

**CULTURAL PERCEPTIONS OF NOCTURNAL ENURESIS AND
THEIR IMPLICATIONS FOR CHILDREN’S WELLBEING
AMONG THE EGGON OF NASARAWA STATE, NIGERIA**

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ABSTRACT: Belief systems and traditions are unique to a group of people who share ethnic social bonds and ties, such as language, norms and values. This keeps the social group together and defines their social identity by giving them a sense of belonging. This research used a purely descriptive research design, employing qualitative techniques through In-depth interviews (IDIs) and Key Informant Interviews (KIIs). The study was anchored on three research questions as follows: What is the Eggon cultural perception of bedwetting among children? How does bedwetting affect the well-being of Eggon children? And what traditional actions are taken to stop bedwetting among Eggon children? Both primary and secondary data were collected and analyzed. Gatekeepers, the elderly and community leaders of the Eggon ethnic group were purposively selected to constitute a sample size of 65 interviewees. Sixty-five (65) interviews (KII and IDI) (5) per Local Government Area were conducted. The study was situated in a culture-bound syndromes theory. Data were analysed, and findings revealed that the Eggon cultural perception of bedwetting among children has a spiritual, psychological, social and cultural dimension, which affects the well-being of children. The termite-hill treatment based on the Eggon cultural beliefs, which has spiritual, psychological, social and cultural implications, is the major traditional action taken to handle the problem of bedwetting among Eggon children. The study recommends health enlightenment programs on medical causes of bedwetting by health personnel, to enhance the wellbeing of children in society.

Keywords: Culture, Tradition, Health, Bedwetting, Eggon, Children

INTRODUCTION

Belief systems and traditions are unique to groups of people who share ethnic social bonds and ties, such as language, beliefs, norms, and values that bind them into meaningful social connections and profitable relationships. This keeps the social group together and defines their social identity by giving them a sense of belonging. Eggon, which refers to an ethnic group and a people, has a rich cultural heritage, with a unique belief system, norms and values that guide the conduct of behaviour and define actions to be taken when the need arises. Culture is defined as a complex whole, which includes knowledge, belief, arts, morals, law, customs and other capabilities and habits acquired by people” (Tylor, 1871) culture is further defined as values, norms or normative patterns, structure, institution or a system of beliefs which is socially transmitted from one generation to another and continuing at least for three consecutive generations, i.e., one century (Shills, 1981).

The World Health Organization (WHO, 1948) defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. This explains why an individual must have a holistic view of health, even in terms of healthy relationships, in which a person's health and illness behaviour cannot be explained without reference to their culture and tradition. A recent important concept of spiritual well-being has been added to this definition. This gives the definition of health a more holistic dimension, explaining the complete, yet complex nature of human personality.

The United Nations Convention on the Rights of the Child (UNCRC) defines a child as a person under the age of 18 (UNCRC, 2021). The history of bedwetting (nocturnal enuresis) dates back to man. Bedwetting (nocturnal enuresis) is the accidental release of urine during sleep. It is a common condition that affects children, teenagers and adults. It becomes a concern if it happens to someone over the age of 7 and accidents happen at least twice per week for at least three months in a row. There are many causes of bedwetting but it's treatable. Nocturnal enuresis is defined as wetting at night, in a child over five years of age, in the absence of neurological or structural problems affecting the bladder. It is a common condition, with a prevalence of 15–20% of five-year-olds, decreasing to 5% of ten-year olds and 1–2% of those over 15 years (Foxman et al., 1986; Rushton et al, 1989). DSM-5-TR (2000, cited in Chaurasia, 2021), defined enuresis as the habitual voiding of urine during the day or night into one's clothes, bed, or floor, at least twice per week for at least three months between the ages of 5 and 6 years. Many children with enuresis experience significant distress or impairment in their social, academic, or everyday lives, and the disorder can also drastically affect their families. It is important to note that bedwetting becomes a social problem when it lingers longer than expected. A child is able to talk or communicate feelings and is expected to be able to use the toilet after being trained to do so. By age 3, most of such training would have been achieved, and the child can be enrolled in school. However, if the bedwetting persists, it becomes a great concern.

