

## Cross-cultural Aspects of Bedwetting

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It is of particular interest to a paediatrician that anthropologists, while describing in minute detail the methods used to teach children sphincter control in various cultures, seldom go on to discuss what happens when control is not achieved at the usual age, or how many children are so afflicted.

### Prevalence

In tribal societies throughout the world, it is usual for babies to be gently 'taught' by their mothers from the early months where *not* to eliminate (usually only in the bed), rather than to be shown particular places for doing so. The child usually learns the appropriate place and method later by imitation and gentle cajoling, although in some tribes harsh methods including shouting, beating, and shaming are used early. Failure to acquire anal control would appear to be very rare in tribal societies, in contrast to its prevalence in the Western world, and 'soiling' past the age of three years is seldom mentioned by anthropologists or doctors working in the field.

Bedwetting, on the other hand, is well known to occur, though its prevalence has not been studied. The author, while working for two and a half years in the 1960s among tribal people in West Africa, estimated that, in each of two villages of different tribes in Sierra Leone and in one village in Ghana, approximately ten per cent of pre-pubertal children were bedwetting. Discussions with medical assistants in villages in Uganda and with paediatricians in Thailand and Malaysia suggested a similar prevalence, which is very much the same as in the U.K. This is a rough estimate, as enuretic children are not considered a medical problem, and tribal people are often surprised and reticent when asked about it. Because of the language difficulties, it was impossible to explore the topic of enuresis in the various village communities during a visit to New Guinea last year, and Australian paediatricians and public health nurses are never consulted about it and do not know its prevalence.

Recent studies of bedwetting in various communities in Israel have shown many interesting facets. In most kibbutzim, the prevalence of bedwetting amongst children aged six to eight years is apparently very high, varying from 35 per cent to 70 per cent in different surveys. Kaffman, however, in his survey of 403 kibbutz children, found a prevalence of only 12 per cent in the seventh year of life. The reasons for these findings have not yet been established, but Bethelheim (1967) and Kaffman (1961) suggest that it is due to ambivalent attitudes in the caretakers and lack of positive training. In non-kibbutz children, the prevalence is lower, varying between 15 per cent and 18 per cent at six years of age, according to two surveys; it is higher in religious than in secular schools (19.6 per cent compared with 14.3 per cent) and in people of oriental as opposed to European origin (25 per cent as against 12 per cent).

*The familial prevalence of enuresis in affected children has yet to be studied in tribal and emerging populations.*

#### **Prevalence by Sex**

The sex prevalence in tribal societies is not known, but the literature suggests it is commoner in boys. This might however be due to the greater attention paid to boys in such societies, leading to more notice being taken of the habit in boys than in girls. It is well known from innumerable surveys in Western Europe and the United States of America that the prevalence is greater in boys, but the difference varies from one survey to another. In Israel, on the other hand, surveys to date have revealed little, if any, greater prevalence in boys, and the reasons for this are not easy to see at present.

#### **Methods of Training and Age of Gaining Control**

Among tribal societies, it has not yet been possible to correlate methods of training or social conditions with the age of acquiring control. Amongst most primitive peoples, there is an indulgent attitude towards all aspects of toilet training during the first year or two. From the early months, a mother will 'hold out' her infant when she recognizes his signals that he is about to defaecate or micturate, but this is generally more for convenience than due to ideas on training. The closeness of the mother to her young child in these societies leads her to recognise minimal signals very early and completely, not only during the day but also during the night. Early on, the infant is conditioned, by 'holding out', not to wet or soil the bed, but elimination is allowed on the house floor; only later is he trained by stages to control elimination, first until he is outside the door, and then until he is further away in the appropriate place outside the compound. Fears and taboos may exist with regard to faeces, but very rarely is wetting considered anything but an inconvenience. The damp patch on the mother's clothing, or the puddle on the floor, quickly dries in tropical areas, and, perhaps because of his low protein diet, the infant's dilute urine does not result in offensive odours, especially as clothes, if worn or used on the bed, are usually washed frequently.

