JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

"A SURVEY STUDY TO ASSESS THE KNOWLEDGE AND MANAGEMENT ABOUT ATTENTION DEFICIT HYPERACTIVITY DISORDER AMONG SCHOOL GOING CHILDREN'S PARENTS IN SELECTED RURAL AREA OF VADODARA DISTRICTS."

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ABSTRACT

Background :

Attention Deficit Hyperactivity Disorder is the most prevalent neurobehavioral disorder affecting school-aged children. Impaired social functioning is regarded as one of the core deficits for children with attention deficit hyperactivity disorder. Individuals with Attention Deficit Hyperactivity Disorder frequently present with deficits in the following executive function domains: problem solving, planning, flexibility, orienting, response inhibition, sustained attention, and working memory. They also experience affective difficulties, such as motivation delay and mood dysregulation. These difficulties appear to form the basis of the social skills problems in children with attention deficit hyperactivity disorder.

OBJECTIVE OF THE STUDY:

1. To assess the knowledge and management about attention deficit hyperactivity disorder among school going children's parents.

2. To determine the association between knowledge with selected demographic variables.

ASSUMPTIONS:

- Parents will have low knowledge regarding attention deficit hyperactivity disorder.

METHODOLOGY FOR RESEARCH

The quantitative research approach, descriptive survey research design was used for the study. The group consisted 100 samples that were selected on the basis of the sampling criteria and non-probability convenient sampling techniques set for the study. The study will be conducted at Rural area of Vadodara district. The

accessible population is parents of school going children. The tools used for the study is demographic variables and structured knowledge questionnaire.

RESULT: Out of 100 samples overall the highest percentage in the demographic data including the age of parents 38% (31-35), age of school going children 42% (8-9 year), relationship with child 89% (mother), religion 70% (Hindu), education status 46% (secondary), types of family 76% (nuclear), number of children 45% (two), family history of ADHD 95%(no), heard about ADHD 85% (no), if yes specify the source of knowledge 53.33% (medical professional). Data related to knowledge score in that poor knowledge is 45%, adequate is 52% and good is 3%. Chi-square test to associate the level of knowledge and selected demographic variable.

CONCLUSION: the finding of the study revealed that there is moderate level of knowledge of parents regarding attention deficit hyperactive disorder.

KEY WORDS: assess, knowledge, attention deficit hyperactivity disorder, school going children's parents, rural area.

INTRODUCTION

"Our children are our future Love, nurture, allow, trust & believe in them then step aside" -Ali Pilling Children are the greatest gift of god to humanity. The promotion of healthy child development has become a major focus of world attention over the last 3-4 decades. Each child develops at various rates and has various characters, dispositions, and vitality levels while playing out the assignments. A large portion of the children while playing out an undertaking gets occupied, act indiscreetly, and battle to assemble at once or another. School age children are active, energetic and exuberant and to flit from once activity to another as they explore their environment and its novelties. They are also notorious for getting bored easily with tasks that lack intrinsic appeal for them. Acting without much forethought and responding on impulse to events that occur around them, their emotional reactions to these events often readily apparent, are typical characteristics of young children. If the opportunities arise it offer young children the promise of immediate reward or gratification, then their indulgence in these activities is to be expected, rather that the restraint of self control that would be demanded of someone older.

The worldwide pooled prevalence of attention deficit hyperactivity disorder for children aged 18 years and below was 7.2% from the systematic review and meta analysis of 175 studies worldwide. From 86 review and meta-analysis studies, the prevalence of attention deficit hyperactivity disorder ranges from 5.9 to 7.1% in children and 5% in adults. From a national survey among US children aged 4 to 17 years, the prevalence rate of attention deficit hyperactivity disorder was 11% and this has increased by 42% from 2013 to 2023.8 K Larson S A Russ et al., (2021) has been reported the prevalence rate of attention deficit hyperactivity disorder was 8.2% among children aged 6 to 17 years in the USA, 6.8% among children aged 6 to 17 years in Spain based on 14 observational studies. The Centre for Disease Control and Prevention (CDC) reports that 11 percent of all children in the U.S. aged 4-17 have been diagnosed with attention deficit disorder. According to its 2023 report, the CDC says the total number of Americans adults and children with attention deficit hyperactivity disorder continues to rise up from 7.8 percent in 2022 to 9.5 percent in 2019 and 11 percent in 2016.

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The data has been organized and presented in following sections as follows:

SECTION A: Analysis and interpretation of the demographic data of the samples.

SECTION B: Analysis and interpretation of knowledge of the samples regarding attention deficit hyperactivity disorder.

SECTION C: Analysis for association of selected demographic data with knowledge of samples regarding attention deficit hyperactivity disorder.

SECTION A: Analysis and interpretation of the demographic data of the samples.

Frequency and percentage wise distribution of samples by their demographic.

Table 1 -: Frequency and percentage distribution of sample by their demographic.

Sr. no.	Demographic variable		Frequency	Percentage (%)
1	Age of parents (in years)	Below 25	14	14%
		26-30	34	34%
		31-35	38	38%
		Above 35	14	14%
2	Age of school going children	6-7 year	24	24%
		8-9 year	42	42%
		10-11 year	29	29%
		12 years	05	05%
3	Relationship with child	Father	11	11%
		Mother	89	89%
4	Religion	Hindu	70	70%
		Muslim	21	21%
		Christian	08	08%
		Other	01	01%
5	Education status	Primary	20	20%
		Secondary	46	46%
		Higher Secondary	28	28%

		Graduate and above	06	06%
6	**Types of family**	Nuclear	76	76%
		Joint	18	18%
		Extended	06	06%
7	**Number of children**	One	29	29%
		Two	45	45%
		Three	22	22%
		Four or more	04	04%
8	**Family history of attention deficit hyperactive disorder (ADHD)?**	Yes	05	05%
		No	95	95%
9	**Heard about attention deficit hyperactive disorder (ADHD)?**	Yes	15	15%
		No	85	85%
	If yes, specify the source of knowledge	Newspaper	00	00%
		Medical professional	08	53.33%
		Peer group	05	33.33%
		Social media/mass media	02	13.34%