The word *Eggon* refers to a people and an ethnic group. According to Enna (2011), the Eggon are geographically located in the Middle Belt of Nigeria, found in some border settlements in Kaduna, the Federal Capital Territory, Plateau and Benue States. They are primarily in Nasarawa State, Nigeria. As the largest ethnic nationality in Nasarawa State (population projection of over a million), they are spread in all the thirteen Local Government Areas, but with larger concentrations in Nassarawa Eggon, Lafia, Akwanga, Doma, Keffi and Kokona. The main villages of the Eggon people are Nassarawa-Eggon, Kagbu, Washo and Wana. Eggon is divided into 25 dialects, some of which are: Eggon Wangibi, Ikka, Wana, Washo, Wakama, Ogne, Angbashu, Alushi, Alogani, Eva, Nabe, Lizzi, Arikpa, etc (Sibomana, 1985 cited in Enna 2011). The Eggon's paramount traditional ruler, *Aren* Eggon, is institutionally located in the palace at Nassarawa Eggon, headquarters of Nasarawa Eggon Local Government Area. Eggon, the language spoken by the Eggon, falls within the Benue-Congo group of languages (Enna, 2011). Before the advent of colonial rule, the Eggon operated a form of governance that had no central ruler, which qualified it for the controversial status of a stateless society (Kigbu, 1984, cited in Enna, 2011)

Nasarawa State is located in central Nigeria; it was created out of Plateau State on 1st October, 1996, by the Military government of General Sani Abacha. It is bounded in the north by Kaduna State, in the west by the Federal Capital Territory (Abuja), in the south by Kogi and Benue States and in

the east by Taraba and Plateau States. The state has 13 Local Government Areas: Awe, Akwanga, Doma, Karu, Keana, Keffi, Kokona, Lafia, Nasarawa, Nassarawa Eggon, Obi, Toto, and Wamba (nasarawastate.com.ng/29/10/2013). As at the 2006 population census, Nasarawa State had a total population of 1,869,377 inhabitants (943,801 males and 925,576 females). The population projection of the 13 LGAs in Nasarawa State as at 2025 is 3.1 million, with an annual population change of 2.8%. However, there is a dearth of literature on traditional and cultural practices surrounding bedwetting and the health of children among the Eggon of Nasarawa State, which makes this study relevant.

In developed countries like Europe and America, clinical evaluation of a child with nocturnal enuresis starts with consideration of possible organic causes such as urinary tract infection, neuropathic bladder, or polyuric states. These organic causes are, however, rarely found. In all patients, a detailed history and examination, including growth parameters and blood pressure, is essential. Urinalysis should be performed on a clean urine sample, and the urine should also be sent for microscopy and culture. These tests are usually all that is indicated in an otherwise well child with a normal clinical examination. A child with associated daytime symptoms may require more detailed investigation, particularly if a urinary tract infection is present (Meadow et al., 1990; Hansson et al., 1990).

A psychosocial history is also important, as it may reveal factors responsible for the wetting, while in other instances it may reveal the impact the wetting is having on the family (Devlin et al., 1991). The aetiology of nocturnal enuresis is not fully understood, and several factors are likely to contribute to its pathogenesis. There has been considerable progress in the understanding of a number of contributory factors, including genetic ones, decreased functional bladder capacity or abnormal bladder function, nocturnal polyuria, sleep disorders and psychological ones (Bakwin, 1973). These show that bedwetting is not a new phenomenon; however, cultural perceptions and approaches to handling children who bed-wet differ. The major aim of this study is to examine the Eggon traditional perception of bedwetting among children and to identify the actions taken to prevent it.

Research Problem

A few studies have reported that children with enuresis have high motor activity, are more aggressive, and have low achievement motivation and self-confidence (Kaffman & Elizer, 1977; Moilanen, Srivastava, Nigam, and Singh, 1982, cited in Chaurasia, 2021). Bedwetting is a serious social problem, though often seen as a normal occurrence; it has devastating health effects on Children. It can have a significant negative impact on a child's social life. They are less likely to participate in social interactions and may also avoid social situations such as sleepovers and family gatherings. Although many children would stop bedwetting without intervention, treatment is justified when the child and family are distressed by the wetting and when the wetting is associated with a loss of self-esteem and confidence (Butler et al, 1994)

There is about a 40% chance that a child will have nocturnal enuresis if one parent had the condition 12 and 75% of children with enuresis have a first-degree relative who has, or has had, primary nocturnal enuresis (Bakwin, 1971). The aetiology of nocturnal enuresis is not fully understood, and

several factors are likely to contribute to its pathogenesis. Enuresis is an important developmental problem among school-going children and can cause emotional and social difficulties. Many neurotic children feel that they are the only ones with this problem. They make a big effort to conceal it during their picnic, tour and camping with their friends. Children feel embarrassment, shame, and a blow to their confidence due to the enuresis problem. Studies have reported that children with enuresis experience a high level of stress, anxiety and lower quality of life (Bachmann, Lehr, Janhsen, Sambach, Mueslan & Van Gontard, 2009).

