WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Research Statement: Knowledge Regarding Attention Deficit Hyperactivity Disorder among Teachers of Primary Departments in Selected Schools of Charar-I-Sharif, Budgam, Kashmir

[1]Tabashir Bashir, [2]Ms. Bushra Mushtaq, [3]Ms. Ansia Mubashir, [4]Ms Sumaya Maqbool, [5]Ms. Neha Hussain, [6]Ms. Saiqa Hassan, [7]Ms. Rifat Amin, [8]Ms. Rabiya Aakash, [9]Mr. Amir Fayaz, [10]Mr. Shahid Mushtaq

[1,2]Faculty Islamic University of Science and Technology,
[3,4,5,6,7,8,9,10]Islamic University of Science and Technology

ABSTRACT

Attention deficit hyperactivity disorder (ADHD) is chronic mental disorder including attention difficulty, hyperactivity and impulsiveness. It is also known as hyperkinetic disorder that affects many areas of child's functioning most notably self control of behavior, school achievement and the development of social skills. Globally around 12% of school going children are affected by Attention Deficit Hyper Activity Disorder (ADHD)The main aim of the present study was to evaluate the effectiveness of Structured Teaching Program(STP) on knowledge regarding attention deficit hyper activity disorder (ADHD)among teachers of primary department in selected schools of Charar-i-e-Sharief Budgam, Kashmir.

OBJECTIVESOFTHESTUDY

1. To assess the pre-interventional knowledge Score regarding Attention deficit hyperactivity disorder (ADHD) among teachers of primary department in selected schools of charar-i-shrief, Budgam, kashmir.
2. To assess the post-interventional knowledge score regarding Attention deficit hyperactivity disorder (ADHD) among teachers of Primary department in selected schools of charar-i-shrief, Budgam, kashmir.
3. To evaluate the effectiveness of structured teaching program by comparing pre and post-interventional knowledge score regarding Attention deficit hyperactivity disorder(ADHD)among teachers of primary department in selected schools of charar-i-shrief, Budgam, kashmir.
4. To find association between pre interventional knowledge score with selected socio-demographic variables (Gender, Teaching experience, Educational qualification, Source of information Residence) regarding Attention deficit hyperactivity disorder(ADHD) among teachers of primary department in selected schools of charar-i-shrief, Budgam, Kashmir.

HYPOTHESIS:

H1: There is significant increase in mean post-interventional knowledge score as compared to mean pre interventional knowledge score regarding attention deficit hyperactivity disorder (ADHD)among teachers of primary department in selected schools of Charar-i-sharief at 0.05% level of significance.

Ho: There is no significant increase in mean post interventional knowledge score as compared to mean pre-interventional knowledge score regarding attention deficit hyperactivity disorder (ADHD) among teachers of primary department in selected schools of charar-i- sharief at 0.05%levelof significance.

H2: There is significant association between pre-interventional knowledge score and selected socio- demographic variables (gender, teaching experience, educational qualification, source of information, residence) regarding attention deficit hyperactivity disorder(ADHD) among teachers of primary department in selected schools of charar-i-shariefat0.05% level of significance.

INTRODUCTION

"Children are the wealth of tomorrow;

Take care of them if you wish to have a strong Nation"

Attention deficit hyperactivity disorder (ADHD) is chronic mental disorder including attention difficulty, hyperactivity and impulsiveness. It is also known as hyperkinetic disorder that affects many areas of child's functioning most notably self control of behavior, school achievement and the development of social skills and positive relationships and sometimes it is also associated with learning difficulty. It usually begins in childhood and can persist in adulthood, hyperactivity component of attention deficit hyperactivity disorder (ADHD) that persist in adults result in pressured speech. Conduct Or oppositional disorders are common co morbid disorders in children with ADHD [1]. It usually occurs more in children. it occurs in about 5% of children and 2.5% of adults [2] Globally around 12% of school going children are affected by attention deficit hyperactivity disorder (ADHD) . Among school going children .attention deficit hyperactivity disorder (ADHD) is more prevalent in boys than girls [3]. Attention deficit hyperactivity disorder (ADHD) is a condition of the brain that makes it difficult for children to control their behavior. It is one of the chronic conditions of childhood [4.] The most popular current theory of attention deficit hyperactivity disorder (ADHD) is that attention deficit hyperactivity disorder (ADHD) represents a disorder of" executive function," this implies dysfunction in prefrontal lobe[5]. Children are in continuous process of growth and development. If they are provided with favorable and an enabling environment, they may bloom into an ever fragrant flower and shine as better citizen's infuture[6]

ANALYSIS AND INTERPRETATION

SECTION1: Distribution of socio-demographic variables of study subjects

TABLE 1: Frequency and percentage distribution of study subjects according to socio demographic variables (Gender, teaching experience, educational Qualifications, source of information, residence)