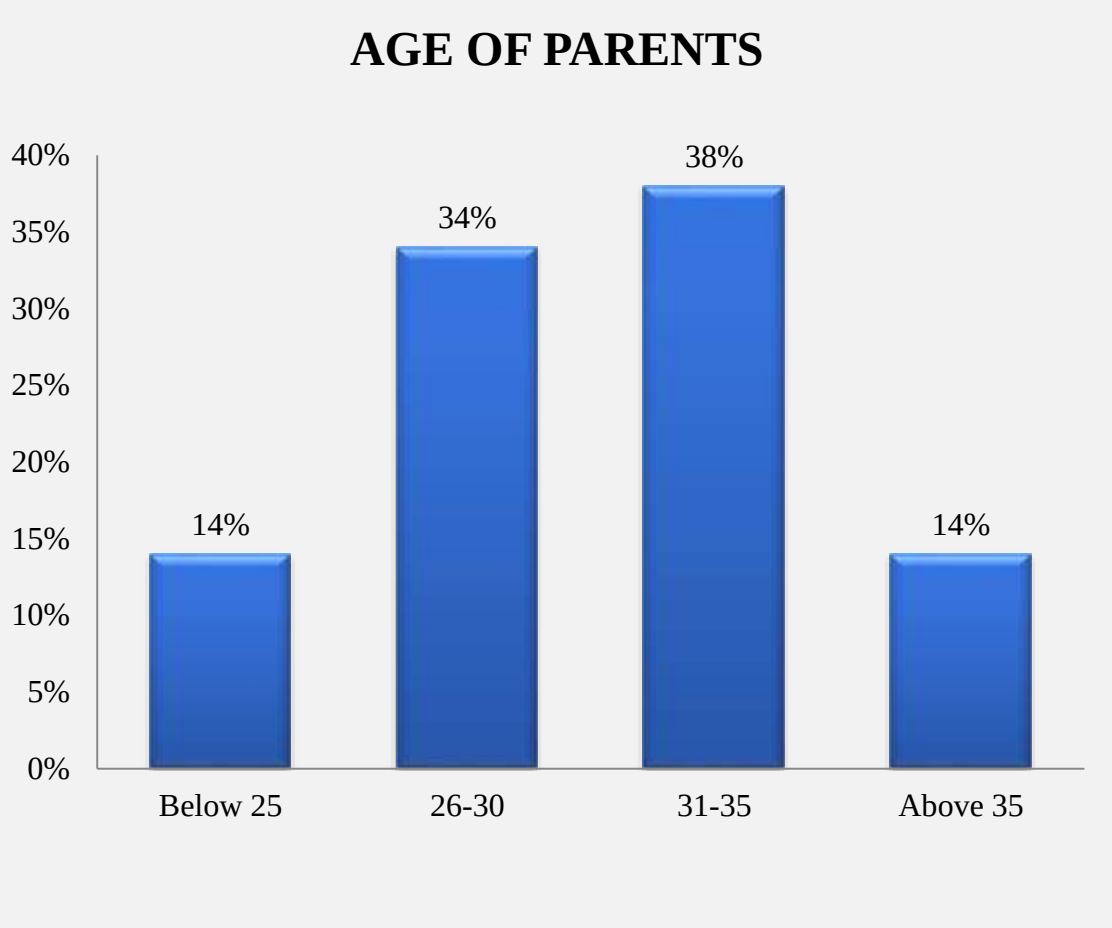

Figure :- 1 Bar diagram representing percentage wise distribution of age of parents.

In the present study data revealed that samples between age of parents below 25 were 14, 26-30 were 34, 31-35 were 38, above 35 were 14 and percentage age of parents below 25 were 14%, 26-30 were 34%, 31-35 were 38%, above 35 were 14%.

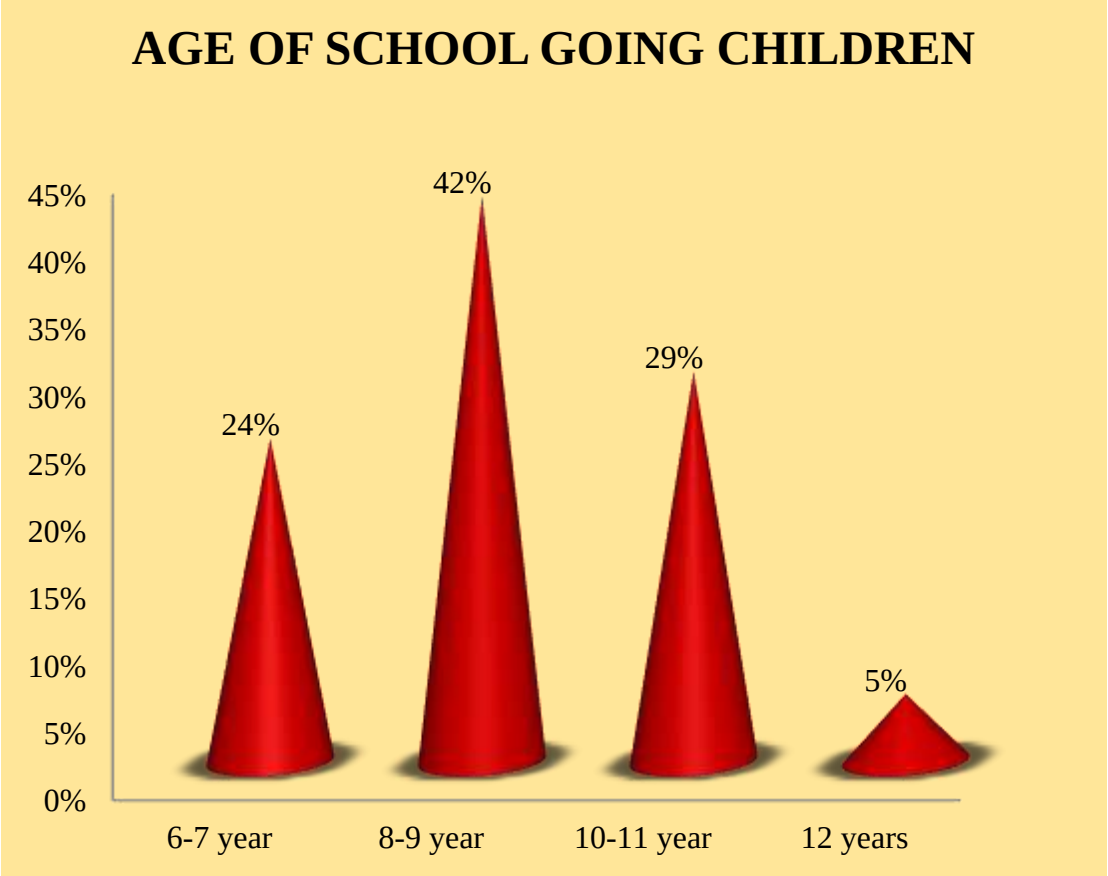

Figure :- 1.1 Bar diagram representing percentage wise distribution of age of school going children.

