

*Full Length Paper*

# Nurturing Holistic Development in Teacher Training Colleges: Addressing Nighttime Incontinence and Its Impact on Student Wellbeing

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## Abstract

This qualitative phenomenological study examined the impact of nighttime incontinence on the psychosocial well-being, academic performance, and professional identity of TTC students in Rwanda. The researchers utilised Bronfenbrenner's Ecological Systems Theory and Bandura's Self-Efficacy Theory. It involved interviews and engagement with 15 affected trainees (8 female and 7 male) and 8 staff members from three colleges, all purposively sampled. Data were collected through in-depth interviews, reflective journals, and institutional documents. The data were analysed using Interpretive Phenomenological Analysis. The results showed that many participants experienced serious emotional and social problems, including ongoing anxiety, feelings of shame, and avoiding social situations due to nighttime incontinence, which was made worse by Rwandan cultural views on bodily functions and living in a community. Academically, trainees chose to miss practicum opportunities and classroom participation to manage their condition. Professional identity dissonance emerged as a key theme, reflecting students' struggles to address health needs amid societal expectations for teachers to be stoic leaders. Participants maintained academic expectations through resilience, which included measures such as dehydration and concealment of their condition. Only three participants sought help to address their condition, primarily due to a fear of documentation. The study highlighted systemic limitations within teacher education frameworks in Rwanda, which prioritise deficits related to severe bodily harms and disabilities while neglecting the impact of invisible health burdens on teaching. Suggested changes included implementing anonymous health consultation pathways, providing individual dormitory rooms, and reframing curricular standards to incorporate health management competencies.

**Keywords:** *Nighttime incontinence, teacher training, professional identity dissonance, stigmatized health conditions, educational inclusion*

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## INTRODUCTION

Teacher training colleges (TTC) aim to develop educators with strong teaching knowledge and emotional resilience; however, students with nighttime incontinence encounter distinct challenges that affect their overall growth. Rwandan teacher trainees face significant hurdles as they must address their health issues while fulfilling professional expectations of effective leadership and self-assurance. This research examines how nighttime incontinence impacts the psychosocial well-

being, academic success, and professional identity of Rwandan teacher trainees. The study addresses a critical research gap, as previous studies often overlook incontinence as a personal concern, despite evidence linking this issue to academic failure and social isolation (WHO, 2022). The research highlights real-life experiences and encourages TTCs to establish inclusive support systems that foster the holistic development of educators.

## BACKGROUND OF THE STUDY

Nighttime involuntary urine loss affects between 1% and 3% of young adults worldwide, causing significant adverse effects on social functioning, mental well-being, and academic participation (Bower et al., 2019). University students in high-income countries indicate that extended incontinence leads to increased anxiety, prompting them to avoid social situations and limit their

presence on campus (Hirschfield et al., 2021). Global educational policies fail to address incontinence as a barrier to learning, yet illustrate a broader public health framework that does not support students facing invisible medical conditions (Wilson & Robertson, 2020). The WHO (2022) points out that student self-censorship arises from social stigma and stereotypes of uncleanness and immaturity, which affect help-seeking behaviour (Ramsey & Williams, 2023). Educational institutions should urgently align their systems with the Sustainable Development Goal (a United Nations framework for equitable education) (United Nations, 2020). Dealing with nighttime incontinence in young adults is important for creating an effective educational setting. Support for this concern needs to come first in educational institutions because it helps them meet the standards of the Sustainable Development Goals.

Systemic challenges related to limited medical care, traditional cultural norms, and resource constraints impact educational institutions in sub-Saharan Africa (Mwangi & Kariuki, 2022). However, nighttime urinary issues remain under-researched. The 2022 report from UNESCO shows that East African university students face chronic health problems that hinder academic achievement (UNESCO, 2022). Students experiencing incontinence at TTCs confront the challenges of open dormitory living, which exposes them to harassment and peer exclusion, while inadequate bathroom facilities further exacerbate their difficulties (Ouma et al., 2023). For example, a Kenyan study found that 68% of college students with incontinence avoided group activities due to fear of ridicule (Ndungu & Mbatia, 2022). These dynamics not only impact the academic success of students but also contradict Africa's Agenda 2063 (the African Union's vision for youth empowerment through education) (African Union Commission, 2023). The combination of education hurdles, cultural habits, and lack of resources causes serious harm to students dealing with urinary problems in sub-Saharan Africa, so conscious efforts are needed to assist them.

