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RESEARCH ARTICLE

A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING ATTENTION DEFICIT HYPERACTIVITY DISORDER AMONG MOTHER HAVING UNDER FIVE CHILDREN IN SELECTED COMMUNITY AREA, PUDUCHERRY

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Abstract

A study to assess the knowledge and attitude regarding attention deficit hyperactivity disorder among mother having under five children at community area puducherry. ABSTRACT Attention Deficit Hyperactivity Disorder is also called Hyperkinetic Disorder. It is a persistent pattern of inattention and/or hyperactivity more frequent and severe than is typical of children at a similar level of development. The research study was A study to assess the knowledge and attitude regarding attention deficit hyperactivity disorder among mother having under five children at community area puducherry. The objective of the study was to assess the level of knowledge regarding attention deficit hyperactivity disorder, to evaluate the attitude regarding attention deficit hyperactivity disorder and to associate the knowledge and attitude regarding attention deficit hyperactivity disorder among mother having under five children with their selected demographic variables. The sample of the study was 30 mothers having under five children in kalitheerthalkuppam. The data was collected by demographic variables, self structured knowledge questionnaires and Copeland symptom checklist for attention deficit disorders. Majority of the mother having under five children 24 (80%) had inadequate level of knowledge and 6 (20%) had moderately adequate level of knowledge and the mean and standard deviation is (6.83+3.495) respectively. The level of attitude regarding attention deficit hyperactivity disorder among mother having under five children. Majority of the mother having under five children 27 (90%) had Unfavourable level of attitude and 3 (10%) had moderately favorable level of attitude and the mean and standard deviation of attitude regarding attention deficit hyperactivity is (11.03+5.672) respectively. the demographic variable had not shown statistically significant association between levels of knowledge regarding attention deficit hyperactivity disorder among mother having under five children respectively.

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Introduction:-

People with ADHD often have a special feel for life, a way of feeling right into the heart of matters, while others have to reason their way methodically. - Edward M. Hallowell Attention Deficit Hyperactivity Disorder is also called Hyperkinetic Disorder. It is a persistent pattern of inattention and/or hyperactivity more frequent and severe than is typical of children at a similar level of development. The syndrome was first described by Heinrich Hoff in 1854. It is having the characteristics of Neurobiological disorder, marked by developmentally inappropriate inattention, impulsiveness and in some cases, hyperactivity and may progress to conduct disorder.

ADHD is having the treatment under pharmacotherapy and psychological therapy. The pharmacotherapy include CNS stimulant: dextroamphetamine, methylphenidate, pemoline, tricyclic antidepressants, anti psychotics, serotonin specific re-uptake inhibitors, clonidine. The psychological therapies include behaviour modification techniques, cognitive behaviour therapy, social skills training and family education.

Review Of Literature:-

Alanazi, et al., (March 2021) Knowledge and attitude of Attention-Deficit and Hyperactivity Disorder (ADHD) among male primary school teachers, in Riyadh City, Saudi Arabia We received 400 response for our questionnaire, mostly younger than 40 years old. Most of teachers in this sample had a bachelor's degree, only 6% had diploma while 8% had a higher degree, while most of them had experience more than 5 years in teaching (74.2%). This knowledge was more from reading books (32.8%) followed by reading internet websites (28.7%), TV/Media (14.6%) while magazine and social media represent (23.9%). Most of the teachers showed that they had attended courses/training about ADHD (76.7%) however only 40.4% of them thought that they had the enough information about the disease. 51.5% of teachers showed that they had already asked before to assess a child who was suspected to have ADHD and 65.3% had taught a child with the disease.

Statement Of The Problem

A study to assess the knowledge and attitude regarding attention deficit hyperactivity disorder among mother having under five children at community area puducherry.

Objectives:-

- To assess the level of knowledge regarding attention deficit hyperactivity disorder.
- To evaluate the attitude regarding attention deficit hyperactivity disorder
- To associate the knowledge and attitude regarding attention deficit hyperactivity disorder among mother having under 5 children with their selected demographic variables.

