



# **A PRE-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AMONG TEACHERS OF PRIMARY DEPARTMENT IN SELECTED SCHOOLS OF ANANTNAG, KASHMIR**

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## **ABSTRACT**

### **Background of the study**

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 Anantnag, Kashmir.

## **OBJECTIVES OF THE STUDY**

1. To assess the pre-interventional knowledge score regarding Attention deficit hyperactivity disorder (ADHD) among teachers of primary department in selected schools of Anantnag Kashmir.

2. 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 Anantnag Kashmir.
3. 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 Anantnag Kashmir.

## Method

A pre-experimental study with one group pre-test post-test was used to assess the effectiveness of Structured teaching programme on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) among teacher of primary department.

Stratified random technique was used to collect data from 50 respondents from selected Schools of Anantnag, Kashmir and the data was collected and interpreted to assess the effectiveness of structured teaching programme (STP) on knowledge regarding Attention Deficit Hyper Activity Disorder (ADHD) among teachers of primary department.

## Result

The findings of study with regard to pre-test knowledge score assessment revealed that the mean percentage score was 16% with standard deviation 4.34, The overall pre-interventional knowledge score shows that (52%) of the study subjects had inadequate knowledge, (40%) of the study subjects had moderate knowledge, and (8%) of the study subjects had adequate knowledge . In post-test knowledge score, the mean percentage score was 34% with standard deviation of 5.49, in post-test knowledge score, •(62%) of the study subjects had adequate knowledge and (22%%) of the study subjects had moderate knowledge and (16%%) of the study subjects had inadequate knowledge regarding Attention deficit hyperactivity disorder. The mean and SD score of the post test knowledge score of the study subjects i.e.,  $34 \pm 5.49$  is greater than mean and SD score of the pretest knowledge score i.e.,  $16 \pm 4.34$ . In Posttest knowledge score, significant increase in knowledge level was found. This shows that structured teaching programme (STP) was effective.

## Interpretation and conclusion:

The study proved that study subjects had inadequate knowledge 33%, the findings of the study showed that Structured teaching programme (STP) on knowledge regarding Attention Deficit Hyper Activity Disorder (ADHD) was effective 68%.

**Key words:** Attention deficit hyperactivity disorder, assess, knowledge, structured teaching programme, primary department, pre-interventional, post interventional management, effectiveness



## CHAPTER I

### 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 hyper activity disorder (ADHD) that persist in adults result in pressured speech. Conduct or oppositional disorders are common comorbid disorders in children with ADHD<sup>1</sup> . It usually occurs more in children.it occurs in about 5% of children and 2.5% of adults <sup>2</sup>. 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<sup>3</sup> . 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<sup>4</sup>. 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<sup>5</sup>. 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 citizens in future.<sup>6</sup>

**Warning Signs** of Attention Deficit Hyperactivity Disorder (ADHD) Include: - Hyperactivity, Aggressive Behavior, when playing, Lack of focus, Outburst of Anger, Forgetfulness, Being overly fidgety, and Unfinished tasks. The causes of attention deficit hyperactivity disorder (ADHD) are:-

- 1. Brain anatomy and function:** - A lower level of activity in the parts of the brain that control attention and activity level may be associated with attention deficit hyperactivity disorder (ADHD) Attention Deficit Hyperactivity Disorder

(ADHD) affects the executing functioning which is controlled by frontal lobes of the brain. It also affects cerebellum part of brain.

**2. Genes and hereditary:** - Attention Deficit Hyperactivity Disorder (ADHD) frequently runs in families. A child with Attention Deficit Hyperactivity Disorder (ADHD) has a 1 in 4 chance of having a parent with Attention Deficit Hyperactivity Disorder (ADHD). It is also likely that another close family member such as sibling, will also have Attention Deficit Hyper Activity Disorder (ADHD). Sometimes Attention Deficit Hyperactivity Disorder (ADHD) is diagnosed in apparent at the same time it is diagnosed in child.

**3. Significant Head injuries:** - May Cause Attention Deficit Hyperactivity Disorder (ADHD) in some cases.

**4. Prematurity:** - increases the risk of developing Attention Deficit Hyperactivity Disorder (ADHD).

**5. Prenatal exposure:** - such as Alcohol or nicotine from smoking, increase the risk of developing Attention Deficit Hyperactivity Disorder (ADHD).

**6. Toxins:** - In very rare cases, toxins in the environment may lead to Attention Deficit Hyper Activity Disorder (ADHD). For instance lead in the body can affect child development and behavior<sup>7</sup>. Three subtypes of Attention Deficit Hyperactivity Disorder (ADHD) are now recognized as per the DSM-IV criteria, namely:

- **Inattention type:** Formerly known as attention deficit disorder (ADD). This type of ADHD is characterized predominantly by inattention and distractibility without hyperactivity.
- **Hyperactive / impulsive type:** It is characterized by impulsive and hyperactive behaviors without inattention and distractibility.
- **Combined type:** Most common type of ADHD. It is characterized by impulsive and hyperactive behaviors with inattention.<sup>8</sup>

Educational programs for teachers are the most effective therapeutic approach for management of such problems, which allow children to achieve their potentials in school as individuals. The most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has revised the diagnostic criteria for Attention Deficit Hyperactivity Disorder ADHD. To be diagnosed with Attention Deficit