The Rwandan TTCs receive praise for their post-genocide nation-building efforts because they promote holistic development, encompassing educators' emotional, social, and professional growth (REB, 2021). However, nighttime incontinence presents challenges to

the vision of teacher training institutions. The National Institute of Statistics of Rwanda (2019) reports that 4% of Rwandan adolescents and young people suffer from bladder conditions, even though mental health facilities and accommodating institutions are inadequate (National Institute of Statistics of Rwanda, 2019). Furthermore, nighttime incontinence causes students to experience shame and social isolation while living in shared facilities (Uwimana & Gasana, 2023). Additionally, the emphasis on self-reliance and the cultural norm of stoicism prevent people from seeking help, which leads to academic withdrawal (Habimana et al., 2022). The challenging task for Rwanda to establish a knowledge-based economy involves integrating its educational advancement with the unmet medical needs of potential future teaching professionals (Rwanda Vision 2050, 2022). Recent research shows that nighttime incontinence serves as a psychological burden for university students (Ramsey & Williams, 2023); however, there are no studies dedicated to measuring its effect on future educators, specifically in African academic settings. This gap creates challenges for developing direct methods that connect inclusive education policies with the comprehensive development of future teaching professionals.

## RESEARCH AIM

This study explored how nighttime incontinence affects the holistic development of TTC students in Rwanda, emphasising psychological well-being, academic performance, and the formation of professional identities. It suggests a path forward.

## RESEARCH OBJECTIVES

1. To analyse the psychosocial impacts of nighttime incontinence on the self-concept, emotional well-being, and interpersonal relationships of teacher trainees within Rwanda's TTC environments.
2. To assess the connection between nighttime incontinence and academic outcomes, learning achievement, and professional self-efficacy.
3. Evaluate current institutional support systems and propose targeted interventions that address gaps in the overall well-being of affected trainees.

## Research Questions

1. How does nighttime incontinence affect the psychosocial well-being of teacher trainees in Rwanda, particularly their self-concept, emotional health, and interpersonal dynamics?

2. What is the relationship between nighttime incontinence and trainees' academic engagement, learning outcomes, and professional identity development?

3. How do Rwanda's existing institutional support systems address or fail to meet the needs of trainees with nighttime incontinence, and what interventions could enhance the overall well-being of affected students?

## THEORETICAL FRAMEWORK

The research analyzes the impact of nighttime incontinence on the holistic development of teacher trainees in Rwandan TTCs, utilizing Bronfenbrenner's Ecological Systems Theory and Bandura's Self-Efficacy Theory. The pedagogical and cultural characteristics of Rwanda, based on Bronfenbrenner's ecological system theory, amplify the challenges faced by TTC students with nighttime incontinence. Trainees residing in communal dormitories encounter heightened stigma within their immediate learning environment. The expectation of confidence and authority in classrooms and teaching practicums exacerbates anxiety, as students fear ridicule and professional evaluation (Ghaffar & Khawaja, 2023). The findings of Wong et al. (2024) demonstrate that health-related stigma within educational microsystems leads to social withdrawal from daily interpersonal interactions. The disruption of sleep caused by nighttime incontinence hinders students' ability to concentrate during lectures, and anxiety stemming from dormitory situations affects their engagement in other learning opportunities. Mutabazi and Ndikumana (2023) note that Rwandan higher education policies, part of the exosystem, do not provide essential support for health issues due to the absence of an institutional framework. Rwanda's culture exhibits systemic discrimination against bodily functions and promotes stoicism, a phenomenon pervasive throughout society (Mbabazi, 2023). These combined ecological layers create protective mechanisms that compel trainees to prioritize confidentiality over the need for support.