Variables	Categories	Percentage	Frequency
GENDER	Male	36.7%	11
	Female	63.3%	19
EXPERIENCE	Below5years	50.0%	15
	6-10years	23.3%	7
	11-5years	13.3%	4
	Above15 years	13.3%	4
QUALIFICATION	10+2	0.0%	0
	Graduation	0.0%	0
	Post Graduation	70.0%	21
	Above PG	30.0%	9
SOURCE OFINFORMARION	Print media	13.3%	4
	Electronic media	30.0%	9
	Professional program/information	26.7%	**8**
	Any other source	30.0%	9
RESIDENCE	Rural	40.0%	12
	Urban	60.0%	18

Section 2.1-Pre-interventional level of knowledge score of study subjects

Table2: Distribution of study subjects according to pre-interventional level of knowledge score of study subjects regarding attention deficit hyperactivity disorder(ADHD)

N=30

Score Level (N=30)	PRE TEST (%)
Inadequate Knowledge.(0-9)	3(10%)
Moderate Knowledge.(10-18)	25(83.3%)
Adequate Knowledge.(19-28)	2(6.7%)
Maximum Score=28 Minimum Score=0	

Showing percentage distribution of study subjects according to pre interventional knowledge scores.

Inferences: Data presented in table 2 reveals that 25(83.3%) of the study subjects had moderateknowledge,2 (6.7%) of the study subjects had adequate knowledge and 3(10%) of the studysubjectshadinadequate knowledgeregardingAttentiondeficit hyperactivitydisorder(ADHD).

Table3: Pre interventional mean, knowledge score, SD, median score, maximum, minimum, Range, mean percentage of study subjects

	N=30						
Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean%
PRETEST KNOWLEDGE	13.43	2.991	13	19	7	12	48.00
	Maximum= 28		Minimum= 0				

Infrences: Data presented in table 3 shows that Mean and SD of the pre-interventional knowledge score was 13.43 and 2.9 respectively.

SECTION2.2–Postinterventionallevelofknowledgescoreofstudysubjects

Table no. 4: Distribution of study subjects according to post interventional level of knowledge score of study subject sregarding Attention deficit hyper activity disorder.

. N=30

Score Level (N=30)	**POST TEST (%)**
Inadequate Knowledge.(0-9)	0(0%)
Moderate Knowledge.(10-18)	3(10%)
Adequate Knowledge.(19-28)	27(90%)
Maximum Score=28Minimum Score=0	

Inferences: Data presented in table 4 reveals that in post intervention 27(90%) of the study subjects had adequate knowledge,3(10%) of the study subjects had moderate knowledge and0(0.0%) of the study subjects had inadequate knowledge regarding Attention deficit hyperactivity disorder.

Table 5: Post interventional mean knowledge score, SD, median score, maximum, minimum, Range, mean percentage of Study subjects

N=30

Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean%
POSTTESTKNOWLEDGE	22.87	3.213	24	27	16	11	81.70
	Maximum =	28	Minimum =	0			

Inferences: Data presented reveals that post-interventional Mean and SD knowledge score was 22.87% and 3.213 respectively.

Section 2.3: Comparison of pre and post-interventional level of knowledge score of study subjects regarding Attention deficit hyperactivity disorder.

Table6: Showing frequency and percentage distribution of study subjects according to pre and post interventional knowledge scores

N=30

CRITERIAMEASUREOFKNOWLEDGESCORE		
Score Level (N=30)	**PRE TEST(%)**	**POST TEST (%)**
Inadequate Knowledge.(0-9)	3(10%)	0(0%)
Moderate Knowledge.(10-18)	25(83.3%)	3(10%)
Adequate Knowledge.(19-28)	2(6.7%)	27(90%)
Maximum Score=28MinimumScore=0		

Inferences: Data presented reveals that in pretest,83.3% of the study subjects had moderate knowledge, 10% of the study subjects had inadequate knowledge and 6.7 % of the study subjects had adequate knowledge .Where as in the post test,90 %of the study subjects had adequate knowledge, 10 % of the study subjects had moderate knowledge and 0(0.0%) of the study subjects had inadequate knowledge regarding Attention deficit hyper activity disorder

Table7:Comparison of pre and post interventional mean and SD of study subjects

N=30

Mean%	Pretest Knowledge	Post-test Knowledge	Difference	Pre-test Knowledge Score%	Post-test Knowledge Score%	Difference%
Average	13.43	22.87	9.43	47.98	81.67	33.69

Inferences: Data presented in table 7 reveals that mean and SD score of the post interventional knowledge score of the study subjects i.e.,22.87 ±3.213 is greater than mean and SD score of the pre interventional knowledge I.e, 13 .432±.99.This shows that structured teaching programme(STP)was effective.

