

A Study to assess the Effectiveness of Planned Teaching Program on Knowledge Regarding the ADHD among the Care Takers of the ADHD Children from Selected Communities

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Abstract

The present study has accepted the effectiveness of planned teaching program on knowledge regarding the attention deficit hyperactive disorder among the care takers of ADHD children. The evaluative approach was used for the study. The study is implemented one group pretest and posttest design. The total number of 60 samples were selected by using non probability convenient technique. The baseline data gathered from the selected samples with the help of demographic proforma and the level of knowledge is assessed by structured knowledge questionnaire. The data was analyzed by using descriptive & inferential statistical methods. The significant finding of the study reveals that the care takers of ADHD children has enhanced with their level of knowledge after implementation of planned teaching program on attention deficit hyperactive disorder.

Keywords: Assess; Knowledge; Effectiveness; Attention deficit hyperactive disorder.

INTRODUCTION

Attention Deficit Hyperactivity Disorder is a neurobehavioral condition characterized by Excessive restlessness inattention distraction impulsivity. It is usually first identified when Children's are school aged, although it also can be diagnosed in people of all age groups. In an average classroom of 30 children, research suggested that at

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least one will have ADHD.

Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood onset psychiatric disorders that affect 2.0-14.0% of school age children. Attention deficit hyperactive disorder is characterized by an age inappropriate level of inattention with or without motor over activity and impulsivity in social, academic and occupational spheres. Boys are more commonly affected by ADHD than girls and the male: female ratio is approximately 3:1 to 4:1. The onset is usually by three years of age.

ADHD can interfere with a child's ability to perform in school and capacity to develop and maintain Social 'peer' relationships. ADHD can increase a risk of dropping out of school or having disciplinary problems. ADHD also is associated with an increased risk of having hazardous cigarette smoking and substance abuse. Effective treatments

are available to help manage the in attention, hyperactivity and impulsiveness symptoms of ADHD. And can improve a person's ability to function at home, and at school, and other places.

Ned for Study

The healthy survival of the children is threatened in every moment. Child health problems are shocking and alarming throughout the world especially in developing countries. The WHO had declared that as 1 in 5 children in the world have handicap, 8.7% of children are diagnosed with ADHD. 18 The National Survey of children health had declared that, the diagnosis rate of ADHD in India is 13.2%. The studies have found that 25% children who have ADHD have at least one relative with ADHD.⁹ In India it affects nearly about 3% of school children; boys are 6-8 times more often affected. The onset occurs before the age of 7 years and a large majority of children exhibits symptoms by the fourth year of their age. Among all the child psychiatric disorders prevalence rate of attention deficit hyperactivity disorder ranges from 10-20 percentage.

A study was conducted in Mumbai, to assess the knowledge of preschool teachers regarding early detection and management of ADHD. A total number of 1200 preschool teachers were selected from 40 kindergartens in 6 localities in south west Mumbai. The results revealed that the teachers have less knowledge (12.2%) regarding ADHD.

A clinical study was conducted to assess the effectiveness of planned teaching programme for the care taker of children admitted with minor mental disorder in the child psychiatric ward of Central Institute of Psychiatry, Ranchi. Total 80 samples were selected by convenient sampling technique. The outcome of the study proved marked increase in the knowledge level of the care taker after the intervention.

Objective of the Study

1. To determine the level of knowledge among the care taker of ADHD children regarding attention deficit hyperactive disorder.
2. To evaluate the effectiveness of planned teaching programme on attention deficit hyperactive disorder.
3. To find out the association between the pre-test knowledge scores with selected demographic variables.

Hypothesis

H₁: The mean post-test knowledge score will be significantly higher than the mean pre-test knowledge scores.

H₂: There will be significant association between pre-test knowledge scores and selected demographic variables.

Assumption

1. The care taker of ADHD children will have some knowledge regarding attention deficit hyperactive disorder.
2. Knowledge can be assessed using a structured knowledge questionnaire.
3. Planned teaching programme will enhance knowledge of care taker on ADHD children regarding attention deficit hyperactive disorder.