In the present study data revealed that sample age of school going children in that 6-7 year were 24, 8-9 year were 42, 10-11 year were 29, 12 years were 5 and percentage of age of school going children in that 6-7 year were 24%, 8-9 year were 42%, 10-11 year were 29%, 12 years were 5%.

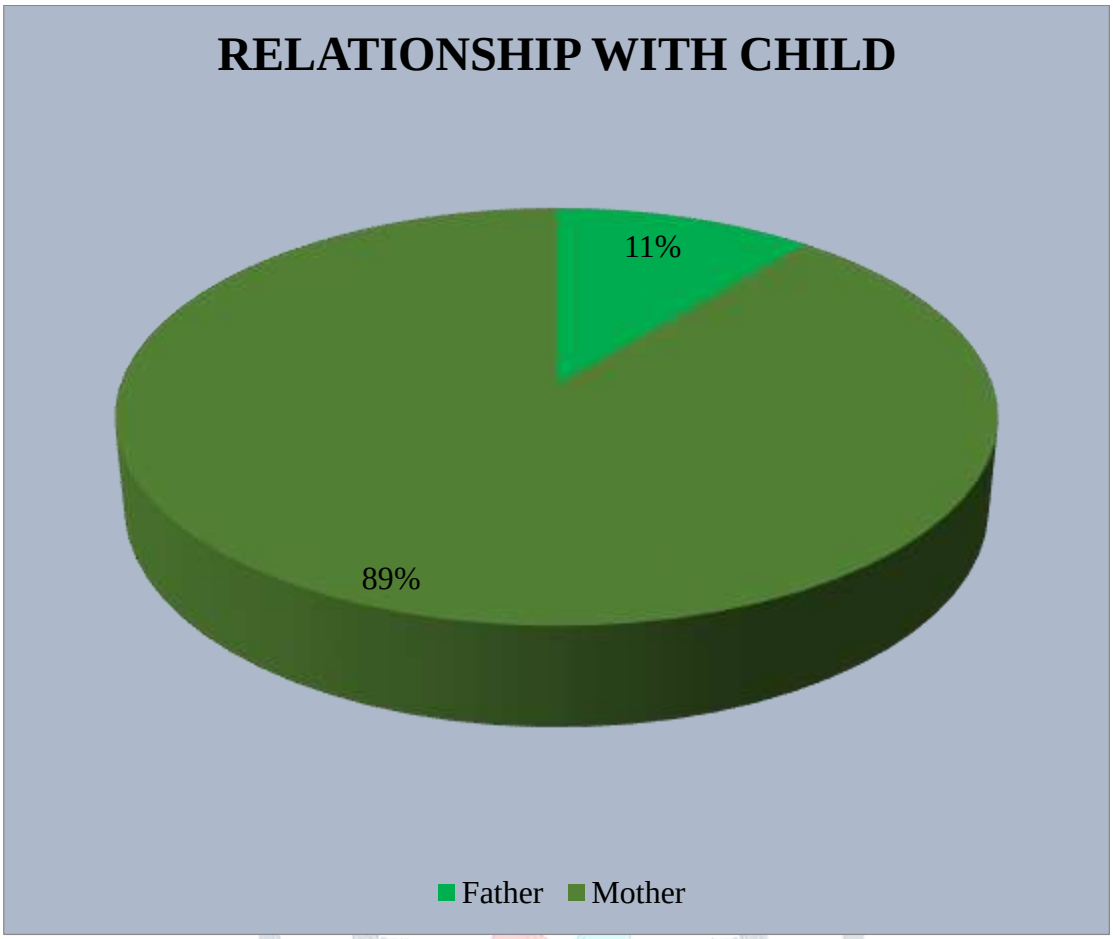

Figure :- 1.3 Pie diagram representing percentage wise distribution of relationship child.

In the present study data revealed that sample relationship with child in that father were 11, mother were 89 and percentage wise sample relationship with child in that father were 11%, mother were 89%.