Assumption

The mother having under 5 children who are not having adequate knowledge and attitude regarding the symptoms of Attention Deficit Hyperactivity Disorder.

Materials And Methods:-

This chapter described the research methodology followed to assess the knowledge and attitude regarding Attention Deficit Hyperactivity Disorder among mother having under five children at selected community area, Puducherry. The tool had self-structured knowledge questionnaires and Copeland symptom checklist of Attention Disorder.

PART I The demographic data consist of 10 items of questions.

PART II The self-structured knowledge questions consist of 20 questions regarding ADHD.

PART III The tool having attitude question which is standardized parental scale of assessing and identifying the child having ADHD and having Symptoms of ADHD.

Score Interpretation Of Knowledge Questions

SCORE	PERCENTAGE
0-6	INADEQUATE KNOWLEDGE
7-14	MODERATE KNOWLEDGE
15-20	ADEQUATE KNOWLDEGE

Scoring For The Copeland Symptom Checklist (ADHD/ADD)

Score Not at all = 0, Just a little = 1, Pretty much = 2, Very much = 3. 2. Each check receives a score from 0-3. Add the checks in each category. That score is placed over the total possible. 3. Compute the percentages for each category; scoring between 35-49% suggest mild to moderate difficulties. Scores between 50-69% suggest moderate to severe difficulties. Scores above 70% suggest major interference.

Research Approach

The quantitative approach was considered as the most appropriate for the study.

Research Design

A Descriptive research design was adopted for this study.

Settings

The study was conducted in Kalitheerthalkuppam village, Madhagadipetpuducherry.

Study Participant

All mothers having under five children in kalitheerthalkuppam, puducherry.

Sample Size

Total sample composed of 30 mothers having under five children available during data collection.

Sampling Technique

Convenient sampling technique.

Criteria For Sample Selection

The sample was selected based on the following inclusion and exclusion criteria.

Inclusion Criteria

- Mothers having under 5 children in Kalitheerthalkuppam
- Mothers who are present at time of data collection
- Mothers who are willing to participate in the study
- Mother having one or more under five age children

Exclusion Criteria

- Mothers having child with above 5 years of aged children
- Mothers are not present during the time of data collection

Result:-

This study findings reveals the chi-square test reveals that the demographic variable of mother and children had not shown statistically significant association between level of knowledge regarding attention deficit hyperactivity disorder among mother having under five children.

Table 1:- Frequency and percentage wise distribution of demographic variables among mother having under five children. (N=30).

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1	Age of under five children(in years)		
	0-1 year	5	16.7
	1-3 years	15	50
	3-4 years	6	20
	4-5 years	4	13.3
2	Age of mother		
	20-25 years	3	10
	26-30 years	14	46.7
	31-35 years	12	40
	36-40 years	1	3.3

3	Residential area		
	Urban	0	0
	Rural	29	96.7
	Semi-urban	0	0
	Tribal	1	3.3
4	Religion		
	Hindu	16	53.3
	Christian	4	13.3
	Muslim	10	33.4
	Others	0	0
5	Type of family		
	Nuclear family	5	16.7
	Joint family	14	46.7
	Extended family	11	36.6
6	Education of mother		
	Primary	4	13.3
	Secondary	11	36.7
	Graduate	13	43.3
	Illiterate	2	6.7
7	Marital status		
	Married	21	70
	Unmarried	3	10
	Widow	3	10
	Divorce	3	10
8	Occupation of mother		
	Governmentemployee	0	0
	Privateemployee	15	50
	Business	5	16.7
	House wife	10	33.3
9	Number of children		
	1	11	36.7
	2	14	46.7
	3	5	16.6
	Above 3 child	0	0
10	Monthly income in rupees		
	Rs.10000 below	10	33.3
	Rs.10000-20000	9	30
	Rs.20000-30000	9	30
	Above Rs.30000	2	6.7

Figure 1:- Frequency and percentage wise distribution of demographic variables among mother having under five children.