METHODOLOGY

The research approach used for the study is an evaluative approach and the research design is experimental one group pretest post test research design. The total number of samples was 60 care takers of ADHD children and they selected by using non probability purposive sampling techniques. The setting of study is community areas, Indore. The baseline data from the samples were collected with the help of demographic proforma and the knowledge level is assessed with help of structured knowledge questionnaire. The collected data were analyzed by using descriptive and inferential statistics.

ANALYSIS AND INTERPRETATION

The given table illustrates the result of pretest which explains that the entire respondent had average knowledge of attention deficit hyperactive disorder.

Table 1: Socio demographic variables

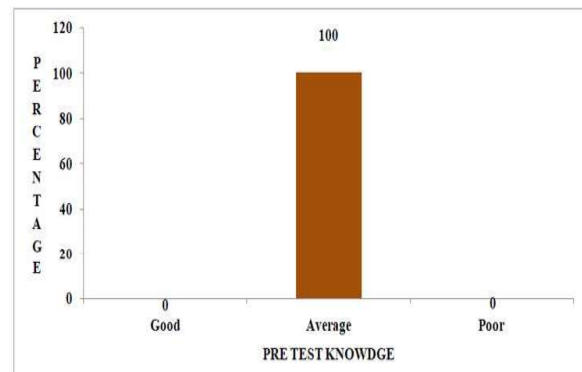
Demographic variables	Frequency	Percentage (%)
Age in Years		
30 - 40 years	49	81.7
41- 50 years	9	15.0
Above 51 years	2	3.3

table cont...

Gender		
Male	37	61.7
Female	23	38.3
Religion		
Hindu	14	23.3
Christian	14	23.3
Muslim	30	50.0
Others	2	3.3
Marital Status		
Single	4	6.7
Married	56	93.3
Type of Family		
Nuclear family	45	75.0
Joint family	12	20.0
Extended family	3	5.0
Monthly Income		
Below Rs. 5000	-	-
5001 - 10000	23	38.3
Above Rs. 10001	37	61.7
Place of residence		
Urban	40	66.7
Rural	20	33.3
Type of Diet		
Vegetarian	15	25
Non vegetarian	45	75
Previous Information of ADHD		
Yes	23	38.3
No	37	61.7
If Yes, from where		
Mass media	3	5.0
Friends	11	18.3
Resource person	16	26.7
Relatives	22	36.7
Health personals	8	13.3

Table 2: Frequency and percentage distribution of subjects according to level of knowledge in Pre-test

<i>n = 60</i>		
Level of Knowledge	Frequency (f)	Percentage (%)
Good	-	-
Average	60	100
Poor	-	-



The given table explains the result of post-test, where it illustrates that the maximum 78.3% of responded had good knowledge and 21.7% had average knowledge.

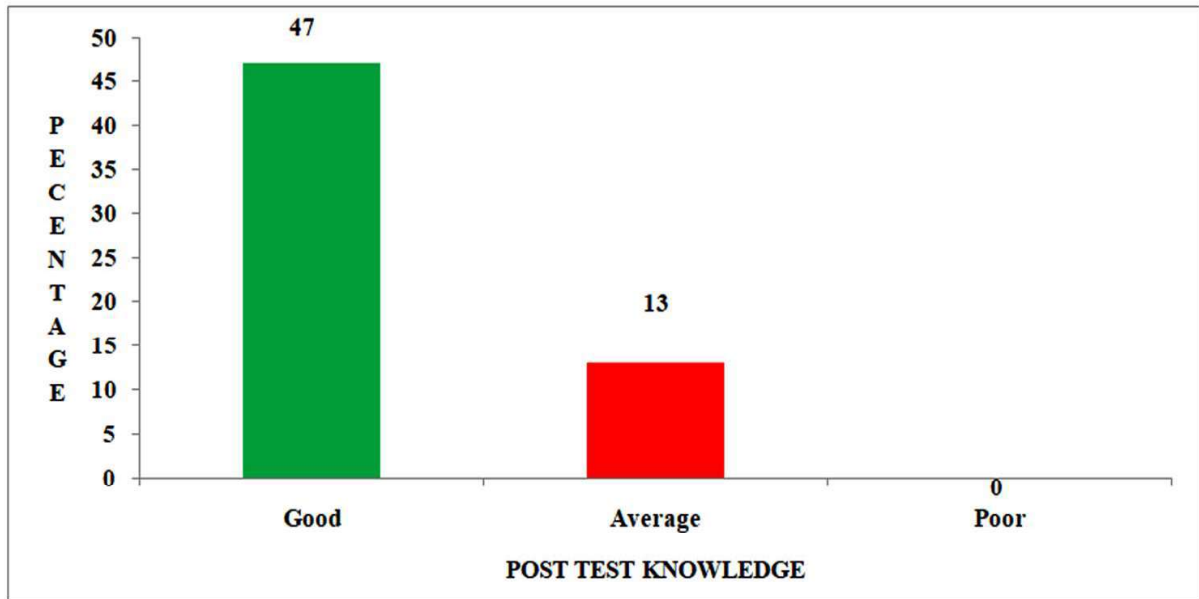
This section deals with the effect of planned teaching program, where it increases the knowledge score among care takers of ADHD children regarding the attention deficit hyperactive disorder.

