

A Evaluate Study to Assess The Effectiveness of Structured Teaching Programme on Knowledge of Primary School Teachers Regarding ADHD in Selected School of Alwar (Rajasthan)

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Abstract: Attention Deficit Hyperactivity Disorder (ADHD) is a mental disorder that most often occurs in children. 6.4 million American children ages 4-17 have been diagnosed with ADHD. The average age of ADHD diagnosis: 7. Age when symptom of ADHD typically first appear 3-6. 6.1% of American children are being treated for ADHD with medication. 42% increase in ADHD diagnoses over the past 8 years. ADHD is a very common problem. It has been found to affect between 5% and 12% of the school-aged population worldwide. ADHD is about three times more common in boys than in girls. According to WHO recent studies find out that ADHD is a fifth leading cause of death and mental disability in the children. The causes of ADHD are brain trauma, genetic and hereditary factor, toxin in environment and prenatal exposure to alcohol, nicotine, smoking etc. The public health providers are arrange group discussion and education or nursing practice aspect to the primary school teacher and improve the knowledge that beneficial to the children and community to identify the early diagnosis and prevent them from ADHD.

Keywords: Hyperactivity, Attention Deficit, Impulsivity, STP, Primary School Teachers

1. Introduction

ADHD is generally first noticeable during the preschool years and is likely to persist into adolescence and adulthood. This chronic condition affects many areas of a child's functioning, most notably self-control of behavior, school achievement, and the development of social skills and positive relationships.

Attention Deficit Hyperactivity Disorder (ADHD) is a mental disorder that most often occurs in children. 6.4 million American children ages 4-17 have been diagnosed with ADHD. The average age of ADHD diagnosis: 7. Age when symptom of ADHD typically first appear 3-6. 6.1% of American children are being treated for ADHD with medication. 42% increase in ADHD diagnoses over the past 8 years.

ADHD is a very common problem. It has been found to affect between 5% and 12% of the school-aged population worldwide. ADHD is about three times more common in boys than in girls. ADHD also affects about one in 25 adults (that is, 4%), making it one of the most common mental health problems in adulthood as well as in childhood from a school perspective, this means that it is highly likely that several professionals in any school system experience the burden of ADHD themselves evidence that ADHD does not preclude a successful outcome in adulthood.

Need for the study- According to Global a meta-analysis of 175 research studies worldwide on ADHD prevalence in children aged 18 and under found an overall pooled estimate

of 7.2% (Thomas et al. 2015). The US Census Bureau estimates 1,795,734,009 people were aged 5-19 worldwide in 2013.

Thus, 7.2% of this total population is 129 million-a rough estimate of the number of children worldwide who have ADHD. Based on DSM-IV screening of 11,422 adults for ADHD in 10 countries in the Americas, Europe and the Middle East, the estimates of worldwide adult ADHD prevalence averaged 3.4% (Fayyad et al. 2007).

Children in Elementary School according to a recent population-based study using DSM-IV criteria, 15.5% of school children enrolled in Grades 1 to 5 have ADHD. The study combined the results of rating scales filled out by teachers and telephone interviews of parents for 7,847 children (Rowland et al. 2015). **Adults** according to a screen for ADHD in 3,199 adults aged 18-44 from the **National Comorbidity Survey Replication (NCS-R)**, 4.4% of US adults have ADHD. Of these adults with ADHD, 38% are women and 62% are men (Kessler et al. 2006)

2. Review of Literature

1) Penny Corkum et al. (2015); Observed that Elementary classroom teachers (N = 58), along with their students with ADHD, participated in a randomized controlled trial. The program consisted of six sessions that included evidence-based intervention strategies for reducing ADHD symptoms and impairment in the classroom setting. Teachers also had access to a moderated Discussion Board and an online ADHD coach.

Volume 9 Issue 5, May 2020

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Questionnaire data were electronically collected from teachers and parents pre-intervention, post-intervention (6 weeks), and after an additional 6-week follow-up.

