QOL (51 – 75%)		Poor QOL (76 – 100%)	
	No.	%	No.	%	No.	%	No.	%
Physiological	3	15.0	15	75.0	2	10.0	0	0
Emotional	5	25.0	13	65.0	2	10.0	0	0
Environmental	5	25.0	15	75.0	0	0	0	0
Overall	3	15.0	17	85.0	0	0	0	0

The table 2 depicts that with regard to the domain physiological parameter of QOL majority 15(75%) had fair level of QOL, 3(15%) had good QOL and only 2(10%) had average level of QOL in the post test. Considering the emotional parameter of QOL, majority 13(65%) had fair level of QOL, 5(25%) had good QOL and only 2(10%) had average level of QOL in the posttest. Regarding the environmental parameter of QOL, majority 15(75%) had fair level of QOL and 5(25%) had good level of QOL in the post test. The overall post interventional level of QOL among students in the experimental group revealed that majority 17(85%) had fair level of QOL and 3(15%) had good QOL.

**Table 3: Frequency and percentage distribution of pretest level of social parameter (quality of life) among children with nocturnal enuresis in control group.**

**n = 20**

Social parameter (Quality of Life)	Good QOL (≤25%)		Fair QOL (26 – 50%)		Average QOL (51 – 75%)		Poor QOL (76 – 100%)	
	No.	%	No.	%	No.	%	No.	%
Physiological	0	0	12	60.0	8	40.0	0	0
Emotional	0	0	14	70.0	6	30.0	0	0
Environmental	0	0	17	85.0	3	15.0	0	0
Overall	0	0	15	75.0	5	25.0	0	0

The table 3 portrays that with regard to the domain physiological parameter of QOL majority 12(60%) had fair level of QOL and 8(40%) had average level of QOL in the pretest. Considering the emotional parameter of QOL, majority 14(70%) had fair level of QOL and 6(30%) had average level of QOL in the pretest. Regarding the environmental parameter of QOL, majority 17(85%) had fair level of QOL and only

3(15%) had average level of QOL in the pretest. The overall pretest level of QOL among students in the control group revealed that majority 15(75%) had fair level of QOL and 5(15%) had average level of QOL.

**Table 4: Frequency and percentage distribution of post test level of social parameter (quality of life) among children with nocturnal enuresis in control group.**

**n = 20**

Social parameter (Quality of Life)	Good QOL (≤25%)		Fair QOL (26 – 50%)		Average QOL (51 – 75%)		Poor QOL (76 – 100%)	
	No.	%	No.	%	No.	%	No.	%
Physiological	0	0	12	60.0	8	40.0	0	0
Emotion	0	0	14	70.0	6	30.0	0	0
Environmental	0	0	17	85.0	3	15.0	0	0
Overall	0	0	15	75.0	5	25.0	0	0

The table 4 portrays that with respect to the domain physiological parameter of QOL majority 12(60%) had fair level of QOL and 8(40%) had average level of QOL in the post test. Regarding the emotional parameter of QOL, majority 14(70%) had fair level of QOL and 6(30%) had average level of QOL in the post test. With respect to environmental parameter of QOL, majority 17(85%) had fair level of QOL and only 3(15%) had average level of QOL in the post test. The overall post test level of QOL among Students in the control group revealed that majority 15(75%) had fair level of QOL and 5(15%) had average level of QOL.

**Table-5 Comparison of pretest and post test level of social parameter (quality of life) among children with nocturnal enuresis within and between experimental and control group.**

**N = 40(20+20)**

social parameter (Quality of Life)	Pretest		Post Test		Paired 't' Value
	Mean	S.D	Mean	S.D	
Experimental Group	43.65	6.97	25.45	8.15	t = 8.828 p = 0.000, S***
Control Group	36.15	4.97	35.75	4.29	t = 1.285 p = 0.214, N.S
Unpaired 't' Value					t = 4.997 p = 0.000, S***

\*\*\*p<0.001, S = Significant, N.S = Not Significant

The table 5 shows that the pretests mean score of social parameter (quality of life) in the experimental group was 43.65 ± 6.97 and the post test mean score of social parameter (quality of life) was 25.45 ± 8.15. The table also depicts that the pretest mean score of social parameter (quality of life) in the control group was 36.15 ± and the post interventional mean score of social parameter (quality of life) was 35.75 ± 4.29. The calculated paired t' value of t = 8.828 was found to be statistically significant at p<0.001 level. This clearly indicates that after the administration of need based intervention there was significant increase in the level of quality of life among children with nocturnal enuresis in the experimental group. The calculated paired t' value of t = 1.285 was not found to be statistically significant and this clearly indicates that there was no significant improvement in the level of quality of life among children with nocturnal enuresis in the control group who had undergone normal hospital routine measures. The table also shows that the calculated unpaired t' value of t = 4.997 between the experimental and control group was found to be statistically significant at p<0.001 level. This clearly indicates that the need based intervention administered to the children with nocturnal enuresis was found to be effective to improve the social parameter (quality of life) among children in the experimental group than the children in the control group.

**Conclusion**

The study concluded that need based intervention showed significant changes in social parameter. There is a notable improvement in social parameter (quality of life) and the control

group results shows there is no changes in social parameter. Need based intervention which is non invasive harmless will be utilized to improve social parameter among nocturnal enuresis

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