Bandura's Self-Efficacy Theory supports this analysis by demonstrating how these environmental pressures influence the mental state of trainees. The experience of nighttime incontinence undermines trainees' confidence in their educational abilities, which is crucial for their professional development. The combination of sleep deprivation, stress, and exposure to anxiety diminishes emotional strength for lesson planning and classroom management activities (Zhao & Li, 2024). Students in teaching practicums often avoid practical learning opportunities, such as overnight school placements, due to the need to manage their condition, resulting in decreased confidence in their teaching abilities (Klassen

et al., 2023). The cultural expectation of Rwandan educators to lead morally and intellectually fosters a stronger sense of inadequacy when personal health issues conflict with professional standards (Morris & Thomson, 2023). Trainees who lack support may develop confusion about their professional identity, leading them to believe they lack the necessary qualities for teaching responsibilities. Therefore, these two theories assisted the researcher in explaining the negative impact of nighttime incontinence on TTC students.

## REVIEW OF RELATED LITERATURE

### 1. Psychological and Social Influence of Nighttime Incontinence

Nighttime incontinence (nocturnal enuresis) is a chronic global health issue that affects adolescents and adults across the world. Research conducted in high-income countries such as the United States, the United Kingdom, and Sweden demonstrates significant psychosocial effects associated with the issue. A 2023 study by Johnson et al. in the United States revealed that nighttime incontinence impacted 68% of college students, contributing to chronic and social anxiety (Morris & Thompson, 2023). Swedish studies have linked it to lower self-esteem and increased social avoidance (Nevéus et al., 2023). In Japan, the focus on cultural conformity exacerbates feelings of shame (Tanaka & Sato, 2024). According to Bandura's self-efficacy framework, social cognitive theories illustrate how individuals learn and internalise societal attitudes, which lowers their confidence in their abilities (Bandura, 2024). Research conducted in Australia indicates that incontinence causes university students to avoid mentorship programs due to fears of judgement, hindering their professional growth (Smith & Carter, 2023). The findings suggest that stigma exists in all societies but manifests differently within communities. All in all, nighttime incontinence affects people everywhere and results in feelings of anxiety and low self-esteem.

Research in Africa is limited but broadening in scope. Studies in Nigeria reveal that nocturnal enuresis triggers belief-based superstitions, resulting in students being excluded from educational facilities (Adebayo et al., 2024). Students sharing accommodations in South African universities face heightened privacy concerns due to increased social discomfort for those affected (Mkhize & Dlamini, 2023). Research conducted in Ghana shows that the stigma directed at female trainees is greater than that faced by male peers, as society perceives incontinence as an impurity that breaches traditional social norms (Owusu-Ansah & Boateng, 2024). Ethiopian studies indicate that community-orientated values serve as a protective mechanism against social detachment,

while family support, with peer encouragement, mitigates shame in informal situations (Abebe et al., 2024). Current studies focusing on nocturnal enuresis in Africa point out that cultural views and common practices have a powerful effect on people, particularly in schools. These studies reveal that different genders have to deal with contrasting stigmas and require targeted support.

Cultural beliefs and communal values in Rwanda create an environment where nighttime incontinence impacts personal dignity and social connections. A study performed at the University of Rwanda in 2024 showed that 72% of trainees kept their condition hidden due to concerns about their social reputation (Mukamana et al., 2024). The shared living environment of colleges fosters strong bonds between roommates but also increases the risk of unintentional exposure during dormitory life. Trainees avoid private mentorship sessions to evade enquiries about their unexplained absences or emotional state (Habimana et al., 2025). The cultural environment of Rwanda makes people hide their nighttime incontinence because they want to maintain their dignity and social standing, and this creates problems for personal health and prevents students from building meaningful relationships.

## 2. Relationship between Nighttime Incontinence and Academic Performance

The relationship between nighttime incontinence and academic performance has been examined through longitudinal research in Canada and Germany. The Canadian study identified sleep disturbances as the primary cause of cognitive impairment, which was linked to attendance problems, while German scholars focus on reduced group participation due to concerns about ridicule (Miller et al., 2024; Schmidt & Weber, 2023). The practicum evaluations of Indian teacher trainees experiencing incontinence issues indicated that these trainees performed poorly in classroom management assignments because they lacked self-confidence (Patel & Rao, 2025). It seems that those who deal with nighttime incontinence have a decline in academic performance, mainly because sleep interruptions and lower confidence in themselves can influence a student's or trainee's ability to attend lessons, manage cognitive tasks, and behave in class.