- 2) Marsha K. Youself et.al.(2015); Observed that to assess primary and secondary school teachers' knowledge of and attitudes toward ADHD of the 440 questionnaires distributed, 289 were returned. Twelve questionnaires were discarded because participants did not complete at least one full section of the questionnaire giving a final sample size of 277 and a response rate of 63%.The final sample consisted of 277 primary and secondary school teachers from 16 primary ($n = 116$) and 13 secondary ($n = 155$) schools drawn from North, East, and Central Trinidad. The age of teachers ranged from 21 to 62 years with a mean age of 39 years ($SD = 9.0$ years). Of those sampled, 74% ($n = 206$) were female and 22% ($n = 61$) were male teachers. Years of teaching experience ranged from 6 months to 41 years with a mean of 14.5 years ($SD = 9.5$). With respect to having taught a child with ADHD.
- 3) Darren A. Moore et.al. (2015); Observed that we developed novel methods to compare the findings across these reviews inductively and deductively. Key contextual issues that may influence the effectiveness and implementation of interventions include the relationships that pupils with ADHD have with their teachers and peers, the attributions individuals make about the etiology of ADHD, and stigma related to ADHD or intervention attendance.
- 4) Christina Mohr Jensen et al (2015); Observed that A 29-item questionnaire about ADHD was distributed to a random, nationwide, and representative sample of Danish primary and secondary school teachers. Data were analyzed descriptively and by hierarchical regression analysis. A total of 528 teachers were included. Most teachers identified the symptoms of ADHD (79%-96%) and effective classroom intervention strategies (75%-98%). However, knowledge about other characteristics, etiology, prognosis, and treatment was inconsistent, for example, only 56% and 17% correctly rejected diet as a cause and effective treatment for ADHD.
- 5) Arva A et. al. (2015); Observed that 57 newly registered cases of the age group 6-16 years with the diagnosis of ADHD as per DSM-IV-TR criteria were included in the study. Pathway of care was assessed on the semi structured proforma. The mean duration of delay in seeking help for ADHD symptoms was 3.96 Years ($SD=1.96$). Only 50% of the subjects consulted psychiatrists as first contact. Majority of the patients (45.61%) were referred by school teachers. Major reason given by the family members was that the patient was naughty rather than having any disorder for not seeking treatment in (89.47%).Our study showed that there was lack of recognition of ADHD at the level of other qualified practitioners and subsequent delay in referral to CAMHS. Socio-cultural beliefs affected the help seeking by the parents.

3. Objectives

- To assess the pre & post test level of knowledge regarding ADHD among primary school teacher's of experimental & control group.

- To evaluate the effectiveness of structured teaching programme on knowledge of primary school teachers of experimental & control group.
- To find out the association between pre & post test knowledge scores regarding ADHD among primary school teachers with their selected socio-demographic variables.

Hypothesis

- H₁: There will be a significant difference between pre-test and post-test knowledge scores regarding ADHD among primary school teachers of experimental & control group at the level of significant 0.05.
- H₂: There will be a significant difference between post test knowledge scores regarding ADHD among primary school teachers of experimental & control group at the 0.05 level of significant.
- H₃: There will be a significant association of pre-test knowledge scores regarding ADHD among primary school teachers of experimental and control group at the 0.05 level of significant.
- H₄: There will be a significant association of post-test knowledge scores regarding ADHD among primary school teachers of experimental & control group at the 0.05 level of significant.

4. Methodology

Research Method- Quantitative research method is used.

Research Design- True experimental research design.

Variables Settings- Independent variable – Structural teaching programme

Dependent variable – Knowledge

Population- Primary school teacher of Alwar, (Rajasthan)

Sample- Simple random sampling

Sample Size- Sample size used 50.

Sample Technique- Purposive sampling technique.

Sample Setting- Primary school teacher of selected school of Alwar (Rajasthan)

Sample Selection Criteria

Inclusion Criteria

- Primary school teacher present in selected school, Alwar.
- Primary school teacher who are present during data collection period.
- Who are willing to participate in the study.

Exclusion Criteria

- Who are not included non teaching staff & senior secondary staff.
- Primary school teacher are not available during the study.
- Primary school teacher are not willing to participate in the study.

Development of the tool:

The development of tool had two parts.

Section A: Demographic data: The tool consisted of eleven items for obtaining information about the selected school teachers.

Section B: Structured knowledge questionnaire: Questionnaire to assess the knowledge of primary school teachers about ADHD in the primary schools.

Ethical consideration: Permission was obtained from the primary school teachers who are willing to participate in the study at selected primary school of Alwar, Rajasthan

Data collection: The researcher met the primary schools principals or teachers and explained the purpose of study. The structured knowledge questionnaire was administered to assess the pre test knowledge to the primary school teachers about the attention deficit hyperactivity disorder. The structured teaching program was administered. The post test was conducted on 8th day after administering of STP, by using the same structured knowledge questionnaire basis.

Data analysis: The data obtained was analyzed by using descriptive and inferential statistical tests, frequency, percentage, mean, standard deviation.