In some tribes, control is imperceptibly acquired by these early, gentle but positive methods; in others, more formal training of the child's elimination control begins, in the second or third year, with some crossness from adults or shouting or beating when mistakes occur. Harsh methods of training are apparently the exception among tribal people, but they are not unknown. Among the Tanala of Madagascar, for example, napkins are not used, and the mother's clothes are hard to replace, so the baby is expected to be continent of faeces by six months, and is thereafter severely punished by smacking, shaking and rough handling for lapses. As diarrhoea is common in these areas, harsh training may cause much suffering, but we do not know if the prevalence of enuresis is any higher in later childhood.

The studies in kibbutzim give important clues as to the influence of attitudes and training on sphincter control. From studies of children in residential nurseries in this country, it seems that where no effort is made to train the children, and the staff can maintain a neutral attitude, sphincter control tends to be acquired later than in

nurseries where regular toileting is instituted. Although in kibbutzim the attitudes are more subtle, one sees similar patterns of late acquisition of sphincter control associated with an apparently neutral attitude towards training. Several theories have been advanced to explain why many kibbutz children fail to receive much positive toilet training. The essence of toilet training is deliberately holding onto one's excreta, and letting them go, after an interval, only in a special place. It has been suggested that a society which concentrates on erasing tendencies to hold onto things, whether property and traditions or children, will have an ambivalent attitude towards teaching sphincter control. It has also been suggested that the attitudes of kibbutz parents may be influenced by a knowledge of psychoanalysis, and of some of the dangers to psychological development which may follow interference with children's instinctive drives. Other possibilities are that rivalry between parents and nurses, and a lack of privacy, may be contributory factors. It is interesting that in kibbutzim soiling beyond the expected age is evidently no problem. Kibbutz parents have little hesitation in telling their children where to deposit faeces, presumably because of the mess. As far as a lack of sphincter control is concerned, it seems certain that when children in a kibbutz receive positive training, either from their parents or their peer group, control is soon mastered.

Mac Keith (1968) and others have suggested that anxiety in the third year may influence the development of nocturnal bladder control, whereas Sears *et al.* (1957), in studies in the United States of America, suggest that training during the second year, just after mobility is acquired, seems to be more traumatic than earlier or later training. They show that irritability, impatience and punishment, especially if the mother is rather cold in her relationship with the child, delay sphincter control, and these may be features in tribal societies too. In many cultures, when the child is weaned in the second or third year, closeness to the mother ceases, and from then on siblings are often the main caretakers. The sense of deprivation, added to illness, which is common at this stage, may all be additional aetiological factors in bedwetting in tribal states. The literature does not always differentiate between attitudes to anal and bladder control, but possibly this is of little importance in most cultures.

Here is a fascinating field of research for anthropologists and sociologists as well as for those involved in the medicine of developing countries.

#### **Management of Bedwetting**

While studying bedwetting in West Africa, the author was immediately struck by the similarity between methods used to control it there and those once prevalent in rural areas in this country, and believed in by our 'grannies' today. This observation is confirmed by the sparse literature on the subject.

In tribal societies, correction normally begins with punishment by smacking or beating and shaming. Sometimes, at a stage which varies from tribe to tribe, but usually when the child is between three and six years old, he is also subjected to frequent rousing at night. In addition, threats, such as that of a giant or devil coming to eat him up, may be used to instil fear into the erring child.

When these methods fail, more drastic rituals are begun. In this country, we are familiar with the use of a string of cotton reels tied round the waist to prevent the

enuretic child from sleeping on his back. Similar beliefs exist in other cultures, where various pods or prickly seeds are used instead of cotton reels. The burying of certain articles with appropriate rituals at particular phases of the moon has also been practised here, and is still current among tribal peoples.

Medicines and herbal concoctions, with or without parts of urinary organs, surprisingly do not feature very largely among the 'cures'.