Data presented in the table illustrates that there was a significant gain in knowledge level after intervention in the available variables. Regarding general information on attention deficit hyperactive disorder the mean score prior intervention was 1.73 and it was increased to 2.43; definition and incidence, prevalence in the mean score prior intervention was only 1.00 and it was picked up to 1.52; in types and causes, etiology from 0.83 to 1.35; In identification, diagnosis it raised from 2.57 to 3.68; In clinical features, signs and symptoms it was shoot up from 2.13 to 2.83; in treatment and management it hiked from 4.95 to 6.67; in prevention it increased from 2.87 to 3.97 and at last, the overall knowledge score was increased after the intervention of structured teaching program from 16.08 to 22.45

Note: Nothing significant, S*: Significant difference, df: Degree of freedom, $p < 0.05$ At $df = 1$: The description in given table reveals that there is no association between the pre-test level of

Table 3: Frequency and percentage distribution of subjects according to level of knowledge in post-test

<i>n = 60</i>		
Level of Knowledge	Frequency (f)	Percentage (%)
Good	47	78.3
Average	13	21.7
Poor	-	-



knowledge score and demographic variables of care takers of ADHD children hence the null hypothesis is accepted and research hypothesis was rejected.

Hence there is no significant association between the pretest knowledge score and demographic variables at 0.05 level significance.

Table 4: General comparison between pretest and post test

Period of observation	Mean	SD (±)	Mean Percentage
Pre-test	16.08	1.57	53.61
Post-test	22.45	2.76	74.83

