Introduction Childhood enuresis is common, but the prevalence and factors associated with childhood enuresis in Africa have been poorly described. Furthermore, most studies from the continent have not provided data distinguishing monosymptomatic from nonmonosymptomatic enuresis. This distinction is important as it guides enuresis therapy.

Objectives The primary objective of this study was to determine the prevalence of enuresis in children aged 5e17 years in a community in Nigeria. The secondary objectives were to determine the relative proportions of monosymptomatic and non-monosymptomatic enuresis and identify independent sociodemographic and clinical predictors of enuresis.

Study design Parents or guardians in the community were interviewed using a pretested questionnaire. Standardized definitions were used, as recommended by the International Children’s Continence Society.

Results A total of 928 children were included in the study. The prevalence of enuresis or daytime incontinence and enuresis was 28.3% (enuresis 24.4%, and daytime incontinence and enuresis 4%); it decreased with age. Primary and monosymptomatic enuresis were the most common types of enuresis. In multiple logistic regressions, children aged 5e9 years were 10.41 (5.14e21.05) times more likely to have enuresis or daytime incontinence and enuresis compared with those aged 14e17 years. Other predictors of enuresis or daytime incontinence and enuresis were: male gender (OR 1.56 (1.13e2.14)); constipation (OR 2.56 (1.33e4.93)); and a sibling (OR 2.20 (1.58e3.06)) or parent (OR 3.14 (2.13e4.63)) with enuresis. Enuresis or daytime incontinence and enuresis was 1.92 (1.06e3.48) times more likely in fourth-born, or higher, children compared with firstborn children. Only parents of nine (3.4%) children with enuresis had consulted a medical doctor about it.