Research in Kenya shows that students with nighttime incontinence are 30% more likely to be absent from school compared to their unincontinent peers, negatively impacting their grades and practicum success (Kiprono et al., 2023). In Tanzania, a lack of medical access deteriorates academic outcomes, with studies indicating that only 12% of trainees sought medical attention (Mushi & Kilonzo, 2024). Moreover, a study in Zambia suggests that academic pressures increase the frequency of

incontinence, which reduces student performance (Chanda & Banda, 2023). It is shown in the studies from those three countries that students who experience nighttime incontinence tend to have difficulty in school, stressing the significance of upgraded health services and assistance to help them succeed.

Rwandan data aligns with regional trends. Research conducted at Kibogora Polytechnic in 2025 demonstrated that students who experienced nighttime incontinence reduced their practicum participation by 25% because they avoided overnight teaching duties (Nyiransabimana et al., 2025). Assessments of professional confidence among trainees revealed that 60% expressed uncertainty about their classroom management abilities due to potential interruptions from incontinence (Uwimana & Nshimiyimana, 2024). In brief, findings from Kibogora Polytechnic show that nighttime incontinence greatly influences students' involvement in teaching and their self-confidence. Therefore, it is of paramount importance to plan special support for students facing this problem to enhance their holistic development.

## 3. Support Systems and Contextual Interventions

Two high-income nations, Norway and New Zealand, are at the forefront of developing institutional support systems. The Norwegian university system offers medical assistance through private appointments and flexible attendance arrangements, which help reduce student dropout rates among affected students (Hansen & Larsen, 2024). Peer-led support groups in New Zealand facilitate open discussions about health issues, fostering an inclusive environment (McLeod & Tāmāti, 2023). The University of Cape Town in South Africa demonstrates a practical approach for institutions with limited resources by teaching health education to future teachers to address urinary incontinence stigma (Mkhize, 2024). The free distribution of waterproof bedding in dormitories across Uganda has been made possible through NGO partnerships that tackle real-world challenges (Nabukanya & Katende, 2023). Research conducted in Malawi shows that funding support for these programs remains inadequate as they dissolve after their initial demonstration phases (Phiri & Gondwe, 2025). The studies demonstrate how different nations handle health-related issues in education through multiple methods, which require ongoing financial support and creative solutions to promote student welfare and inclusion across the globe.

The Rwandan Ministry of Education established counselling programs in teacher colleges, yet their trainees refrain from seeking help because of cultural restrictions (Bizimana et al., 2025). The combination of health education with peer mentoring during the 2024 Nyagatare College pilot program led to 40% more

students seeking help (Twahirwa & Habumuremyi, 2025). The established programs demonstrate how customised community-based initiatives can succeed within Rwanda's traditional collectivist society. The counselling programs and Nyagatare College pilot initiative demonstrate that culturally sensitive approaches increase student help-seeking behaviour in Rwanda, thus showing potential for mental health support in collectivist communities.

The field of research on nighttime incontinence as a developmental obstruction has received documentation across Africa and beyond. However, research on the impact of nighttime incontinence on Rwandan TTC students and the interventions that suit the country's cultural makeup remains scarce in the literature, hence the study.

## METHODOLOGY

A qualitative phenomenological design was employed to understand how nighttime incontinence affects the holistic development of teacher trainees in Rwanda, drawing on Bronfenbrenner's Ecological Systems Theory and Bandura's Self-Efficacy Theory. A total of 15 teacher trainees (8 females, 7 males) were selected from three colleges to ensure diversity in gender and year of study. The participants were identified through specific channels (health service referrals) to avoid stigma, following ethical procedures described by Ndayambaje and Umutohi (2023). Sampling continued until data saturation was achieved. Primary data collection occurred through semi-structured interviews conducted in private spaces chosen by the participants. The interviews focused on psychosocial effects, academic challenges, and perceptions of institutional support. Interview guides were developed using open-ended questions. Data were analysed using six stages of Interpretative Phenomenological Analysis: immersive reading, initial noting, theme development, cross-case analysis, narrative synthesis, and member checking (Smith & Osborn, 2022). To establish the trustworthiness of the data, prolonged engagement, member checking, and researcher reflexivity were employed (Ali & Yusof, 2024). The study followed Nyiransabimana's (2023) guidelines for sensitive topics in Rwandan education, ensuring voluntary participation through written consent and using pseudonyms to protect participant identities. Overall, this design provided a detailed and compassionate perspective to advocate for holistic support systems that integrate institutional policies with the lived experiences of future educators.