Hyperactivity Disorder (ADHD), a child or younger adolescent needs to meet six out of nine possible inattentive symptoms (such as failing to give close attention to details or being easily distracted) and/or six out of nine possible hyperactivity/impulsivity symptoms (such as being “on the go” or difficulty waiting their turn). Also, symptoms need to be present for at least 6 months. For older adolescents and adults, the number of required symptoms per category is reduced to five out of nine. Many children who have been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) have at least 1 coexisting condition following<sup>9</sup>. Common coexisting conditions include the following;

**Oppositional defiant disorder or conduct disorder:** - Up to 35% of children with Attention Deficit Hyperactivity Disorder (ADHD) also have oppositional defiant disorder or conduct disorder. Children with oppositional defiant disorder tend to lose their temper easily and annoy people on purpose and are defiant and hostile toward authority figures. Children with conduct disorder break rules, destroy property, and violate the rights of other people. Children with coexisting conduct disorder are at much higher risk for getting into trouble with the law than children who have only Attention Deficit Hyperactivity Disorder (ADHD). Studies show that this type of coexisting condition is more common among children with the primarily hyperactive/impulsive and combination types of Attention Deficit Hyperactivity Disorder (Adhd).

**Mood disorders/depression:**-About 18% of children with Attention Deficit Hyperactivity Disorder (ADHD) also have mood disorders such as depression. There is frequently a family history of these types of disorders. Coexisting mood disorders may put children at higher risk for suicide, especially during the teenage years.

These disorders are more common among children with inattentive and combined types of attention deficit hyperactivity disorder (ADHD).

**Anxiety disorders;**—These affect about 25% of children with attention deficit hyperactivity disorder (ADHD). Children with anxiety disorders have extreme feelings of fear, worry, or panic that make it difficult to function. These disorders can produce physical symptoms such as racing pulse, sweating, diarrhea, and nausea.

**Learning disabilities;**—Learning disabilities are conditions that make it difficult for a child to master specific skills such as reading or math. Attention Deficit

Hyperactivity Disorder (ADHD) is not a learning disability. However, Attention Deficit Hyperactivity Disorder (ADHD) can make it hard for a child to do well in school. Diagnosing learning disabilities requires evaluations such as IQ and academic achievement tests<sup>10</sup>

Psychostimulants can be effective in reducing distractibility, improving sustained attention, reducing impulsive behavior's, and improving activity level. Non pharmacologic therapies (e.g. Behavioral therapy, Parenting skill training, Social skills training, Anger management, Encouragement ,Diet modification), either alone or in combination with medication management could potentially address core symptoms of Attention Deficit Hyper Activity Disorder (ADHD) or the long- term impairments that are associated with the disorder. Understanding the role of no pharmacologic therapies can be challenging because they encompass a broad range of approaches to care, ranging from highly structured behavioral interventions to complementary medicines.

• **Behavior Therapy:** There are many forms of behavioral therapy ± but all have a common goal— to change the child's physical and social environments to help the child improve his behavior. Under this approach parents, teachers and other caregivers learn better ways to work with and relate to the child with Attention Deficit Hyperactivity Disorder (ADHD). You will learn how to set and enforce rules, help your child understand what he needs to do, use discipline effectively, and encourage good behavior. Your child will learn better ways to control his behavior as a result. Behavior therapy has 3 basic principles: ) Set specific goals: -

√ **Set clear goals** for your child such as staying focused on homework for a certain time or sharing toys with friends.

√ **Provide rewards and consequences:** - Give your child a specified reward (positive reinforcement) when she shows the desired behavior. Give your child a consequence (unwanted result or punishment) when she fails to meet a goal.

√ **Keep using the rewards and consequences:** - Using the rewards and consequences consistently for a long time will shape your child's behavior in a positive way.

- **Parenting skills training:** - It helps parents to learn how to use a system of rewards and consequences to change a behavior of children. Parents are also encouraged to share a pleasant or relaxing activity with the children to notice and point out what the children does will and to praise the strength and abilities of children. They may also learn to structure situation in more positive ways e.g. they may restrict the no. of playmates to one or two so that their child doesn't become over stimulated and if the child has trouble in completing tables, parents can help child in dividing large tasks into smaller ones .Also parents may benefit from learning stress management techniques to increase their own abilities to deal with frustration so that they can respond therapy to their children behavior. Sometimes the whole family may need therapy.
- **Social skills training:** - Social Skill Training is also helpful for children with Attention Deficit Hyperactivity Disorder (ADHD).Here the children is taught about important social skills like having a conversation or playing cooperatively with colleagues and other playmates.
- **Anger management:** - The child is taught how to recognize the signs of growing and taught coping skills designed to manage anger and aggression .Relaxation techniques and stress management skills are also taught to the children.
- **Encouragement:** - Many children with behavioral problems experience repeated failures at school and in their interaction with others .Encouraging the children to excel in their particular talents like sports, gardening and painting can help to build and rebuild self esteem in children.
- **Diet modification:** Diminished intake of carbohydrate and protein in diet are positively associated with improvement of Attention Deficit Hyperactivity Disorder (ADHD) symptoms. Researchers suggest that Mediterranean diet is the safe diet for children with Attention Deficit Hyperactivity Disorder (ADHD). Mediterranean diet is a diet that involves high consumption of vegetables and olive oil and moderate consumption of proteins<sup>11</sup>.