Enuresis significantly impacts children's self-esteem. Often, children with enuresis are teased by their siblings or peers and receive negative reactions from parents. It affects their self-esteem because they feel responsible for the problem and cannot control it (Chaurasia, 2021). In a child, self-esteem is shaped by what they think and feel about themselves. A child's self-esteem is highest when they see themselves as approximating their "ideal" self, the person they would like to be. Children with high self-esteem have an easier time handling conflicts, resisting negative pressures, and making friends, and develop good relations. Children with low self-esteem have a difficult time dealing with problems, are overly self-critical and can become passive, withdrawn, with depressed behaviour. In the early years of a child's life, parents are the most significant influence on self-esteem and the main source of both positive and negative experiences. In the school years, academic achievement is a significant contributor to developing self-esteem (Chaurasia, 2021). A study by Morison et al. (2000) found that out of 40 children with enuresis, aged five to 15 years, 60 percent were feeling unhappy or very unhappy about their bedwetting problem, and their families reported that they were feeling helpless and isolated about bedwetting. The focus of this study is bedwetting from the Eggon cultural and traditional perspective. This will fill in the information gap in this area.

Research Questions

1. What is the Eggon cultural perception of bedwetting among children?
2. How does bedwetting affect the wellbeing of Eggon children?
3. What traditional actions are taken to stop bedwetting among Eggon children?

Theoretical Framework

The study was situated in the Culture-Bound Syndrome theory.

Culture-Bound Syndromes

Pow Ming Yaia, a psychiatrist, coined the term "culture-bound syndrome" in the 1960's (Yap, 1962; Yap, 1969) when he noted that scholars working in Asia, the Pacific, and tribal societies described behavioural syndromes to mainstream psychiatry at the time and denominated only terms in local. Every known cultural group has ways of describing things that go wrong in the body and the mind. Although biological causes can be identified for many sicknesses, the way local groups identify, understand, classify, interpret, and respond to conditions such as bedwetting among children is cultural, not biological (Kleiman, 1980). Differences in how local groups like the Eggon understand normality and abnormality are particularly marked for psychological and behavioural syndromes. This research examined the cultural and traditional dimensions of bed

wetting among Eggon Children and its health implications. This theory applies to the three (3) objectives of this research, in that the cultural and traditional beliefs of the Eggon people have been identified and explained their unique interpretations, perceptions, and well-being regarding bedwetting among children. The termite hill practice has serious social, psychological, spiritual and physical health implications on the child's personality.

METHODOLOGY

This study used a purely descriptive research design. This research design was chosen because the researcher is interested in understanding the meanings and interpretations people give to concepts and situations based on their culture and tradition. Gatekeepers, the elderly and community leaders of the Eggon ethnic group were purposively selected to constitute a sample size of 65 interviewees. Sixty-five (65) IDIs/KII's (5) per Local Government Area were conducted. Data were analysed thematically using content analysis.

RESULTS AND DISCUSSION OF FINDINGS

Eggon Cultural Perception of Bedwetting among Children

From the IDIs, it was discovered that some Eggon clans consider bed wetting a common natural phenomenon among children in Eggon land. As they grow, they stop bedwetting. However, it becomes a concern if it persists. The main factor is the inability of children's organs to control fluid discharge while they are sleeping. However, the Wakama clan of Eggon believe that it is the handiwork of evil spirits. So, bedwetting in children is caused by evil spirits. The evil spirit is believed to visit children at night while sleeping, making them have bad dreams. During dreaming, such children become scared and bed-wet.

Effects of Bed Wetting on the Wellbeing of Eggon Children from the Traditional Point of View and Eggon Traditional Actions Taken to Stop Bedwetting Among Eggon Children

Questions 2 and 3 are discussed simultaneously.

Any child who bedwets is considered clumsy, as the fluid has an unpleasant odour. At times, children who bed wet are isolated in a separate room. Social isolation alone negatively affects their social health by disrupting the child's relationships with other children. With the passage of time, children who bed wet gradually learn to minimise bedwetting, and some even will learn to stop, in order to avoid this social isolation. This, however, varies with individuals.

Parents generally frown at children who bed wet. Since it is a natural phenomenon, parents adopt diverse methods to counteract Bedwetting. Mothers, out of annoyance, frown at children who bed wet. A mother may display the culprit to other children and make it a laughing stock to peers. Persuasive measures are also employed to discourage persistent Bedwetting (IDI with a 72-year-old mother/grandmother).

This ridicule ceremony, performed by other children, serves as a warning and shames the child into stopping bed wetting, so the child will stop to avoid being laughed at, out of shame.

The child who bedwets is taken to an ant hill without clothing. The anthill is dug to expose the termites. The child is then placed on the termites, and the termites climb all over the child's body, from the legs to the head. The child is held firm, so he/she does not run away (IDI with a 63-year-old woman).

The ant hill practice therapy is done to create fear and consciousness in the child, so that the child learns out of fear to wake up when he/she feels like urinating, and eventually stops bed wetting. It is, however, important to note that this therapy has psychological implications on the well-being of the child in question, because it creates unhealthy psychological fear in the child, which affects the child's mental processes negatively. The termite hill practice works on the practitioners' belief, as it is often said that what one believes happens.