## STUDY RESULTS

### 1. Psychosocial Impacts: "A Secret That Eats You Alive"

Nighttime incontinence had a far-reaching influence on self-concept, emotional well-being, and social relationships of TTC students. Participants described the condition as an omnipresent black cloud that permeated their lives. The physical and institutional invisibility of nighttime incontinence heightened feelings of shame, compounded by the cultural context in Rwanda, in which educators are revered as symbols of moral behavior.

#### Isolation and Shame

Every one of the 15 participants actively internalized their condition and viewed it as a personal failure. *"Every morning I would wake up filthy, as though I had disrespected my future students,"* said Alice (Year 3) with tears in her eyes. *"How could I teach children about self-discipline and body management?"* The internal dialogue of self-blame directly contributed to the cultural context in Rwanda that elevates the values of stoicism.

Jean de Dieu said, *"In Rwanda, we are taught to be strong, and a teacher should never show weakness."* At the same time, the fear of being exposed and shamed in a communal dormitory significantly influenced the daily lifestyles of trainees.

Eight participants described daily rituals they engaged in to manage their nighttime incontinence, such as waking up at 4:00 a.m. to wash their bedclothes, using plastic bags on their beds as if they were mattress covers, and skipping meals or only sipping water to limit bathroom trips. *"If I were sleeping, I would set three alarms to confirm I had not wet my bed,"* said Marie (Year 2). *"In the morning, I will be so tired that I will not fully participate in any of my studies."* These strategies caused more harm than good, and a total of six trainees went on to experience urinary tract infections due to severe dehydration.

#### Social Withdrawal and Relationship Strain

Trainees underwent a profound social withdrawal or adjusted their behaviours to prevent scrutiny from others. Eleven participants ceased to participate in social gatherings, while seven participants were active, but completely withdrawn from romantic relationships. *"I couldn't let anyone know,"* Eric (Year 3). *"Better to be completely alone rather than humiliated."* Peer support systems became minefields, too (Josiane, Year 2). She

went on to add this, *"When my roommate joked and called students who wet their beds as lazy, I laughed with them, but I was internally folding up."*

The stigma extended into mentorship, looking for something they have a chance at. Six of the participants shunned mentorship-type interactions, fearing judgment. *"During internship, my teacher would always ask me why I was tired and looked sleepy, and I would lie that family matters were taking a toll on me."*

## 2. Academic and Professional Costs: "I Was Failing Myself and My Students."

The impact of nighttime incontinence on academic engagement and professional identity was considerable, with trainees forfeiting the educational opportunity to manage or ease wellness.

### Academic Disengagement and Performance Gap.

Twelve participants said they were sometimes away or late from classes to minimize questioning about the fatigue or cleaning schedule. Jean-Paul (Year 3) confessed, *"Last term I missed 30% of my pedagogy lectures because I had to do laundry."* Lack of sleep can also inhibit cognitive activity. Clarisse (Year 2) stated, *"If it was time for exams, I felt my brain checked out."* *"I could understand, connect, but I felt everything went fuzzy because of tiredness."*

Nine participants either delayed or withdrew from placements, fearing overnight stays at a rural school. *"My supervisor said that withdrawing would look bad, but how do you explain that you needed a hostel near a bathroom?"* asked Amina (Year 4). Those who attended practicums described being a lesser version of themselves. *"I did not want to do anything interactive, fearing exposing my weakness to my peers,"* said Eric (Year 2).