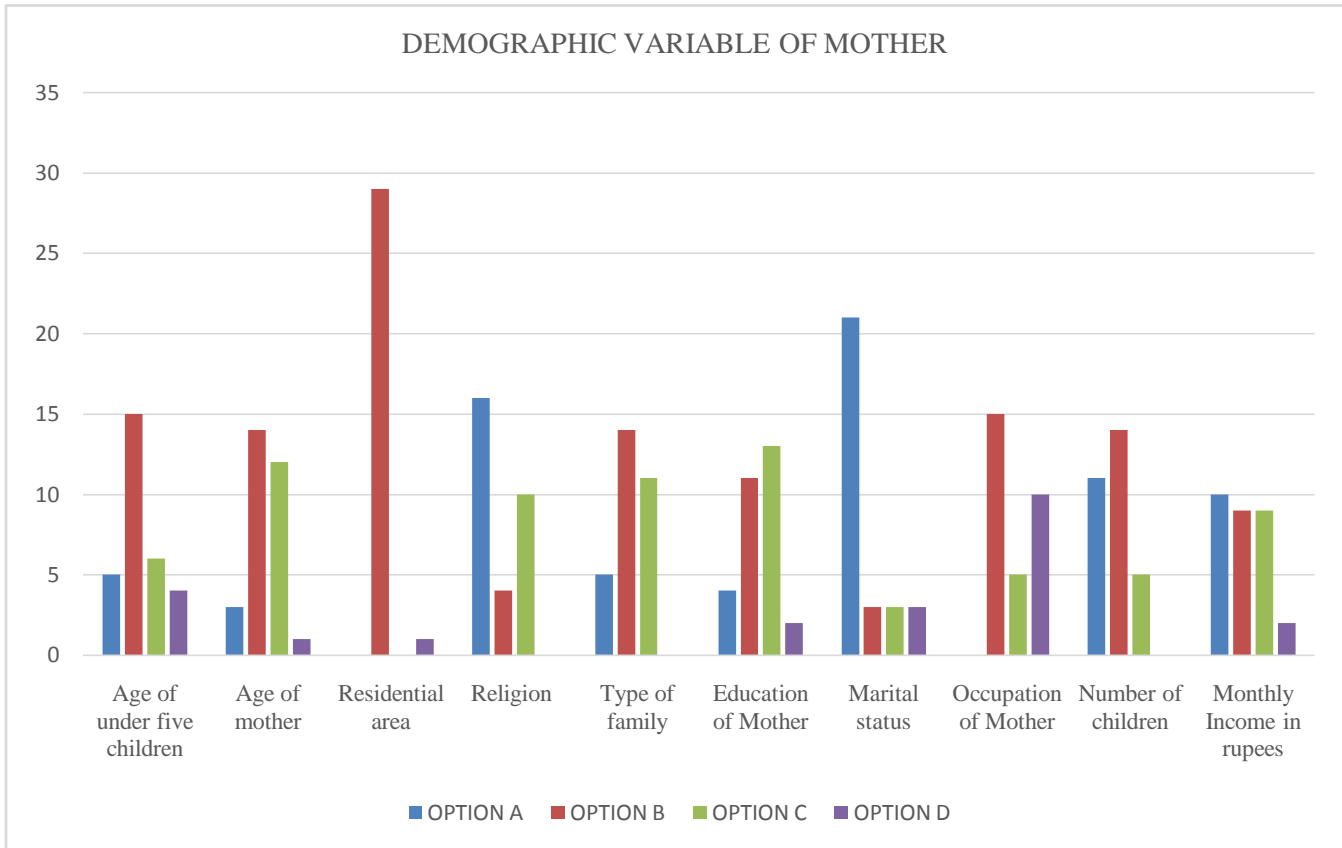


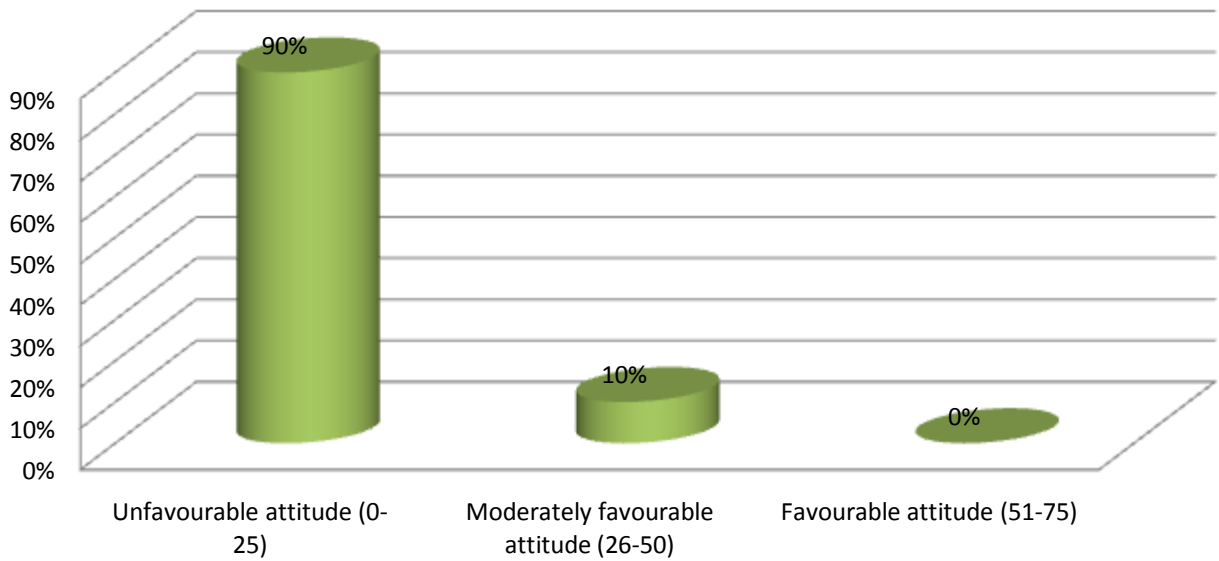
Table 2:- Frequency and percentage wise distribution of level of knowledge regarding attention deficit hyperactivity disorder among mother having under five children. (N = 30).

LEVEL OF KNOWLEDGE	FREQUENCY (n)	PERCENTAGE (%)
Inadequate(0-6)	24	80
Moderately adequate (7-14)	6	20
Adequate (15-20)	0	0
Total	30	100
Mean +S.D	6.83+3.495	

Table 3:- Frequency and percentage wise distribution of level of attitude regarding attention deficit hyperactivity disorder among mother having under five children. (N = 30).

LEVEL OF ATTITUDE	FREQUENCY (n)	PERCENTAGE (%)