The child who bedwets is asked to stand on top of the anthills that are still tender (*absu*). The top of the anthill is broken; the ants climb the child's body up to the waist. A belief that when they climb, the child will stop bedwetting on its own, not by spiritual or sacrificial means (IDI with a 76-year-old man)

In my village, this traditional practice still exists. That is why we have so many ant hills. In fact, we even built the termite's house by ourselves, so that we can make a huge catch for financial purposes in its season (KII with a 66-year-old woman/Grandmother)

In my village, this termite hill practice is also done to prevent even adult males and females from bedwetting; it is not limited only to children (KII with a 52-year-old man).

This unveils the fact that adults are no exception from the termite hill practice.

I have witnessed this practice on many occasions; it is an age-old practice. The child is usually taken to the termite mound in the evening, and the clothes are taken off so the ants can climb the child's body, which creates fear in the child. But the child cries a lot, and is not allowed to move away, until a considerable number climb up to the child's head. It is done almost at night, so the child does not see the termites but only feels their movements, which still creates fear in the child (IDI with a 63-year-old woman).

From my observation, it is the white-looking baby termites that are open to the child. They don't bite because they are still very small. The practice is repeated for as long as the child bedwets. It actually

works, and even better than modern medicine (kII with a 73-year-old man).

The child who bedwets is taken to an ant hill, opened to climb the child's body. When the child wants to bed-wet, he/she imagines the movement of ants, which stops the bed-wetting. In some cases, the children's clothes are taken off before climbing the termite hill, so that the termites can climb and spread all over the child's body from the heel to the head (kII with an 81-year-old woman).

Bedwetting is commonly experienced by children at a tender age when growing. Eggon culture accepts it as a norm for children. Some stop at a certain age. When the child gets to an age to stop but doesn't stop, some parents seek spiritually to know if the child was born normally or not. The Seek to know through (*Eha*) sorcerers, if he says the child is normal it ok. If not, they get to the roots through. *Eha* will direct them to the traditionalist to go and get herbs to help the child stop bedwetting. In some cases, the parents are directed to a higher shrine for prayers (at a price, any offer by the parents) (IDI with a 73-year-old man).

Also, bedwetting, which is believed to be caused by evil spirits, is stopped through sacrifices. The child in question is to give a sacrificial offering so that it will be accepted by the Gods. The reason is that the person with the problem needs a solution. The child in question is to offer a sizable fowl to the oracle to be sacrificed to appease the gods. This is because bed wetting, in this case, is perceived as a disease that has spiritual implications. In 1980, we were in Junior Secondary School One (JSS 1), one of my classmates and roommates was habitually bedwetting, he was always a laughing stock, and that created a sense of shame in him that made him uncomfortable, so he was fond of hiding, but he didn't stop bedwetting (IDI with a 68-year-old man).

From the above interview, the child's health is affected in many ways. Psychologically, he feels bad anytime he goes to bed and wakes up wet, because people will laugh at him. Socially, he doesn't feel free around his age group; he is perceived as smelly. Physically, it affects his clothes and bedding, which isolates him, and he brings them out in shame to spread out. This is in agreement with Kaffman & Elizer (1977) and Moilanen, Srivastava, Nigam and Singh (1982), cited in Chaurasia (2021), whose findings indicate that children with enuresis had high motor activity, were more aggressive, and had low achievement motivation and self-confidence.

Summary of Findings

Data were analysed, and the findings revealed that the Eggon cultural perception of bedwetting among children has a spiritual, psychological, social, and cultural dimension that affects children's well-being. The termite-hill treatment based on the Eggon cultural and traditional beliefs, which has spiritual, psychological, social and cultural implications, is the major action taken to handle the problem of bedwetting among Eggon children.

Conclusion

Bed wetting has serious negative health implications on the psychological, social, physical, spiritual and cultural personality of a child. If not handled properly and correctly, it can lead to further problems affecting the child.

Recommendations

In line with the questions and findings of this study, the following recommendations are suggested to control bedwetting among children:

1. In line with the first objective, the cultural tradition and perception of bedwetting must be addressed, especially for people who still hold on to such traditions. There is a need for health education programs on the medical causes of bedwetting by health professionals to enhance the well-being of children in society.
2. In line with the second objective on how bedwetting traditionally affects the well-being of Eggon children, there is a need for parents to devote time to complete toilet training of their children, despite their tight schedules. In addition, it is important to look beyond culture and tradition and verify the course of the problem.
3. In line with the third objective on actions taken to stop bedwetting among Eggon children, Parents/Guardians must develop and sustain the culture of waking children up 2-3 times at night to urinate, to avoid the trauma of bedwetting. Children should be trained to drink more liquids during the day and less at night; alarms can be set to wake them at night to urinate.

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