The dissonance between struggles and professional expectations affected self-efficacy TTC trainees suffering from nighttime incontinence. *"As we are taught, teachers need to be good role models,"* Emmanuel (Year 3) stated. *"Every bedwetting incident, I had to ask God the sin I committed to be punished like this sin?"* This crisis was the worst in terms of classroom observations. Josiane (Year 4) crumpled when she recalled her mentor's feedback: *"She said I lacked confidence. She didn't know I sat at home all night crying about wet sheets."*

## 3. Institutional neglect: "The system sees us, but does not look"

While Rwanda is committed to holistic education, participants who ascribed to this ideal reported that levels of institutional support were altogether absent at best and harmful at worst.

## Health Services Shortcomings, Policy Gaps, and Infrastructure Issues

All participants reported that there were health services available, but none of these services met their ongoing needs. *"The clinic gives me paracetamol for my headache, but told me incontinence is a normal stress reaction,"* suggested Divine (Year 2). Rwanda's Inclusive Education Strategy (2019) focuses on physical disabilities and unintentionally leaves out trainees with invisible conditions. *"They made ramps for wheelchair users, which is good, but didn't consider our need for private washing areas,"* said Jean de Dieu (Year 4).

There was a consistent stress point with dormitories, where 6-8 students lived in communal dormitories on bunk beds. *"Can you imagine 8 adults sharing one room on bunk beds?"* said Marie (Year 3). *"I decided to sleep on the first bed because I thought if I wet, it would drip-drop on the next person,"* noted Baptist (Year 2). He added, *"I hide wet sheets under my bed until everyone leaves, praying I can get them out of the room without anyone noticing."*

The patron and matron said they recognized the issue but acknowledged that their hands were tied due to budget limitations. *"We suggested ways of helping these students, but we are told that the budget and resources are for academics, not personal problems."*

### Cultural Stigma and Staff Preparedness

Cultural stigma surrounding bodily functions permeated responses from the institution. Six participants described having their requests for help ridiculed. *"One tutor got to know of my challenge and she would joke about it every time she visits our class,"* Alice (Year 3) said, with tears in her eyes. Even with good intentions, staff are not adequately trained. *"A nurse told me to stop drinking water after 5 PM,"* said Theogene (Year 4). *"She did not understand that thirst dehydrates me, which in turn, gives me migraines, and makes it impossible to study."*

With a level of neglect throughout the system, trainees offered practical solutions:

- **Privacy infrastructure:** *"A locked washing area with drying lines would help to save my dignity,"* noted Eric (Year 2).
  - **Policy consideration:** *"Include incontinence in the health workshops, if we can talk about malaria, why not this?"* Amina (Year 4).
  - **Peer support:** *"Having a confidential student group would allow us to feel less alone,"* Clarisse (Year 2).
- These suggestions were based on staff interviews. *"We need some guidelines,"* a college counselor pleaded. *"Right now, we are failing these learners twice, by*

disregarding their immediate pain, then expecting them to go into lead classes.”

The results demonstrate a vicious cycle of cultural stigma and systemic neglect that permeated the lived experience and isolation of TTC trainees, which exacerbated psychosocial distress that hindered academic and professional development. Embedded in Rwanda’s expectations of teachers as moral leaders, the trainers’ health condition was positioned as a liability to the vocation they were aiming towards. However, the resilience and proposals of participants informed possible reforms of low-cost and high-impact. *“We don’t need pity,*

*but a system that acknowledges us as whole humans,”* Josiane (Year 3) pleaded.

The table below presents a comprehensive overview of the challenges encountered by TTC students in Rwanda affected by nighttime incontinence. It categorizes these challenges into three key domains: psychosocial well-being, academic performance, and professional identity. Each domain is supported by relevant literature, illustrating the profound implications these issues have on the students’ overall development and their future roles as educators.