## NEED FOR STUDY

**“Whatever they grow up to they are still our children and the one most important of all the things we can give is the unconditional love not a love that depends on any thing at all except that they are our children”**



## ~Rosaleen Dickson

Children are the greatest gifts to humanity. Attention Deficit Hyper Activity Disorder (ADHD) is the most common behavioral disorder of childhood on generally thought to account for the majority of referral for mental health treatment. Children with ADHD are usually inattentive impulsive and hyperactive the incidence of Attention Deficit Hyperactivity Disorder (ADHD) ranges from 2-16% Attention Deficit Hyperactivity Disorder (ADHD ) is believed to have a noticeable impact on social economic educational and health care delivery system. Attention Deficit Hyperactivity Disorder (ADHD) is becoming serious public health problem affecting a large no of children<sup>12</sup>.

Teachers are the most important component of school that actually nourish the child with intellectuality and morality therefore there is a need to assess and improve the knowledge regarding Attention Deficit Hyper Activity Disorder (ADHD). Early recognition can prevent behavioral problems for mild to severe, considering the strong relationship between childhood social and emotional problems and later delinquency and criminality early interventions may reduce staggering social costs associated with criminal behavior most valuable sources of information with regard to referral and diagnosis of this disorder The accurate information about this serious disorder can lead to teachers making accurate referrals giving incorrect advice to parents and failing to address the disorder effectively .Educational programs don't adequately prepare the teachers to have sufficient knowledge and skill for identifying a wide variety of symptoms related to ADHD. Hence this study was undertaken to find out the possibility of improving knowledge of primary school teacher<sup>13</sup>

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 Attention Deficit Hyperactivity Disorder (ADHD). Based on DSM-IV screening of 11,422 adults for Attention Deficit Hyperactivity Disorder (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)<sup>14</sup>.

Children in Elementary School according to a recent population-based study using 7 DSM-IV criteria, 15.5% of school children enrolled in Grades 1 to 5 have Attention Deficit Hyperactivity Disorder (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)<sup>15</sup>.

Keeping in view the above scenario on Attention Deficit Hyperactivity Disorder (ADHD), the investigator felt that providing structured teaching programme to the teachers of primary department was necessary for early diagnosis and referral for appropriate treatment and management of children with Attention deficit hyperactivity disorder in selected school of Anantnag district.

**“More the children cured from ADHD, more will be the efficient students; which will ultimately serve the nation” as youth is the backbone of the country; Society”**

## **STATEMENT OF THE PROBLEM**

A study to assess the effectiveness of structured teaching programme on the level of knowledge regarding Attention Deficit Hyperactive Disorder among primary school teachers in a selected school at Anantnag district

## **OBJECTIVES OF THE STUDY**

1. To assess the pre-interventional knowledge regarding attention deficit hyperactivity disorder among primary school teachers.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding attention deficit hyperactivity disorder among primary school teachers.
3. To find the association between the pre-interventional knowledge with selected demographic variables (, gender, teaching experience , education qualification, source of information, residence ) regarding attention deficit hyperactive disorder among

primary school teachers in selected schools of anantnag.

## **OPERATIONAL DEFINITIONS**

### **I. ASSESS:**

In this study assess refers to evaluate the level of knowledge score of teachers of primary department regarding Attention Deficit Hyperactivity Disorder (ADHD).

### **II. EFFECTIVENESS:**

In this study it refers to significant gain in knowledge as determined by significant difference between pre and post test knowledge score.

### **III. STRUCTURED TEACHING PROGRAMME:**

In this study it refers administration of systematically organized, well planned teaching programme (which pair written instructions with oral instructions ) to the teachers of primary department regarding Attention Deficit Hyperactivity Disorder (ADHD)

### **IV. KNOWLEDGE:**

In this study it refers to correct response of teachers of primary department regarding Attention Deficit Hyperactivity Disorder (ADHD)

### **V. ADHD; Attention Deficit Hyper Activity Disorder:**

It is a psychiatric condition including attention difficulty, hyperactivity and impulsiveness which often begins in childhood and can persist in the adulthood. It may contribute to low self esteem, travelled relationships and difficulty at school or work.<sup>16</sup>

### **VI. PRIMARY DEPARTMENT:**

In this study it refers to section or division of schools which provides primary education.

## **HYPOTHESIS**

H<sub>1</sub>: There will be significant increase in mean post interventional knowledge scores as compared to mean pre interventional knowledge scores regarding ADHD among primary school teachers in selected schools of Anantnag at 0.05% level of significance

H<sub>0</sub>: There will be no significant increase in mean post interventional knowledge scores as compared to mean pre interventional knowledge scores regarding ADHD among primary school teachers in selected schools of Anantnag at 0.05% level of significance

H<sub>2</sub>: There will be significant relationship between pre interventional knowledge scores and selected demographic variables (gender, teaching experience, education qualification, source of information, residence) regarding Attention deficit hyperactivity disorder (ADHD) among teachers of primary department in selected schools of Anantnag Kashmir at 0.05% level of significance.

## **ASSUMPTIONS:**

- Teachers of primary department will have varying level of knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD).
- Structured teaching program will enhance the knowledge of teachers of primary department regarding Attention Deficit Hyperactivity Disorder (ADHD)
- Knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) will develop positive attitude among teachers of primary department to find out the students who have Attention Deficit Hyperactivity Disorder (ADHD)

## **DELIMITATIONS:**

The study is limited to school teachers of primary department who are:

- taking class for I-V
- to participate in study
- available at the time of data collection

## CHAPTER II REVIEW OF LITERATURE

The review of literature in a research report is a summary of current knowledge about a particular practice problem and includes what is known and not known about the problem. The literature is reviewed to summarize knowledge for use in practice or to provide a basis for conducting a study.