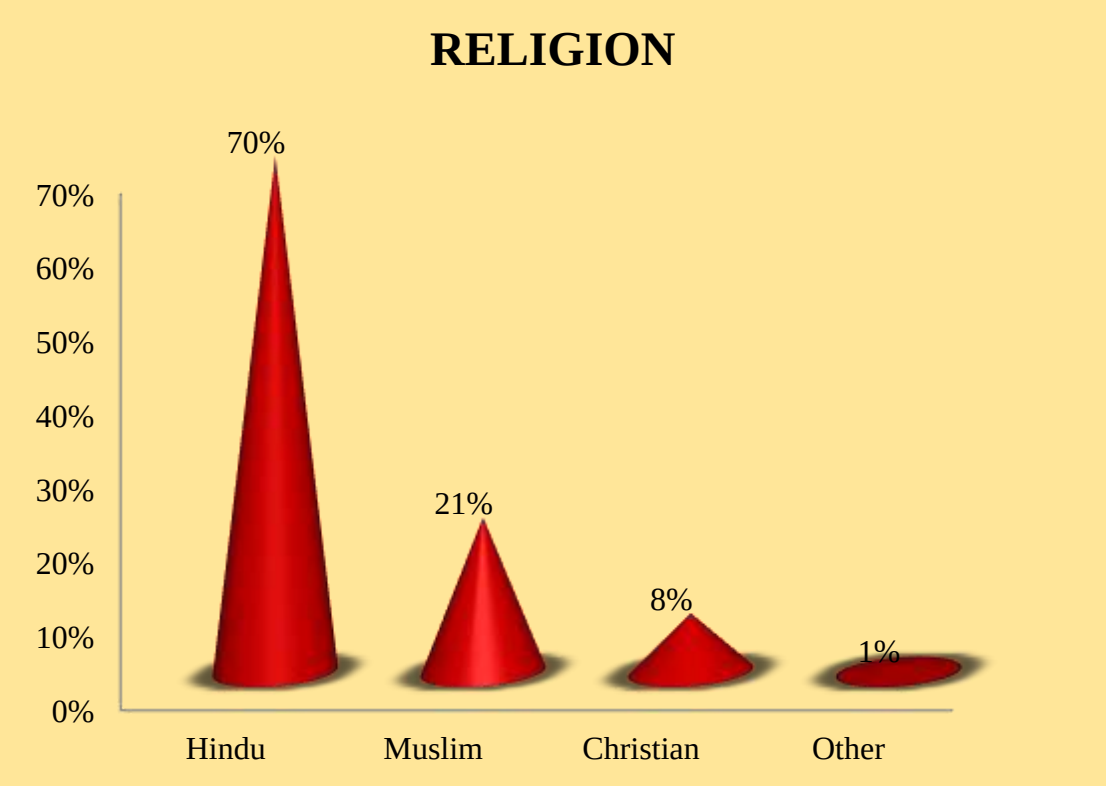

Figure :- 1.4 Bar diagram representing percentage wise distribution of religion.

In the present study data revealed that sample religion in that Hindu were 70, Muslim were 21, Christian were 8, other were 1 and percentage of religion in that Hindu were 70%, Muslim were 21%, Christian were 8%, other were 1%.

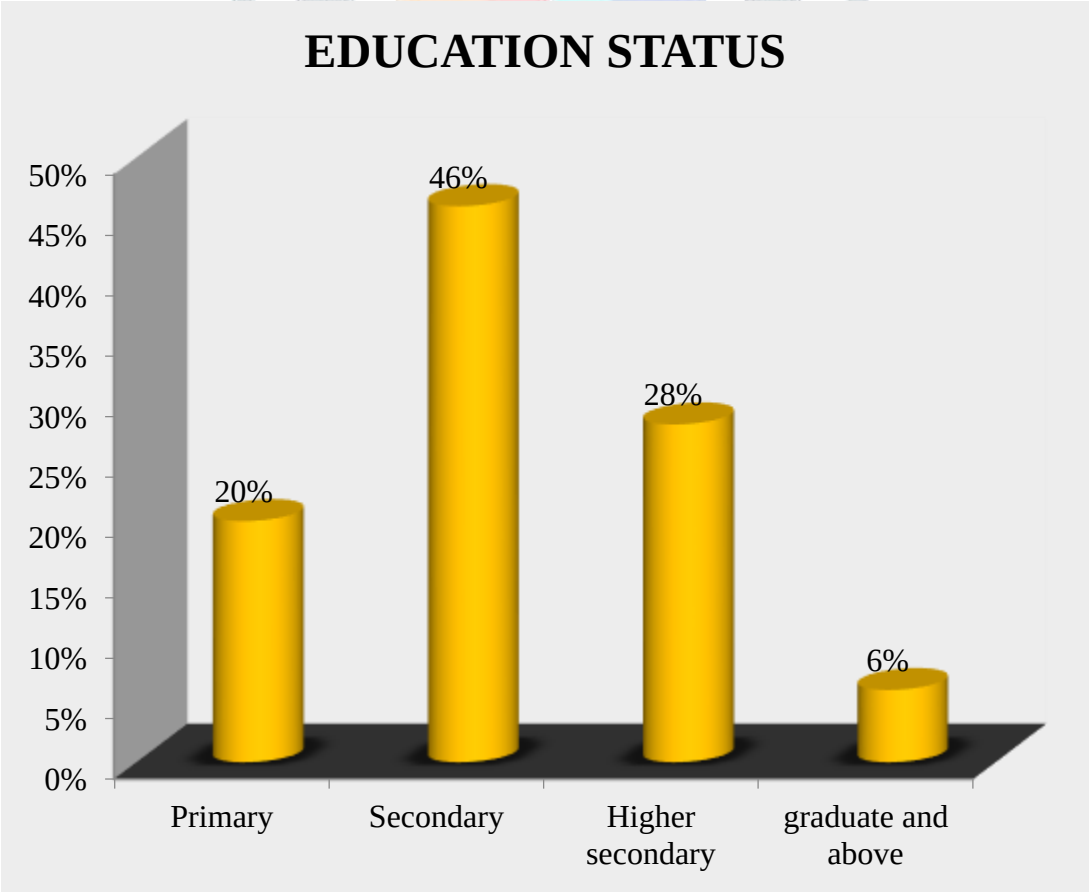

Figure :- 1.5 Bar diagram representing percentage wise distribution of educational status.

In the present study data revealed that sample education status in that primary were 20, secondary were 46, higher secondary were 28, graduate and above were 6 and percentage of education status in that primary were 20%, secondary were 46%, higher secondary were 28%, graduate and above were 6%.