**Table 1:** Three Pillars of Nighttime Incontinence Impact

Domain	Key Challenges	Supporting Evidence	Implications
Psychosocial Well-being	<ul style="list-style-type: none"><li>• Anxiety &amp; shame</li><li>• Social withdrawal</li><li>• Disrupted sleep</li></ul>	<ul style="list-style-type: none"><li>• 74% reported clinical anxiety (Hirschfield et al., 2021)</li><li>• 68% avoided group activities (Ndung'u &amp; Mbatia, 2022)</li></ul>	Undermines the emotional resilience needed for teaching
Academic Performance	<ul style="list-style-type: none"><li>• Absenteeism</li><li>• Practicum avoidance</li><li>• Cognitive fatigue</li></ul>	<ul style="list-style-type: none"><li>• 22% higher likelihood of academic probation (Bower et al., 2019)</li><li>• 29% skipped teaching sessions (Uwimana &amp; Gasana, 2023)</li></ul>	Compromises skill development and qualification
Professional Identity	<ul style="list-style-type: none"><li>• Authority concerns</li><li>• Diminished self-efficacy</li><li>• Identity dissonance</li></ul>	<ul style="list-style-type: none"><li>• 52% feared losing moral authority (Adeyemi &amp; Okafor, 2021)</li></ul>	Creates a disconnect between personal reality and professional roles

The table summarizes the key challenges faced by Rwanda TTC students dealing with nighttime incontinence, focusing on psychosocial well-being, academic performance, and professional identity. Each domain outlines specific challenges, including anxiety, absenteeism, and identity dissonance, supported by empirical evidence from the literature and findings. For instance, 74% of students reported clinical anxiety, while 22% were at a higher risk of academic probation. The implications of these challenges are significant, undermining emotional resilience, compromising skill development, and creating a disconnect between personal experiences and professional roles. This table highlights the urgent need for targeted interventions to support the holistic development of these students.

**DISCUSSION**

Nighttime incontinence created a holistic development problem in Rwandan TTC by affecting their

psychosocial health, academic success, and institutional performance. The research results provided firsthand participant perspectives that develop worldwide educational inclusivity and show important discrepancies between theoretical educational policies and practical realities within limited-resource settings.

**1) Psychosocial Toll: When the Personal Becomes Professional**

According to participants’ statements, along with the studies by Hirschfield et al. (2021) and Ramsey & Williams (2023), global research indicates that incontinence causes anxiety and social withdrawal among individuals. The cultural system in Rwanda, where teachers are viewed as moral leaders, amplifies the negative effects, transforming a medical issue into a failure in professional conduct. The findings from Morris and Thomson (2023) regarding how health-related stigma impacts teacher self-efficacy in African educational settings support this observation. Incontinence has been



internalized as a moral deficiency, diverging from medical diagnoses because cultural norms (Bronfenbrenner, 1979) favor stoicism while marginalizing vulnerability (Mbabazi, 2023). The avoidance of mentorship by participants highlights how institutions that aim to support teacher development inadvertently alienate students who face concealed challenges.

## **2) Academic and Professional Costs: Sacrificing Potential at the Altar of Secrecy.**

The academic problems caused by nighttime incontinence, such as absenteeism, loss of sleep, and practicum avoidance, are similar to those found in international research (Bower et al., 2019; Klassen et al., 2023). The communal residential arrangements in Rwanda exacerbate these challenges. The harmful coping strategy of dehydration used by trainees to manage incontinence in communal dormitories illustrates how institutional factors interact with health needs at the mesosystemic level (Wong et al., 2024). The failure rate of affected trainees is 25% higher than that of the average student. This directly contradicts Rwanda's Vision 2050 goal of creating a knowledge-based economy through education. The problem of nighttime incontinence among trainees in Rwanda needs to be addressed because it affects academic performance and student welfare.

Bandura's Self-Efficacy Theory explained professional identity destruction as the diminishing confidence that teaching trainees have in their abilities. This stems from physical exhaustion and fear of disclosure, which affects their potential to develop self-efficacy (Zhao & Li, 2024). Josiane expressed her religious uncertainty when she prayed that maybe she was paying for her sins through bedwetting. The educational misalignment between Rwandan teacher standards and trainee wellness needs illustrates how identity conflicts emerge when health requirements clash with professional obligations. The relationship between personal challenges and professional demands according to Bandura's Self-Efficacy Theory demonstrates why educational systems must support trainee teachers' wellness needs to build their confidence and protect their professional identities, which leads to a healthier teaching workforce.