Unfavourable attitude (0-25)	27	90
Moderately favourable attitude (26-50)	3	10
Favourable attitude (51-75)	0	0
Total	30	100
Mean +S.D	11.03+5.672	

Level of attitude regarding attention deficit hyperactivity disorder among mother having under five children.



Level of knowledge regarding attention deficit hyperactivity disorder among mother having under five children.

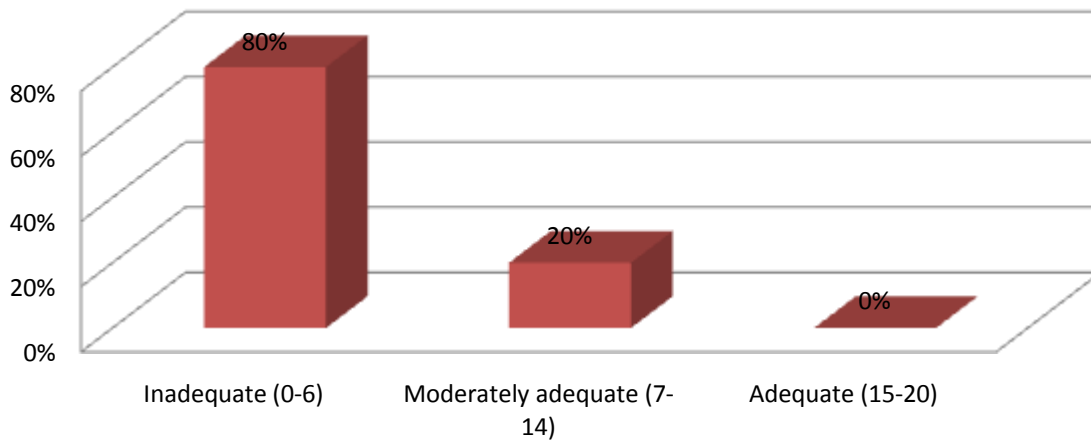


Table 5:- Association between level of knowledge regarding attention deficit hyperactivity disorder among mother having under five children with their selected demographic variables. (N=30).