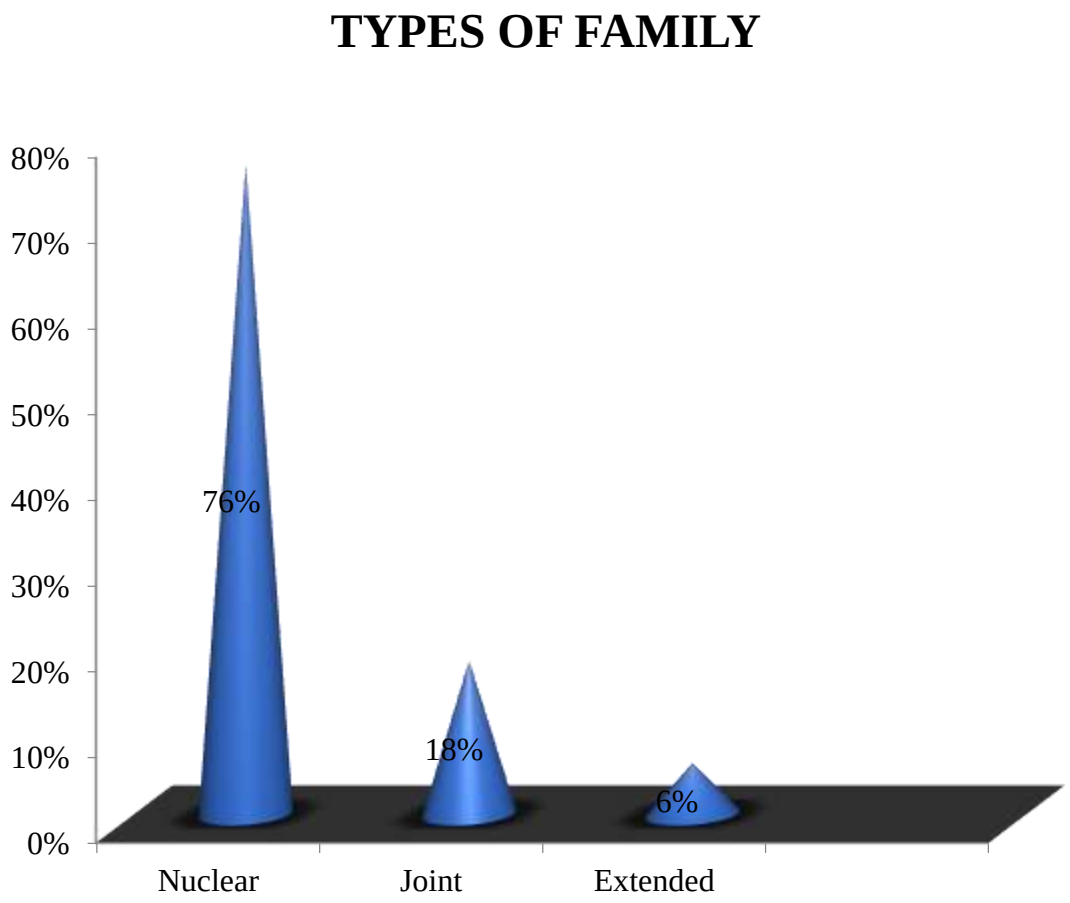

Figure :-1.6 Bar diagram representing percentage wise distribution of types of family.

In the present study data revealed that sample types of family in that nuclear were 76, joint were 18, extended were 6 and percentage of types of family in that nuclear were 76%, joint were 18%, extended were 6%.

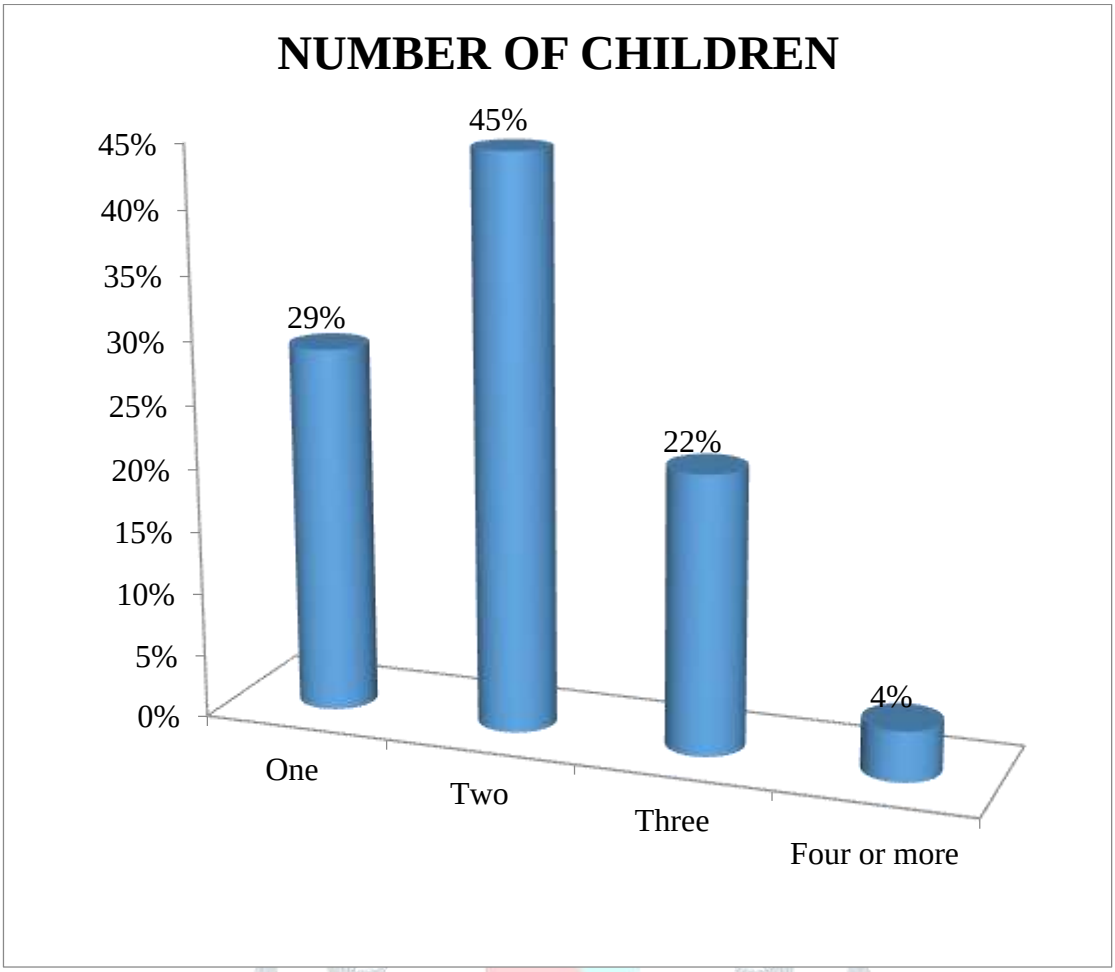

Figure :- 1.7Bar diagram representing percentage wise distribution of number of children.

In the present study data revealed that samples number of children in that one were 29, two were 45, three were 22, four or more were 4 and percentage wise samples number of children in that one were 29%, two were 45%, three were 22%, four or more were 4%.