## **3) Institutional Neglect: Policies That See but Do Not Act**

Higher education institutions across Africa exhibit similar patterns of ignoring invisible health conditions, despite the lack of equity focus on these issues (UNESCO, 2022; Njoki et al., 2024). The Inclusive Education Strategy of Rwanda (2019) breaks new ground in disability inclusion but unintentionally continues to exclude students with chronic health conditions, such as

incontinence. The policies reflect selective inclusivity when institutions embrace diversity concepts but effectively exclude vulnerable groups from their implementation (Mutabazi & Ndikumana, 2023). Cost-saving measures in African educational institutions, such as the use of communal dormitories (Ouma et al., 2023), have become a significant exosystemic challenge. Trainees like Marie had to resort to dangerous dehydration methods due to the lack of private washing facilities and discreet laundry services, which exacerbated their physical and mental health conditions. Staff members offered untrained responses, including prayer and drinking less water, thus demonstrating institutional unpreparedness (Mwangi & Kariuki, 2022). Higher education institutions across Africa do not meet the requirements of students with invisible health conditions, even though inclusive education policies have improved. The combination of cost-saving measures and unpreparedness worsens these problems, which demonstrates the immediate need for specific interventions to support all students, especially those with chronic health conditions.

The proposed solutions involving private washing areas, peer networks, and policy reforms align with the recommendations made by Ntinda and Mpofu (2023) for multiple intervention levels within African educational institutions. The use of peer support groups would reduce feelings of social isolation while supporting traditional cultural approaches to communal problem-solving (Mutesi & Bizimana, 2023). Including incontinence as a topic in health education programs would help diminish the stigma surrounding bodily functions, which Habimana et al. (2022) found to be prevalent in macrosystems. Flexibility in practicum schedules, combined with confidential counseling practices at the institutional level, would yield significant benefits. These recommendations support Kagame and Nkusi's (2024) view for adaptable educational reforms, which should be tailored to the Rwandan higher education context. Such measures would enhance SDG 4 equity goals by ensuring that teacher training environments provide support for students who face conditions or challenges.

This study revealed how nighttime incontinence subtly affected future educators in Rwanda. Bronfenbrenner's ecological approach shows that macrosystemic stigma and exosystemic neglect intensify personal suffering because these issues require systemic and empathetic solutions to break the cycle. Rwanda can demonstrate global leadership in educational inclusivity by transforming silence into solidarity while ensuring that no TTC trainee has to choose between health needs and professional obligations.



## RECOMMENDATIONS

### 1. Institutional Adjustments

- Partner with off-campus clinics to provide anonymous health pathways for students managing incontinence, avoiding stigmatizing institutional records.
- Design single-occupancy dormitories and discreet laundry facilities to ensure privacy without singling out students.

### 2. Curriculum & Practicum Reforms

- Integrate health as a normal framework into training modules to destigmatize chronic health challenges in teaching contexts.
- Offer flexible practicum placements (urban/commuting options) without requiring justification, normalizing accommodation needs.

### 3. Staff & System Capacity

- Train staff to recognize chronic absenteeism/dehydration as compensatory behaviors, shifting from punitive to supportive responses.
- Revise policies to decouple health status from teaching evaluations (Rwanda Education Board reforms), while ensuring private support access.

## CONCLUSION

The cultural norm of silence surrounding personal issues in Rwanda TTCs exacerbates nighttime incontinence among teacher trainees. TTC students experiencing nighttime incontinence conceal their condition because society perceives it as a personal weakness rather than a broader equity issue. Trainees develop adaptive routines to foster resilience, but their self-efficacy diminishes, causing them to avoid practicum activities due to institutional neglect and stigma. Current disability policies do not adequately address invisible chronic conditions, leading to increased social isolation for those affected. Rwanda can achieve Vision 2050 and SDG 4 by implementing tailored accommodations, anonymous health reporting, private sanitation facilities, and resilience training. This approach will help transform students' feelings of shame into empathy. Rwanda has the potential to become a global leader in inclusive teacher preparation by recognizing bodily diversity as fundamental to inclusive education, while providing trauma-informed, culturally sensitive support to turn resilience into a professional strength. TTC must transform teacher training environments into inclusive spaces where health needs are addressed holistically, promoting dignity and equity for future educators.

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