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE				Chi-square X ²	df	p-value
		INADEQUATE		MODERTAE				
		N	%	N	%			
1	Age (in years)							
	0-1 year	4	16.7	1	16.7	3.750	3	0.290 NS
	1-3 years	12	50	3	50			
	3-4 years	6	25	0	0			
	4-5 years	2	8.3	2	33.3			
2	Age of mother					3.363	3	0.339 NS
	20-25 years	2	8.3	1	16.7			
	26-30 years	13	54.2	1	16.7			
	31-35 years	8	33.3	4	66.6			
	36-40 years	1	4.2	0	0			
3	Residential area					0.259	1	0.611 NS
	Urban	0	0	0	0			
	Rural	23	95.8	6	100			
	Semi-urban	0	0	0	0			
	Tribal	1	4.2	0	0			
4	Religion					2.891	2	0.236 NS
	Hindu	11	45.8	5	83.3			
	Christian	4	16.7	0	0			
	Muslim	9	37.5	1	16.7			
	Others	0	0	0	0			
5	Type of family					1.916	2	0.384 NS
	Nuclear family	5	20.8	0	0			
	Joint family	10	41.7	4	66.7			
	Extended family	9	37.5	2	33.3			
6	Education of mother					1.099	3	0.777 NS
	Primary	3	12.5	1	16.7			
	Secondary	8	33.3	3	50			
	Graduate	11	45.8	2	33.3			
	Illiterate	2	8.3	0	0			
7	Marital status					3.214	3	0.360 NS
	Married	15	62.5	6	100			
	Unmarried	3	12.5	0	0			
	Widow	3	12.5	0	0			
	Divorce	3	12.5	0	0			
8	Occupation of mother					4.167	2	0.125 NS
	Government employee	0	0	0	0			
	Private employee	13	54.2	2	33.3			
	Business	5	20.8	0	0			
	House wife	6	25	4	66.7			
9	Number of children					1.631	2	0.442 NS
	1	8	33.4	3	50			
	2	11	45.8	3	50			
	3	5	20.8	0	0			
	Above 3 child	0	0	0	0			
10	Monthly income in rupees					3.194	3	0.363 NS
	Rs.10000 below	9	37.5	1	16.6			
	Rs.10000-20000	6	25	3	50			

	Rs.20000-30000	8	33.3	1	16.7			
	Above Rs.30000	1	4.2	1	16.7			

NS-Non significant

The table 4.5 depicts that the demographic variable had not shown statistically significant association between level of knowledge regarding attention deficit hyperactivity disorder among mother having under five children respectively.

Table 6:- Association between level of attitude regarding attention deficit hyperactivity disorder among mother having under five children with their selected demographic variables. (N=30)