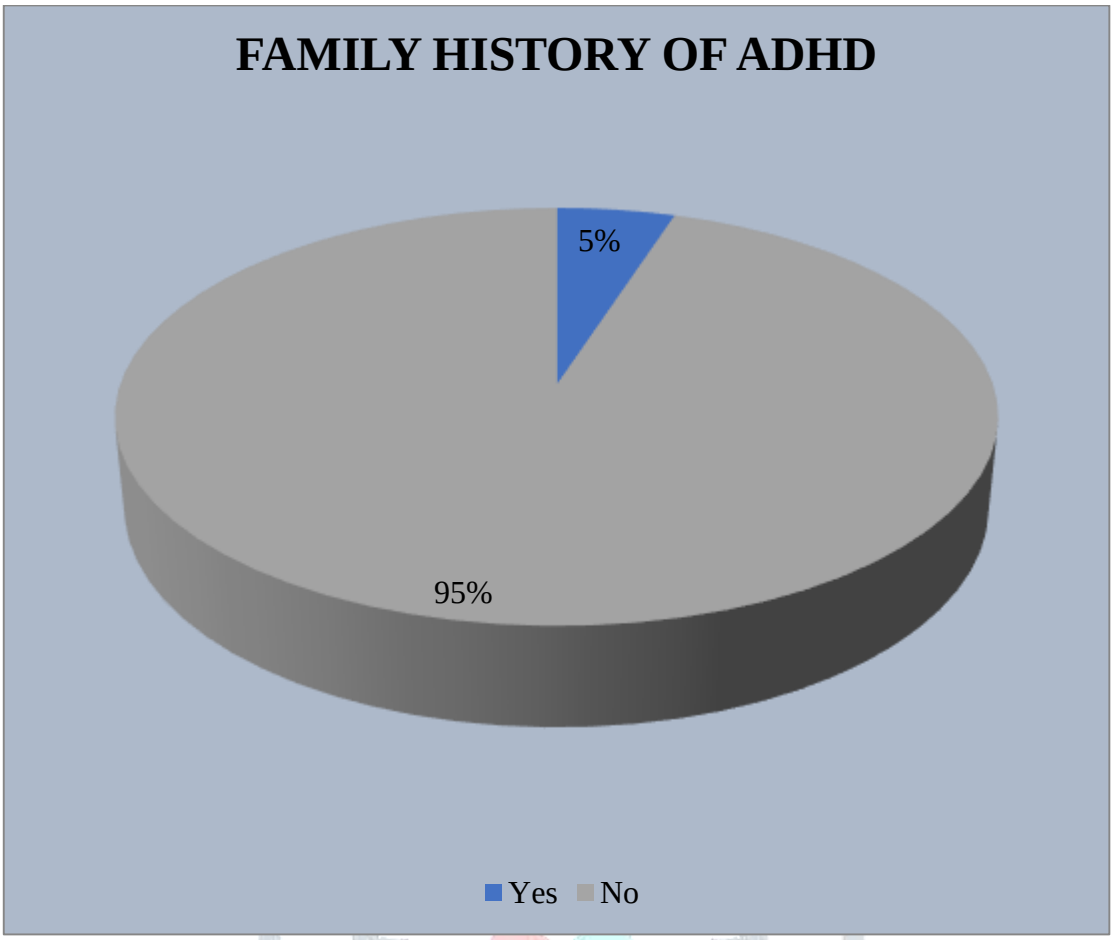

Figure 1.8 Pie diagram representing percentage wise distribution of family history of ADHD.

In the present study data revealed that sample family history of ADHD in that yes were 5, no were 95 and percentage wise sample family history of ADHD in that yes were 5%, no were 95%.

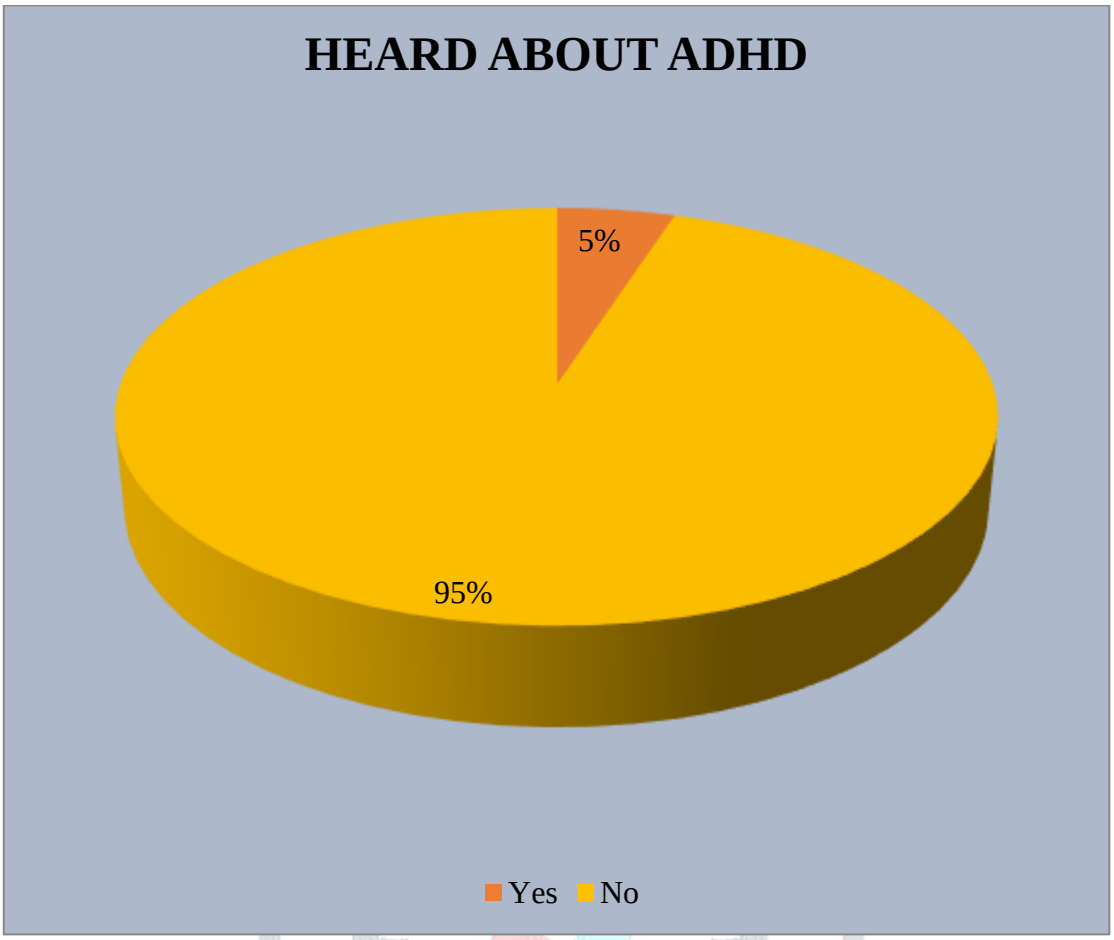

Figure :- 1.9 Pie diagram representing percentage wise distribution of heard about ADHD.