Review of literature is an essential activity of scientific research project. Literature review is an evaluative report of information found in the literature related to selected area of study. The review describes, summarizes, evaluates and clarifies the literature. It gives a theoretical base for the research and helps to determine the nature of research [Queens Land University].<sup>17</sup>

### **Tuengoe L, Shadap A, Karki P (October 2019)**

Conducted a pre experimental study to assess the effectiveness of self- instructional module on knowledge regarding ADHD among primary school teachers in selected schools of gangtok city Sikkim. A total of 80 primary school teachers were included by using purposive sampling technique.

Structured knowledge questionnaires was used as a tool for data collection. Findings of the study revealed that majority (i.e. 60%) of primary school teachers had average knowledge in pre-test and (86.25%) had good knowledge in the post test. Calculated paired T test value  $t=11.259$ , was found to be statistically significant at  $t>0.05$  level <sup>18</sup>.

### **Al madwah K J A, Qasim A K A, Issa S S, Al /mussawi A A (march 2019)**

Conducted a descriptive study to assess the knowledge of primary school teachers about ADHD in Basra city. A total of 200 teachers were included by using simple random sampling technique. A questionnaire was used as a tool for data collection. Findings revealed that 50.5% of teachers had poor knowledge compared to only 13.5% that had good knowledge regarding ADHD and there was statistically significant relation between score of total teacher's knowledge about ADHD and education level of teachers<sup>19</sup>

### **Kaur G, Nitakumari k, (2018)**

Conducted a descriptive study to assess the level of knowledge regarding ADHD among primary school teachers in selected schools of district Mohali with a view to develop informational booklet. . By purposive sampling technique 100 primary school teachers were selected from selected schools of district Mohali. Modified knowledge

of attention deficit disorders scale (KADDS) was used to collect data from primary school teachers in selected schools of district Mohali. Findings of the study showed that 56% of the samples did not have any previous knowledge regarding ADHD, 15% of the samples have source of information through television, 87% of the samples have not seen any child diagnosed with ADHD. The present study concluded that primary school teachers have poor knowledge about the ADHD and to enhance the knowledge structured teaching programme was helpful<sup>20</sup>.

### **Al moghamsi E Y, Aljohani A, (2017)/1438**

Conducted a cross sectional study to assess the level of knowledge regarding ADHD among elementary school teachers in madina Al monawara city. A total of 416 male and female teachers aged between 22- 66 years were included in the study. Pre-evaluated and self-administered questionnaires were used for data collection the findings of the study revealed that the average percentage of knowledge regarding ADHD were  $41.6 \pm 15.1$ , and  $30.7 \pm 16.6$  respectively. The average percentage of overall knowledge score regarding ADHD was  $38 \pm 11.3$ . The study concluded that the knowledge regarding ADHD among elementary school teachers in Madina is sub-optimal particularly regarding Treatment. Some misconceptions regarding treatment, symptoms among the primary school teachers were also observed<sup>21</sup>.

### **Pawansharma ,Rajiv k gupta et.al(2020)**

A study was conducted to assess the prevalence and correlates of ADHD risk factors among school children in a rural area of north India. The presence of ADHD was assessed using Vanderbilt ADHD diagnostic teacher rating scale. The children positive for ADHD were visited at their residential places and a personal information questionnaire was administered to their parents preferably the mother. ADHD prevalence was found to be 6.34% (13/205) the results showed that majority (69.3%) of the ADHD positive children were living in a joint family and belonged to lower/lower middle class. The study concluded that the prevalence of ADHD is high in children belonging to lower class that is 6.34%).<sup>22</sup>

### **Rahul sharma and Anupamaoka (2018- 2019)**

conducted a study to assess the effectiveness of structured teaching program on knowledge regarding ADHD in selected schools of alwarrajasthan. a total of 50 primary school teachers were included, findings of the study revealed that in pretest; (4.1%) primary school teachers have good knowledge, [65%] have adequate knowledge and 30% were having poor knowledge and in post test; 79% was

having good knowledge ,19.3% average knowledge and 1.7% was having poor knowledge .It was concluded that stp was found effective in increasing the knowledge of primary school teachers and they need to improve their knowledge and skills regarding ADHD so as to identify the children in early age group<sup>23</sup>.

#### **Ashish Gautam(15may 2017)**

Conducted a study to assess the knowledge related ADHD among primary school teachers .The sample size selected for the study were 50 primary school teachers and the sampling technique used was non probability purposive sampling technique .Majority of primary school teachers ( 32%) were between the age group of 21-30 years and 28% were between the age group of 31-40 year while 10% were between the age group of 51-60 years .Results of the study showed that about 50% of pry school teachers in pretest were having poor knowledge ,34% of pry school teachers were having average knowledge and 16% of pry school teachers have good knowledge whereas the post test results revealed that 40% of pry school teachers had average knowledge and 30% had good knowledge while remaining 30%were having poor knowledge .the study concluded that planned teaching on knowledge of ADHD was effective in increasing the knowledge in pry school teachers<sup>24</sup>.