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF ATTITUDE				Chi-square X ²	df	p-value
		UNFAVOURABLE		MODERATELY FAVOURABLE				
		N	%	N	%			
1	Age (in years)							
	0-1 year	5	18.5	0	0	2.407	3	0.492 NS
	1-3 years	13	48.2	2	66.7			
	3-4 years	6	22.2	0	0			
	4-5 years	3	11.1	1	33.3			
2	Age of mother					4.074	3	0.254 NS
	20-25 years	2	7.4	1	33.3			
	26-30 years	14	51.9	0	0			
	31-35 years	10	37	2	66.7			
	36-40 years	1	3.7	0	0			
3	Residential area					0.115	1	0.735 NS
	Urban	0	0	0	0			
	Rural	26	96.3	3	100			
	Semi-urban	0	0	0	0			
	Tribal	1	3.7	0	0			
4	Religion					2.917	2	0.233 NS
	Hindu	13	48.1	3	100			
	Christian	4	14.9	0	0			
	Muslim	10	37	0	0			
	Others	0	0	0	0			
5	Type of family					0.851	2	0.653 NS
	Nuclear family	5	18.5	0	0			
	Joint family	12	44.5	2	66.7			
	Extended family	10	37	1	33.3			
6	Education of mother					2.863	3	0.413 NS
	Primary	3	11.2	1	33.3			
	Secondary	11	40.7	0	0			
	Graduate	11	40.7	2	66.7			
	Illiterate	2	7.4	0	0			
7	Marital status					2.487	3	0.478 NS
	Married	19	70.4	2	66.7			
	Unmarried	3	11.1	0	0			
	Widow	3	11.1	0	0			
	Divorcee	2	7.4	1	33.3			
8	Occupation of mother					.741	2	0.690 NS
	Government employee	0	0	0	0			
	Private employee	13	48.1	2	66.7			
	Business	5	18.5	0	0			

	House wife	9	33.3	1	33.3			
9	Number of children					1.501	2	0.472
	1	9	33.3	2	66.7			NS
	2	13	48.2	1	33.3			
	3	5	18.5	0	0			
	Above 3 child	0	0	0	0			
10	Monthly income in rupees					2.716	3	0.438
	Rs.10000 below	9	33.3	1	33.3			NS
	Rs.10000-20000	7	25.9	2	66.7			
	Rs.20000-30000	9	33.3	0	0			
	Above Rs.30000	2	7.4	0	0			

NS-Non significant

The table 4.6 depicts that the demographic variable had not shown statistically significant association between level of attitude regarding attention deficit hyperactivity disorder among mother having under five children respectively.

Conclusion:-

This study implies that it helps to improve the level of knowledge and attitude regarding early Attention Deficit Hyperactivity Disorder among mothers having under five children and also to develop knowledge towards ADHD on the basis of results it can be conducted that the level of knowledge was mostly inadequate regarding ADHD among mothers having under five children and in attitude majority of having unfavorable attitude regarding ADHD.

Nursing Implications

The study has implications for nursing practice, Nursing education, Nursing administration and Nursing approach.

Nursing Practice

The nurse working in the hospital clinical setting and the community setting should practice the early prediction and risk factors of Attention Deficit Hyperactivity Disorder. This may help to get early intervention and effective outcome also be improved the mothers knowledge.

Nursing Education

1. Efforts should be made and expand the nursing curriculum to provide to more content in the area of nursing care through neonatal jaundice. So that the students are able to develop themselves in rendering the care of baby with Attention Deficit Hyperactivity Disorder with futuristic digitalized health care centralised with ADHD.
2. The post-graduate Nursing students may be provided the necessary regarding knowledge of early prediction and risk factors of Attention Deficit Hyperactivity Disorder through organizing workshops, conferences and seminars to postnatal mothers in hospital.

Nursing Administration

1. Nursing administration can make necessary policies to implement the nursing care through the early diagnosis and treatment of Attention Deficit Hyperactivity Disorder.
2. Nurse administrators can organize the service education program and conduct awareness programme regarding early prediction and treatment of Attention Deficit Hyperactivity Disorder.
3. Nurse administrator should arrange awareness programme related to early prediction and treatment of Attention Deficit Hyperactivity Disorder.

Nursing Research

1. The findings of the study help the child health nurse and student to develop.
2. The finding of the study helps the child health nurse and students to develop inquiry by providing baseline. The general aspect of the study can be made by further replication of the study.

Recommendations:-

Based on the findings of the present study the following recommendations have been made.

1. A Similar study can be conducted in other parts of the country with large sample.
2. The study can be replicated with larger samples for better generalizations.

3. The study can be replicated with larger samples for better generalizations.
4. The study can be implemented in the various states of India.
5. The same study can be conducted in different settings.
6. The study can be done a longitudinal study.
7. Qualitative research can also be conducted on this topic through focus group discussion.

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