In the present study data revealed that sample heard about ADHD in that yes were 15, no were 85 and percentage wise sample heard about ADHD in that yes were 15%, no were 85%.

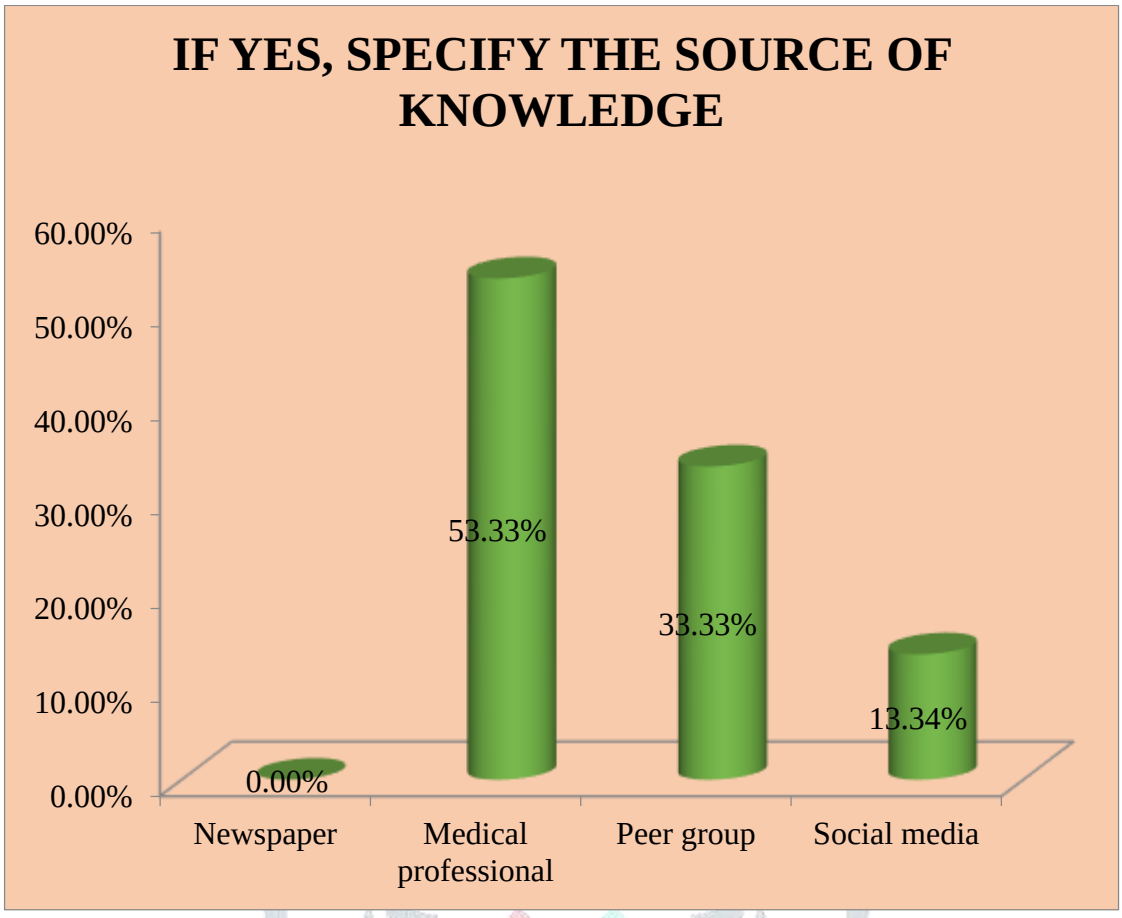

Figure:- 1.10 Bar diagram representing percentage wise distribution of if yes, specify the source of knowledge.

In the present study data revealed that samples if yes, specify the source of knowledge in that newspaper were 0, medical professional were 8, peer group were 5, social media were 2 and percentage wise samples if yes, specify the source of knowledge in that newspaper were 0%, medical professional were 53.33%, peer group were 33.33%, social media were 13.34%.

SECTION B: Analysis and interpretation of knowledge of the samples regarding attention deficit hyperactivity disorder.

Table Frequency and percentage distribution of knowledge score

Level of knowledge	**Frequency**	**Percentage**
Poor	45	45%
Adequate	52	52%
Good	03	03%