Figure showing effectiveness

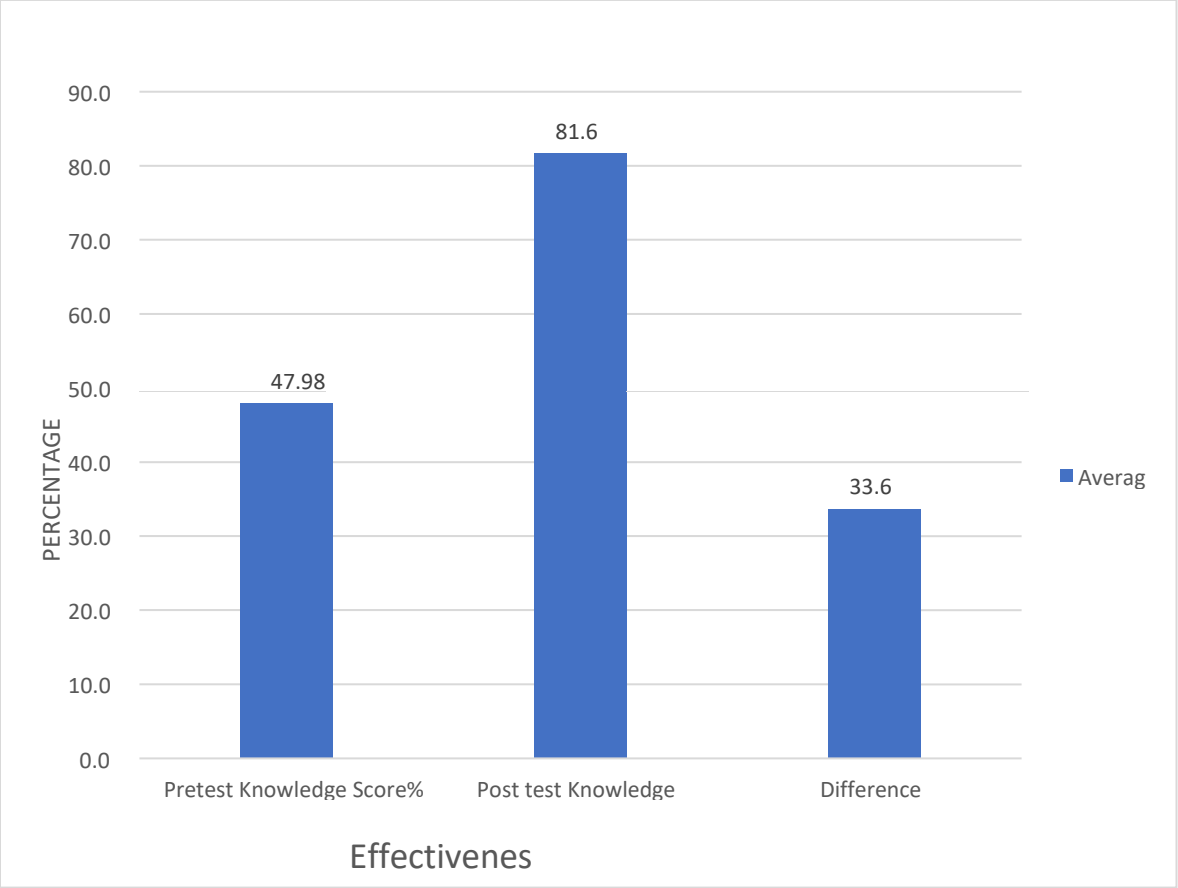

Figure12: Showing difference between pre and post interventional knowledge score

Inferences: Data presentedinfigure12showsthepreinterventional knowledge score (47.98%) and post interventional knowledge score(81.67%) and associated difference between the two(33.69%)

Section 3:- Association of pre interventional level of knowledge scores with demographic variables (Gender, educational qualification, years of experience, source of information, residence)

Table 8: Table showing association of pre interventional level of knowledge scores with socio-demographic variables

N=30

Variables	**Opts**	**Adequate Knowledge**	**Moderate Knowledge**	**Inadequate Knowledge**	**Chi Test**	**P Value**	**df**	**Table Value**	**Result**
GENDER	Male	4	5	2	10.279	0.006	2	5.991	Significant
	Female	0	18	1					
EXPERIENCE	Below5years	0	15	0	27.694	<0.001	2	5.991	Significant
	6-10 years	2	5	0					
	11-5 years	1	3	0					
	Above15 years	1	0	3					

QUALIFICATION	10+2	0	0	0	3.913	0.688	6	12.592	Not Significant
	Graduation	0	0	0					
	Post Graduation	4	14	3					
	Above PG	0	9	0					
SOURCE OF INFORMARION	Print media	3	1	0	18.543	<0.001	2	5.991	Significant
	Electronic media	0	7	2					
	Professional program/information	1	6	1					
	Any other source	0	9	0					
RESIDENCE	Rural	2	7	3	5.543	0.063	2	5.991	Not Significant
	Urban	2	16	0					

Inferences: The above table shows that there was significant association between pre interventional knowledge score with selected socio-demographic variables i.e (Gender, years of experience and source of information) and there was no significant association between preinterventionalknowledgescorewithselectedsocio-demographicvariables i.e (qualification and residence).