#### **Halal A Malik ET AL(2014)**

Conducted a cross sectional study to evaluate the knowledge of pry school teachers on ADHD in Bahrain.158 government school teachers were selected and a questionnaire regarding ADHD was administered. the data analyzed ,showed 53.2% of teachers were knowledgeable about ADHD and their main source of knowledge were newspapers and magazines .The study concluded that teachers knowledge regarding ADHD was found less optimal and the study indicates that the educational system doesnot pay enough attention to ADHD the researcher recommended that ministry of health and education should arrange workshops and courses directed towards the teachers to help them and deal with such students<sup>25</sup> .

#### **Ajay Tyagi,jain RB et al.**

Conducted a study to assess the knowledge of ADHD among pry school teachers of rural block of Haryana.146 samples were taken among and only 13.7% of samples were found to have knowledge regarding any mental problems particularly ADHD .The study concluded that knowledge regarding ADHD was poor and need to be

improved by imparting training about ADHD to them<sup>26</sup>.

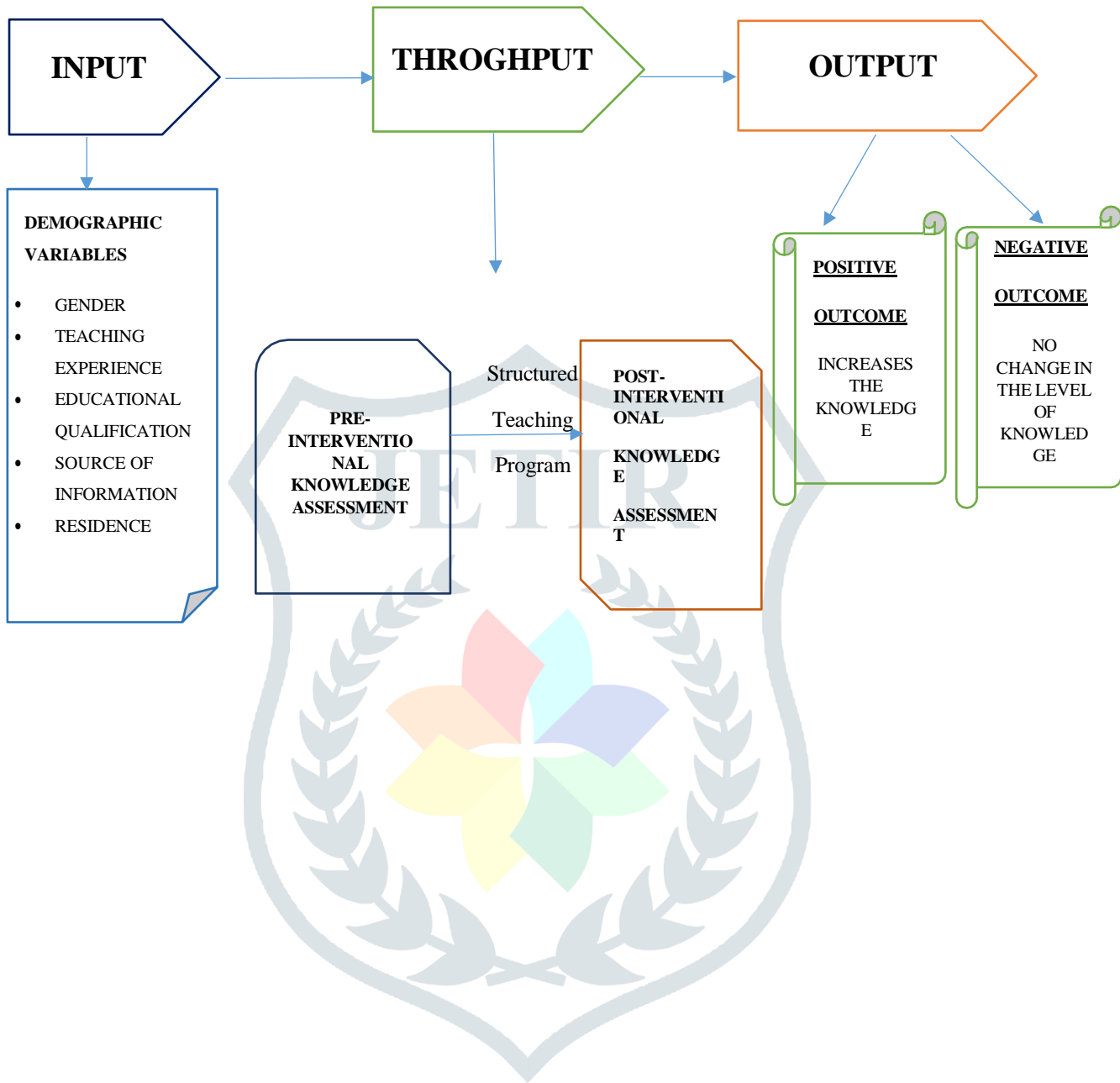
### **Gurinder deep kaur,Rajesh K et al**

Conducted a study in selected schools of Punjab .the total samples under the study were 60 pry school teachers .Findings related to assessment of the pretest knowledge regarding ADHD shows that; 5[8.3%]teachers had inadequate knowledge and 7(11.6%)n teachers had adequate and 48(80%) had the moderate knowledge regarding ADHD. Findings of post test assessment showed that 45(75%) teachers had adequate knowledge 10(16%) teachers had moderate knowledge and 5(8%) teachers had inadequate knowledge regarding ADHD<sup>27</sup> .





