CHAPTER VI
CONCLUSIONS
LIMITATIONS &
SUGGESTIONS
PART 'A'

Results of part 'A' of the study lead to the following conclusions:

1. Intelligence does not play a role in causing enuresis among children.

2. Children of any SES (Socio-Economic status) can have the problem of enuresis because there is no significant difference in the SES of enuretic and non-enuretic children.

3. Nutritional deficiency is not a cause of enuresis.

4. There are marked differences in the personality characteristics of enuretic and non-enuretic children. In comparison to non-enuretic children, enuretic children are more dissatisfied with their parents, teachers, schoolmates, studies etc. They have fear, lack of self-confidence, and feel emotionally upset due to this behaviour.

5. Heredity factor (family history of enuresis), and family factors like marital disharmony among parents, stress during pregnancy time, parental illness, sibling arrival, improper toilet-training practices, unwanted child, very strict discipline, child neglect, and child abuse also have an important role in the etiology of enuretic behaviour.
PART 'B'

Results of part 'B' of the study lead to the following conclusions:

1. B.M. techniques in combination with pharmacotherapy are more effective than pharmacotherapy alone in the modification of enuretic behaviour among children.

2. B.M. techniques in combination with pharmacotherapy are not more effective than B.M. techniques alone in the modification of enuretic behaviour. In other words, B.M. techniques alone are effective in modifying enuretic behaviour among children because the combination of B.M. techniques with pharmacotherapy has produced no significantly better results.

LIMITATIONS AND SUGGESTIONS

1. Due to constraint of time and resources the study is conducted on a limited sample of children. Since detailed analysis of personality of each child with the help of projective test like CAT and personal interview of the child and parents required extensive data collection and analysis, it was not feasible to take a larger sample in the present study. It is suggested therefore, that research on larger sample of
enuretic children may be conducted to confirm the results of this study.

2. The sample for the study was confined to Agra city only. Studies may be conducted on broader samples taken from other parts of the country.

3. The study is limited to the analysis and modification of nocturnal enuresis only. Further extensive research should be conducted on other types of enuresis e.g. diurnal enuresis, primary and secondary enuresis.

4. Measurement of personality characteristics and family factors is done on the basis of CAT and interviews of children and parents. To increase the reliability and validity of results of the study, other objective personality tests may also be conducted.

5. The study is conducted on enuretic children (age range 5 to 10 years) only. Further studies may be conducted on enuretics of other age groups.