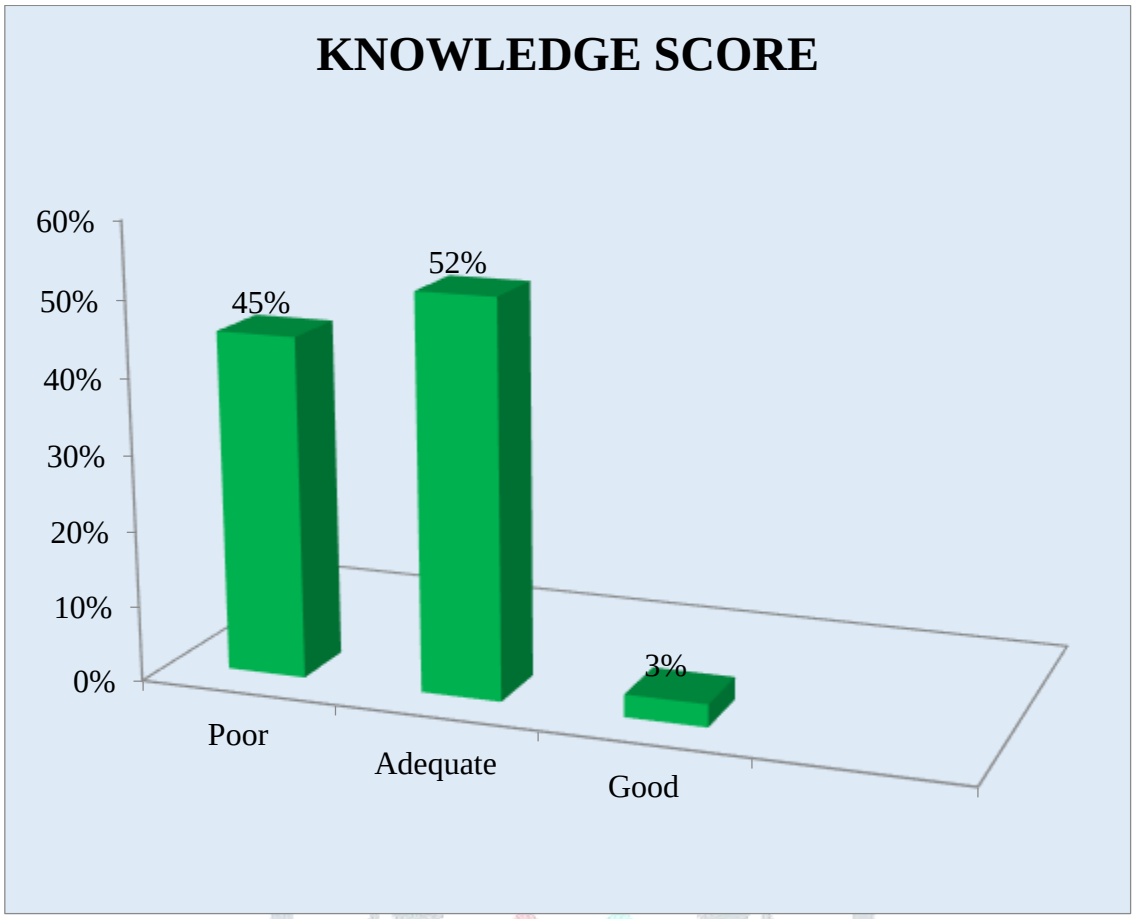

Figure :- 1.11 Bar diagram representing percentage wise distribution of the sample according to level of knowledge.

The table shows the knowledge score and percentage of samples. In that poor knowledge is 45%, adequate is 52% and good is 3%.

SECTION C: Analysis for association of selected demographic data with knowledge of samples regarding attention deficit hyperactivity disorder.

Table -: 1.2 Chi-square values for association of knowledge with their selected demographic variables.

Sr. No.	Demographic Variables	F	Knowledge			Chi Square		DF	Association
			P	A	G	C.V.	T.V.		
1	**Age of parents (in years)**					0.37	12.59	6	Not significant
	Below 25	14	7	6	1				
	26-30	34	15	18	1				
	31-35	38	17	20	1				
	Above 35	14	6	8	0				
2	**Age of school going children**					0.83	12.59	6	Not significant

	6-7 year	24	13	11	0				
	8-9 year	42	18	22	2				
	10-11 year	29	12	16	1				
	12 years	5	2	3	0				
3	**Relationship with child**					2.71	5.99	2	Not significant
	Father	11	3	7	1				
	Mother	89	42	45	2				
4	**Religion**					3.57	12.59	6	Not significant
	Hindu	70	36	32	2				
	Muslim	21	6	14	1				
	Christian	8	3	5	0				
	Other	1	0	1	0				
5	**Education status**					0.81	12.59	6	Not significant
	Primary	20	9	10	1				
	Secondary	46	20	25	1				
	Higher Secondary	28	14	13	1				
	Graduate and above	6	2	4	0				
6	**Type of family**					3.70	9.48	4	Not significant
	Nuclear	76	38	36	2				
	Joint	18	6	11	1				
	Extended	6	1	5	0				
7	**Number of children**					2.77	12.59	6	Not significant
	One	29	16	12	1				
	Two	45	20	24	1				
	Three	22	7	14	1				
	Four or more	4	2	2	0				
8	**Family history of attention deficit hyperactive disorder (ADHD)?**					1.47	5.99	2	Not significant
	Yes	5	1	4	0				
	No	95	44	48	3				
9	**Heard about attention deficit hyperactive disorder (ADHD)?**					2.83	5.99	2	Not significant

	Yes	15	4	10	1				
	No	85	41	42	2				
	If yes, specify the source of knowledge								
	Newspaper	0	0	0	0				
	Medical professional	8	3	4	1	0.68	12.59	6	Not significant
	Peer group	5	1	4	0				
	Social media/mass media	2	0	0	0				

SUMMARY

The main aim of this study was to assess the knowledge and management about attention deficit hyperactivity disorder among school going children's parents in selected rural area. The present study was designed to assess the knowledge and management about attention deficit hyperactivity disorder among school going children's parents in selected rural area. The collected data was coded and analysed. This study is based on the conceptual framework of Modified general system modal. The quantitative research approach, descriptive survey research design was used for the study. The group consisted 100 samples that were selected on the basis of the sampling criteria and non-probability convenient sampling techniques set for the study. Development of tool and validity of tools were done by 10 experts who give their valuable suggestion, which were followed for the modification of tools. The reliability of the tool was done on 10 samples and value of reliability coefficient was 0.78 for structure questionnaire, which suggested that the tool is highly reliable. The tool was finalized and was translated into Gujarati and the pilot study was done on 10 samples. Thus, the feasibility of the study was established. Based on the objectives collected data was analysed by using descriptive and inferential statistics. The tests used were calculation of frequency, percentage, mean and chi square.

DISCUSSION

The present study aims to evaluate the knowledge and management about attention deficit hyperactivity disorder among school going children's parents in selected rural area. The study conducted by using descriptive survey research design. The 100 samples were selected on the basis of the sampling criteria and non probability convenient sampling techniques set for the study. The tool used for the study is self-structured knowledge questionnaire. The response was analysed through descriptive and inferential statistics The findings were computed based on the objective of the study.

CONCLUSION

The conclusions drawn from the findings of the study are as follows: The result of the study finds that there is moderate level of knowledge of parents regarding attention deficit hyperactive disorder.

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