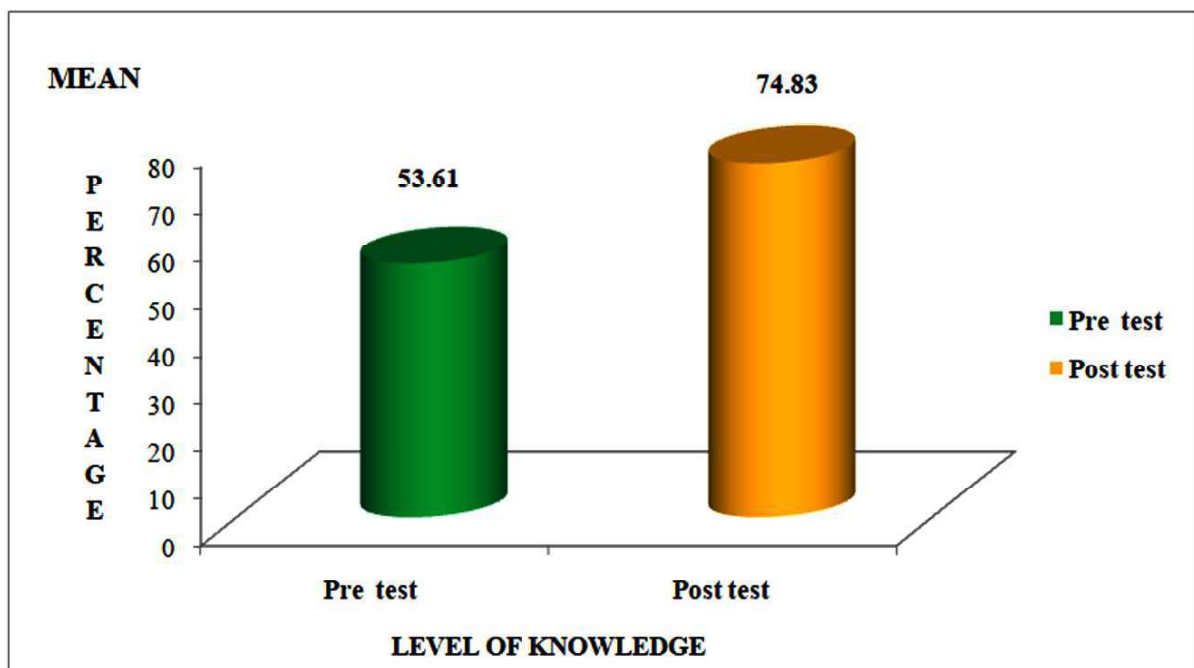


Table 5: Comparison of pretest and posttest knowledge scores to determine the effectiveness of planned teaching programme.

Sl. no.	Area wise analysis		Mean	SD	't' value
1	General information on ADHD	Pre	1.73	0.61	8.76
		Post	2.43	0.56	
2	Definition and incidence, prevalence on ADHD	Pre	1	0.55	6.71
		Post	1.52	0.6	
3	Reasons and etiology of ADHD	Pre	0.83	0.59	7.46
		Post	1.35	0.52	
4	Identification and early diagnosis	Pre	2.57	0.67	12.09
		Post	3.68	0.68	
5	Clinical features and signs symptoms	Pre	2.13	0.72	7.79
		Post	2.83	0.67	
6	Treatment and Management of ADHD children	Pre	9.54	1	12.55
		Post	6.67	1	
7	Prevention of ADHD	Pre	2.87	0.68	10.17
		Post	3.97	0.84	
8	Over all knowledge score	Pre	16.08	1.57	19.04
		Post	22.45	2.76	

Table 6: Chi square value showing the association between the pretest knowledge score and demographic variables

Demographic variables	Pretest median knowledge score (16)		χ^2 Calculated value	df	Inference
	≤median	≥median			
Age in years					χ
30- 40 years	10	14			
41- 50 years	3	6	1.25	2	NS
Above 51 years	0	2			
Gender					
Male	13	24	0.14	1	NS
Female	7	16			
Religion					
Muslim	13	17			
Christian	4	10	2.7	1	NS
Hindu	2	12			
Others	1	1			
Marital status					
Single	2	2	0	1	NS
Married	16	31			

table cont.....

Types of family					
Nuclear family	17	28	0.9	1	NS
Joint family	2	10			
Extended family	1	2			
Family income per month					
>Rs. 5000	-	-	1.72	1	NS
5001 to 10000	10	13			
<Rs. 10001	10	27			
Place of residence					
Urban	15	25	0.93	1	NS
Rural	5	15			
Type of diet					
Vegetarian	5	10	0	1	NS
Non-vegetarian	15	30			
Information regarding ADHD					
Yes	10	13	1.72	1	NS
No	10	27			

CONCLUSION

Overall, the study says that the care takers of ADHD children who were selected from the community areas had a insufficient and inadequate knowledge regarding attention deficit hyperactive disorder. Where the planned teaching program which implemented on the samples had enhanced the knowledge level regarding attention deficit hyperactive disorder. It made them to perceive a positive attitude towards the children with attention deficit hyperactive disorder and their care and management at school and home level. Whereas the researcher also taken an effort to explain her personal experience regarding the various handled case and specially disabled children. The core reason of the success of study is that throughout the study researcher received the constant support and encouragement from experts and friends.

LIMITATIONS

The present study has the following limitations

1. The study was limited to only 60 samples.
2. The study does not have a control group.
3. The study was limited to only to the

selected community areas, Indore.

4. Sampling technique used was non probability purposive sampling technique hence representativeness is limited.
5. It included only the care taker of child with attention deficit hyperactive disorder, where there is many other childhood mental issue or conditions.

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