# Conceptual Framework



## CHAPTER III

### RESEARCH METHODOLOGY

This chapter unfolds the description of research methodology adopted by the researcher to structure a study, gather and analyze the information relevant to the research questions. It helps the researcher to project a blueprint of the research undertaken. The methodology of research indicates the general pattern of gathering valid and reliable data and organizing the data for the purpose of investigation.<sup>28</sup>

This chapter deals with description of methodology followed in the study which is discussed under the following headings;

- Research approach
- Research design
- Research Setting
- Population
- Sample and sampling technique development
- Selection and development of instruments
- Development of Structured teaching program
- Pilot study
- Procedure for data collection and data analysis

**Research Approach:** Research approach is an umbrella term that covers the basic procedure for conducting research. Research approach helps the researcher to determine what data is to be collected and how to analyze it. It also suggests possible conclusions to be drawn from the data. The selection of research approach depends upon the purpose of the study. In view of nature of the problem under study and to accomplish the objectives of the study, quantitative research approach was found to be appropriate to assess the effectiveness of Structured teaching programme (STP) on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) among teachers

of primary department in selected schools of Anantnag Kashmir.

**Research Design:**

The research design selected for the present study is pre experimental research design, where pre and post- test approach was used to assess the effectiveness of Structured teaching programme (STP) on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) among teachers of primary department in selected schools of Anantnag. The pre-test ( $O_1$ ) will be carried out to determine the level of knowledge among teachers of primary department and followed by administration of Structured Teaching programme on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD). Post-test ( $O_2$ ) will be conducted on the particular day following the pre-test.

**Table 1. schematic representation of Research Design**

Day 1	Day 2	Day 7
$O_1$	X	$O_2$

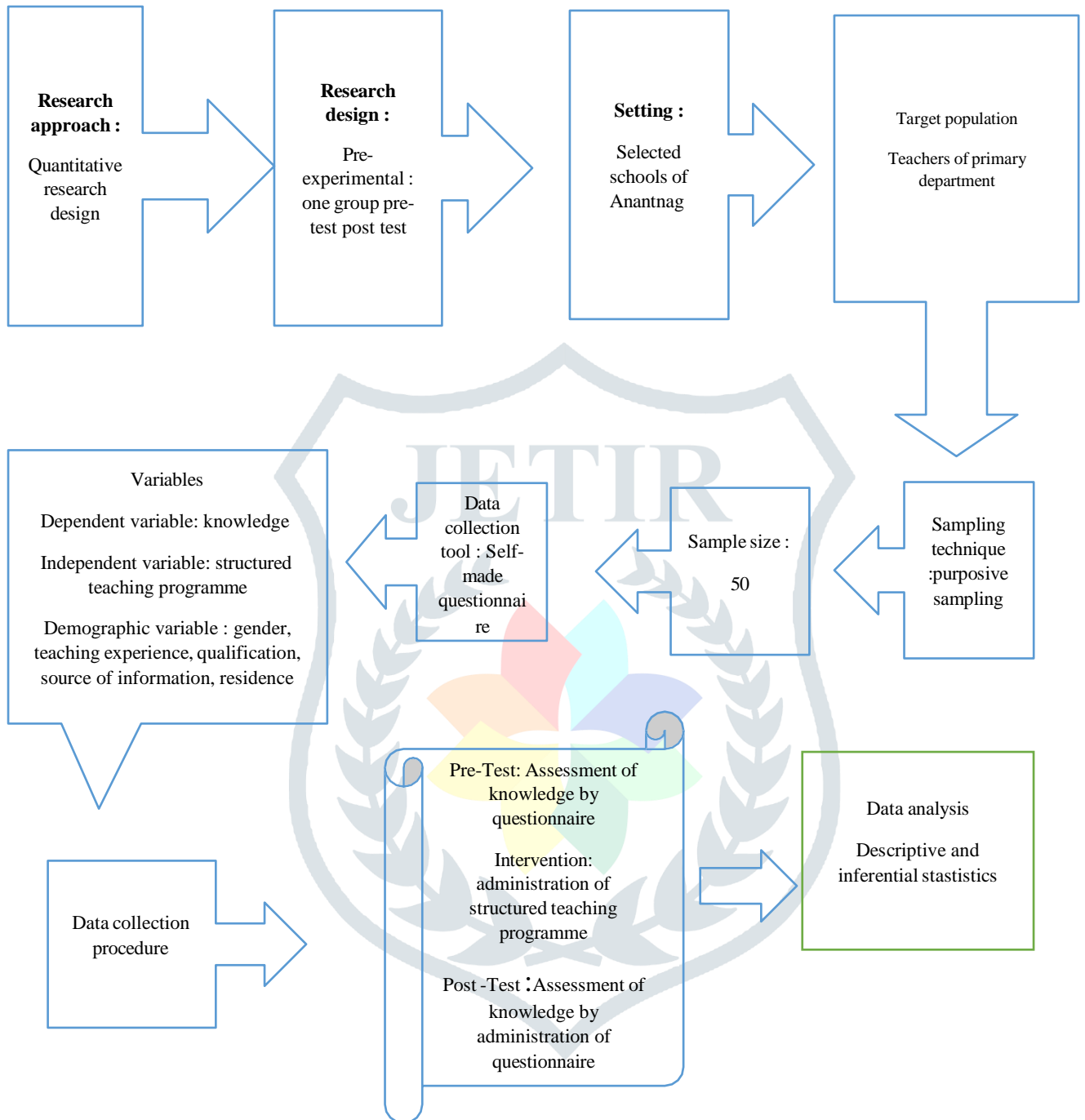
$O_1$ : Assessment of pretest knowledge scores among primary school teachers X: implementation of structured teaching programme among primary school teachers

$O_2$ : Assessment of post test knowledge scores among primary school teachers

**Research setting:**

The setting is the location where a study is conducted. The present study will be conducted at

## SCHEMATIC DIAGRAM OF RESEARCH METHODOLOGY



**Research population:** Polit and Beck 2011 states that a population is a entire set of individuals having some common characteristics.