More frightening for the child are tying a frog round his waist, making him lick the hooves of a newborn lamb from a special white, primigravida sheep, and similar complicated rituals. Physical punishment and shaming by the peer group used to be common here, and are still practised elaborately in primitive cultures. For example, the child is wrapped in his wet mat, has his face peppered, and is taken to the river, where he is beaten with nettles and finally ducked in the water.

Dickensian punishments are recalled in some of these practices. For example, in the French Protectorate of Dahomey in West Africa Herskovits (1938) mentions '... if a child does not respond to this training and manifests enuresis at the age of four or five, soiling the mattress on which it sleeps, then at first it is beaten. If this does not correct the habit, ashes are put on water and the mixture is poured over the head of the offending boy or girl, who is driven into the street, where all the children clap their hands and run after the child singing:

Adida ga ga ga ga  
(urine everywhere)

In Whydah (Ouidah) the child is taken to the lagoon and washed, this being repeated if necessary. If the habit is not then stopped a large frog is attached to the child's waist, which so frightens the offender that a cure is usually effected.' The Bantu (Zulu) scarify the skin of the face of enuretic children in order 'to let out bad blood', while in Lesotho enuretic children are made to pass water over a steep precipice. The Navaho Indians make the child stand naked over the burning nest of the Phoebe, swallow or night-hawk. This is thought to help because birds are known not to wet their nests.

An interesting feature in tribal cultures is that the mother is seldom punished or blamed for having a wet child, although if one of her children falls ill she is commonly severely censured—witchcraft or devil practices being the accusation—and receives dire punishment.

In common with their British counterparts, after going through the accepted rituals over months or years to make the child dry, and failing, parents in tribal societies too usually give up the struggle to train the child, and fall back on the knowledge which they possessed all the time, saying 'he will grow out of it'. Human nature is indeed 'the same the world over'!

#### REFERENCES

- Ainsworth, M. D. S. (1967) *Infancy in Uganda*. Baltimore: Johns Hopkins Press.  
Bethelheim, B. (1967) *The Children of the Dream. Communal Child Rearing and its Implications for Society*. London: Thames & Hudson.  
Brazelton, T. B. (1962) 'A child-oriented approach to toilet training.' *Pediatrics*, 29, 121.

- Carlebach, J. (1966) 'Tribal methods of dealing with bedwetting.' *Child Care Quarterly*, **20**, 91.
- Herskovits, M. (1938) *Dahomey, Vol. I*. New York: Augustin.
- Irvine, E. E. (1966) 'Children in kibbutzim: thirteen years after.' *Journal of Child Psychology and Psychiatry*, **7**, 167.
- Kaffman, M. (1961) 'Evaluation of emotional disturbance in 403 Israeli kibbutz children.' *American Journal of Psychiatry*, **117**, 732.
- Kardiner, A. (1939) *The Individual and his Society*. New York: Columbia University Press.
- Kaye, B. (1962) *Bringing Up Children in Ghana*. London: Allen & Unwin.
- Mac Keith, R. (1968) 'A frequent factor in the origins of primary nocturnal enuresis: anxiety in the third year of life.' *Developmental Medicine and Child Neurology*, **10**, 465.
- Neubauer, P. (Ed.) (1965) *Children in Collectives*. Springfield, Ill.: C. C. Thomas.
- Sears, R. R., Maccoby, E. E., Levin, H. (1957) *Patterns of Child Rearing*. Evanston, Ill.: Row.
- Thaustein, J., Halevi, H. S. (1962) 'Enuresis among school entrants in the changing population of Israel.' *British Journal of Preventive and Social Medicine*, **16**, 40.
- Whiting, B. B. (1963) *Six Cultures: Studies in Child Rearing*. New York: Wiley.
- Child, I. L. (1953) *Child-Training and Personality: A Cross-Cultural Study*. New Haven, Conn.: Yale University Press.