5. Results

Section I: frequency and percentage distribution of selected socio demographical variables

Between 50 primary school teachers response, 22.5 (45%) are belong to government school and 27.5 (55%) are found in the non-government or private school, 20 (40%) of them were 21-30 years of age group, 22.5 (45%) of them 31-40 years of age group, 5 (10%) of them 41-50 years of age group, 17.5 (35%) of found male and 32.5 (65%) of found female ratio, 44 (88%) are pertain to Hindu and 3.5 (7%) are pertain to Muslims and 2.5 (5%) are pertain to others, 22.5 (45%) join to specific elementary education (like STC or B.ED) and 15 (30%) join to post graduation and 12.5 (25%) join to graduation education, 32.5 (65%) are belong to primary school teacher monthly income Rupees of 10,000 - 20,000 per month and 7.5 (15%) are belong to Rupees of 20,001 – 30,000 per month of teachers and 6 (12%) are belong to Rupees of 30,001 – 40,000 per month of teachers, 20 (40%) are pertain to teachers family income of Rupees 30,001 – 40,000 per month and 17.5 (35%) are pertain to Rupees of 20,001 – 30,000 per month, 22.5 (45%) are belong to job satisfaction for agree and 27.5 (55%) are belong to disagree to job satisfaction, 27.5 (55%) are related to type of family found nuclear and 15 (30%) are related to single parents family, 44.5 (89%) belong to rural area and 4.5 (9%) belong to urban area, 22 (44%) are pertain to work experience 1 to 5 years and 6 (12%) are pertain to 6 to 10 years and 19 (38%) are related to work experience 11 to 15 years and 3 (6%) belong to 16 or more years of work experience.

Section II: Level of knowledge between primary school teachers among comparison between pre-test and post-test

The result found in the pre test level of knowledge is that 2.05 (4.1%) of them were better knowledge, 32.5 (65%) of them having adequate knowledge, 15.45 (30.9%) are having poor knowledge. In the post test we found that 39.5 (79%) are having good knowledge, 9.65 (19.3%) are found average knowledge and 0.85 (1.7%) are having poor knowledge score.

Comparison between pre test and post test

Group	Mean	Standard deviation	Mean percentage
Pre test	18.33	3.26	59.10
Post test	26.70	4.87	83.77

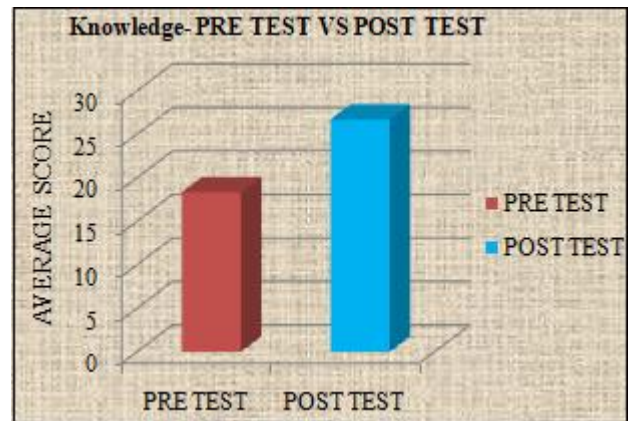


Figure 1: Comparison of the average pre and post test Knowledge score

Section III: Effectiveness of STP on knowledge about ADHD between primary school teachers

The finding of the study result are whole mean of pretest level of knowledge score was 18.33 mean and its percentage 59.10 and SD 3.26, this value is lower than the post test score mean was 26.70 and its percentage 83.77 and SD 4.87, the calculated t value was 22.41 at 0.05 level of significance. This knowledge activity find out the result that was significance difference between pre test and post test knowledge level score. This study was show the result that STP was effective for the primary school teachers.

Section IV: Association between pre test levels of knowledge with their selected demographic variables-

The present study shows that there was no significant association between pre test level of knowledge and selected demographic variables.

6. Limitations

- 1) The study was limited to only 50 samples.
- 2) The study did not have a control group.
- 3) The study was limited to only teachers in selected Schools.
- 4) Sampling technique used was Purposive sampling technique. Hence representation was limited.

7. Recommendations

- 1) The present study was conducted on a small sample. A more extensive study on large sample is recommended.
- 2) It would be immense value to conduct a study in different settings.
- 3) A follow up study is needed to be conducted to find out effectiveness in terms of retention of knowledge or attitude and to reinforce health promotion behavior.
- 4) Teaching & demonstration material regarding ADHD can be demonstrated at school only.

8. Conclusion

The present study was aimed to evaluate the study to assess the effectiveness of structured teaching programme on knowledge of primary school teachers regarding ADHD.

The study concludes that primary school teachers should improve the skills and have good knowledge regarding attention deficit hyperactivity disorder to identify the children's in early age group. The health education and nursing providers are including the aspect of primary school teachers. It demands frequent continuous nursing education learning sessions in order to improve knowledge of primary school teachers. More experience school teachers have, more knowledge they will get or knowledge will improve by continuous learning & experiences and prevent them from the ADHD. The primary task of nursing education would be intervening in school health programme. This study is beneficial for the teachers and students to identify and prevent from the disease.

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