DISCUSSION:

In the present research study, the majority 19(63.3%) of the study subjects were females and 11(36.7%) of the study subjects were males, 21(70.0%) of study subjets were post graduates, 9(30.0%) of the study subjects were above post graduates , 0(0.0%) of the study subjets were graduates and 0(0.0%) of the study subjects were having 10+2 educational qualification and 9 (30.0 %) of the study subjects were having source of information through electronic media, 9(30.0%)of the study subjects were having information from other sources, 8(26.7%)of the study subjects were having source of information through professional programs and 4(13.3%) of the study subjects were having source of information through print media and 15(50.0%) of the study subjects were having below 5 years of teaching experience, 7(23.3%) of the study subjects we're having 6-10years of teaching experience, 4(13.3%) of the study subjects were having 11-15years of teaching expriences and 4(13.3%) of the study subjects were having above 15 years of teaching experience and18(60.0%) of the study subjects were from urban area and12(40.0%)of the study subjects were from rural area .

The overall pre and post-interventional knowledge score of study subject reveals that the percentage obtained by the study subjects in pre-test was 13.43% at standard deviation 2.9. Where as in post-test was 22.87at standard deviation 3.213.

The present study indicated that there was significant association between pre-interventional knowledge score with selected socio-demographic variables ie, (Gender, Source of information and years of experience) and there was no significant association between pre interventional knowledge score with selected socio-demographic variables ie, (Residence and qualification)

REFERENCES:

1) Attention deficit/ hyperactivity disorder (ADHD) in children (published 25 June 2019)(cited on 15 April 2021) available from (internet) https://my.clevelandClinic.org

2) Attention deficit hyperactivity disorder (ADHD) in children (published on march 3 2016) , available from(internet) https://www.ncbi.nlm.nih.gov

3) Prevalence of Attention deficit hyperactivity disorder (ADHD) in children (published on 2015) , (cited on 15April 2021) available from(internet) https://www.chadd.org

4) Attention deficit hyperactivity disorder (ADHD) in children (published on 28 dec 2019) , (cited on 15April 2021), available from (internet) https://www.journalcmpr.com

5) Child development in Attention deficit hyperactivity disorder (ADHD), published on 23july 2015), (cited on 17April 2021), available from (internet) https://www.ncbi.nlm.nih.gov

6) Introduction of Attention deficit hyperactivity disorder (ADHD), (published on 8th Aug 2018) , (cited on 17may 2021), available from Internet - https://www.ijhsr.org

7) Causes of attention deficit hyperactivity disorder (ADHD), (published on September 2019), (cited on 19 April 2021), available from internet on https://www.healthychildren.org

8) Types of Attention deficit hyperactivity disorder (ADHD), (published on 4 December 2018), (cited on 20April 2021), available from internet on https://www.healthline.com

9) Diagnosis of Attention deficit hyperactivity disorder (ADHD) in children (published on 1stOctober 2014), (cited on 21April 2021), available from internet on https://www.ncbi.nlm.nih.gov.

Common comorbid conditions of Attention deficit hyperactivity disorder (ADHD) in children, (published on 2020), (cited on 15december2021), available from internet on https://www.sebpmg.com

11) Konnur R G, textbook of psychaitric Nursing , edition 1st page no. 418- 420

12) Review of Attention Deficit Hyperactivity Disorder in women and girls by Quinon P O (published 2014)(cited 16 April 2021) available on (internet) https://www.ncbi.nih.gov

13) prevalance of Attention Deficit Hyperactivity Disorder a systematic review and meta analysis by R Thomas (published April 2015)(cited on 16 April 2021) available from(internet) on https://www.pubmed.ncbi.nlm.nih.gov.in

14) The prevalance of ADHD in a population based sample (Journal of attention disorders) by Rowland A S (published 2015)(cited on 20 April 2021) available from(internet) on https://www.ncbi.nlm.nih.gov

15) The Diagnosis of Attention Deficit Hyperactivity Matters(child and adolescent psychiatry article)by Hamed M A(published 26 November 2015)(cited on 26 April 2021) available from (internet) on https://www.feontiersin.org