Accessible population is aggregation of cases that confirm to designed criteria and that are accessible to researcher as a pool of subjects for the study<sup>29</sup>. The target population includes teachers of primary department of selected schools of Anantnag Kashmir during the period of data collection.

### **Variables under study**

In quantitative studies, concepts are usually called as variables. Variable is an attribute of a person that varies. Three types of attributes were identified in the study. They are independent, dependent variables and demographic variables.

1) Independent variables: it is the stimulus or activity that is manipulated or varied by the research to create effect on the dependent variables. In the present study the independent variable is Structured teaching programme (STP) on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD).

2) Dependent variables: it is the outcome or response due to effect of the independent variable which researcher wants to predict or explain. The dependent variable of the present study is knowledge regarding Attention deficit hyperactivity disorder (ADHD)<sup>30</sup>.

3) Socio-Demographic variables: demographic variables selected for this study are Gender, Teaching experience, Educational qualification, Source of Information, Residence.

### **Sample and sampling technique:**

Sample refers to a portion of the population which represents the characteristics of entire population. For the present study sample consists of 50 teachers of primary department teaching in selected of Anantnag, Kashmir.

### **Sampling technique:**

It is defined as the process of selecting representative segments of the population with which to conduct the study<sup>31</sup>. In the present study purposive sampling will be used for selection of sample

## Criteria for sample Collection

Inclusion criteria Teachers who are: -

- (I) Available at the time of data collection
- (II) Willing to participate in the study
- (III) Teaching classes form I-V

Exclusion Criteria Teachers who are: -

- (I) Not Available at the time of data collection
- (II) Not willing to participate in the study
- (III) Not teaching classes above V

## DEVELOPMENT OF TOOL / INSTRUMENT:

An instrument is a device or technique that a researcher uses to collect data. The most important and crucial aspect of any investigation is the collection of the appropriate information which provides necessary data for the study. the most widely used and simplest instrument for data collection is the structured teaching questionnaire, as the study is aimed to assess the effectiveness of Structured Teaching Program(STP) on the knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) among teachers of primary department, therefore structured knowledge questionnaire will be used to collect the data.

- development of tool (structured knowledge questionnaire)
- consideration of objective
- preparation of blueprint of the tool
- discussion with the guide and experts from nursing field
- content validation of the tool
- reliability testing of the tool

The study is concerned with the pre- experimental study to assess the Structured Teaching Programme (STP) . Questionnaire were /are developed to assess the effectiveness of Structured teaching programme( STP) on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) among teachers of Primary department in selected schools of Anantnag Kashmir .

## Section A:

**Socio-demographic data:** It consists of 5 items related to socio-demographic profile

of teachers of primary department teaching in selected schools of Anantnag Kashmir such as (Gender, years of experience, educational qualification, source of information, residence).

### **Section B:**

**Self-structured questionnaire:** It comprises of 25 items related to assess the effectiveness of Structured teaching program (STP) on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) among teachers of primary department in selected school of Anantnag Kashmir.



## SCORE INTERPRETATION

LEVEL OF KNOWLEDGE	KNOWLEDGE SCORES
Inadequate	0-8
Moderate	09-16
Adequate	17-23

### Plan for data analysis:

The analysis and interpretation were done according to objectives by using Descriptive and inferential statistics.

### Descriptive statistics

Frequency and percentile distribution were used to describe the socio-demographic variables of subjects under study.

Mean and standard deviation were used to assess the effectiveness of Structured Teaching Programme (STP) on knowledge regarding Attention Deficit hyperactivity disorder (ADHD)

### Inferential statistics:

The paired “T- test” was applied to assess and compare the post-interventional knowledge score regarding Attention Deficit Hyperactivity Disorder (ADHD).

“Chi square test” was used to find the association of existing post-interventional knowledge score regarding Attention Deficit Hyper Activity Disorder (ADHD)



## **Content validity of tool**

Content was given to nursing experts and requested to give their opinions and suggestions regarding relevance, adequacy and appropriateness of tool.

## **Development of Structured teaching programme**

Development of Structured teaching programme (STP) on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) among teachers of primary department in selected schools of Anantnag Kashmir. The structured teaching Program (STP) was developed based on the topic of the study, review of the related research publication and unpublished research literature. The following steps were added to develop the structured teaching program:

Development of blueprint.

Preparation of the first draft of Structured Teaching Program (STP).

Content validity of the tool and Structured teaching program: to determine the content validity of the tool the prepared instrument (Annexure V) along with the initial draft of Structured teaching program , scoring key that is;

(Annexure VI), blueprint (Annexure IV), Content validity certificate ( Annexure III).

Consent for tool validation was obtained by sending a requisition letter and an acceptance for suggestions and recommendations given by the experts were accepted and necessary corrections were done to modify the tool.

Preparation of the final draft of the Structured Teaching Program (STP) after necessary modification. The structured teaching (STP) program consisted of the teaching plan prepared by the researcher on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) among teachers of primary in selected schools of Anantnag Kashmir.

## **Contents of the structured teaching programme (STP) on knowledge regarding Attention Deficit Hyper Activity Disorder (ADHD) among teachers of primary department in selected Schools of Anantnag Kashmir.**

Introduction and definition of ADHD Epidemiology.

Causes

Signs and symptoms.

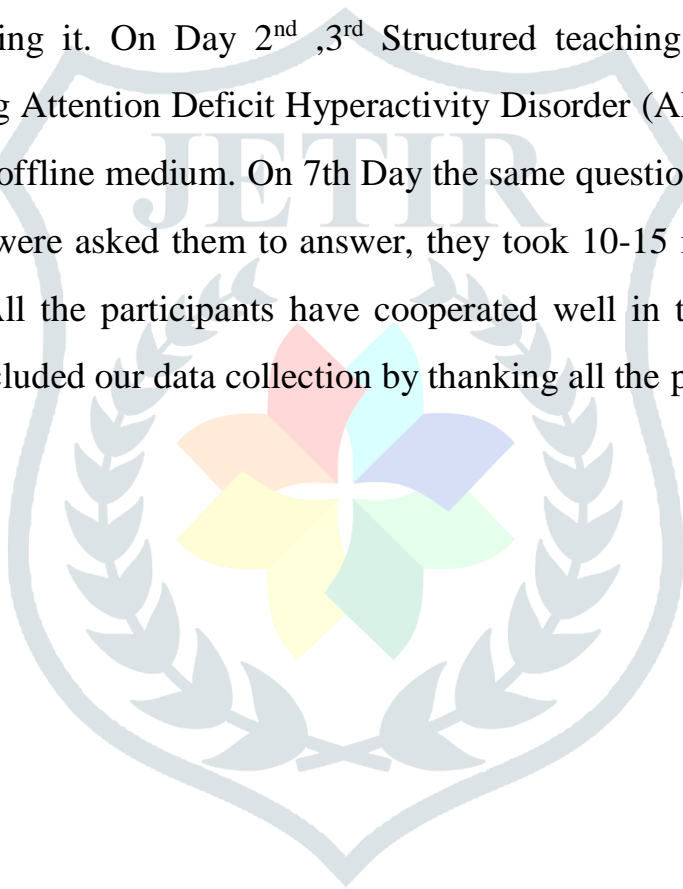
Assessment & diagnosis of ADHD

## Management of ADHD

### Data collection procedure:

Prior to data collection permission was obtained from Principal **Valley International Public School High ground, Army Goodwill School High ground and Govt Middle School Sarnal Anantnag** (Annexure II). The data Collection period was 7 days. The researcher approached target population and purpose of study was explained and confidentiality was assured. In this study 50 Subjects were selected by purposive sampling, Informed consent was taken, data was collected using structured knowledge questionnaire (Annexure V). The data was collected in the following manner.

On Day 1, Pre-test questionnaire were given to the sample and they took 15-25 minutes for answering it. On Day 2<sup>nd</sup>, 3<sup>rd</sup> Structured teaching program (STP) on knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) was given for 45 minutes through offline medium. On 7th Day the same questionnaire was provided to the samples and were asked them to answer, they took 10-15 minutes to complete the questionnaire. All the participants have cooperated well in the research project, finally we have concluded our data collection by thanking all the participants.



## CHAPTER IV DATA ANALYSIS AND INTERPRETATION

“Data analysis is defined as a process of cleaning, transforming and modeling data to discover useful information for business decision making .The purpose of data analysis is to extract useful information from data and taking the decision based upon data analysis.”

“Data analysis is the process of systematically applying statistical and /or logical technique to describe, illustrate, condense, recap and evaluate data”.

Data interpretation refers to the implementation of processes through which data is reviewed for the purpose of arriving at an informed conclusion.<sup>31</sup> **OBJECTIVES:**

1. To assess the pre interventional knowledge score regarding attention deficit hyperactivity disorder (ADHD) among teachers of primary department in selected schools of Anantnag, Kashmir.
2. To evaluate the effectiveness of structured teaching program by a comparing pre and post interventional knowledge score regarding attention deficit hyperactivity disorder(ADHD) among teachers of primary department in selected schools of Anantnag Kashmir.
3. 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 Anantnag Kashmir.

### **HYPOTHESIS**

H<sub>1</sub>: There is significant increase in mean post interventional knowledge as compared to mean pre interventional knowledge regarding ADHD among pry school teachers in selected schools of anantnag at 0.05% level of significance

H<sub>0</sub>: There is no significant increase in mean post interventional knowledge as compared to mean pre interventional knowledge regarding ADHD among pry school teachers in selected schools of anantnag at 0.05% level of significance

H<sub>2</sub>: There is significant relationship between pre interventional knowledge and selected demographic variables (gender, teaching experience , education qualification, source of information, residence) regarding Attention deficit hyperactivity disorder

(ADHD) among teachers of primary department in selected schools of Anantnag Kashmir at 0.05% level of significance .

## ORGANISATION OF STUDY FINDINGS:-

The substantive study findings are under following sections.

**Section 1:-** Distribution of socio-demographic variables of study subjects.

### Section 2

2.1 Pre interventional level of knowledge scores of study subjects.

2.2 Post interventional level of knowledge scores of study subjects.

2.3 Comparison of pre interventional level of knowledge scores of study subjects and post interventional level knowledge scores of study subjects.

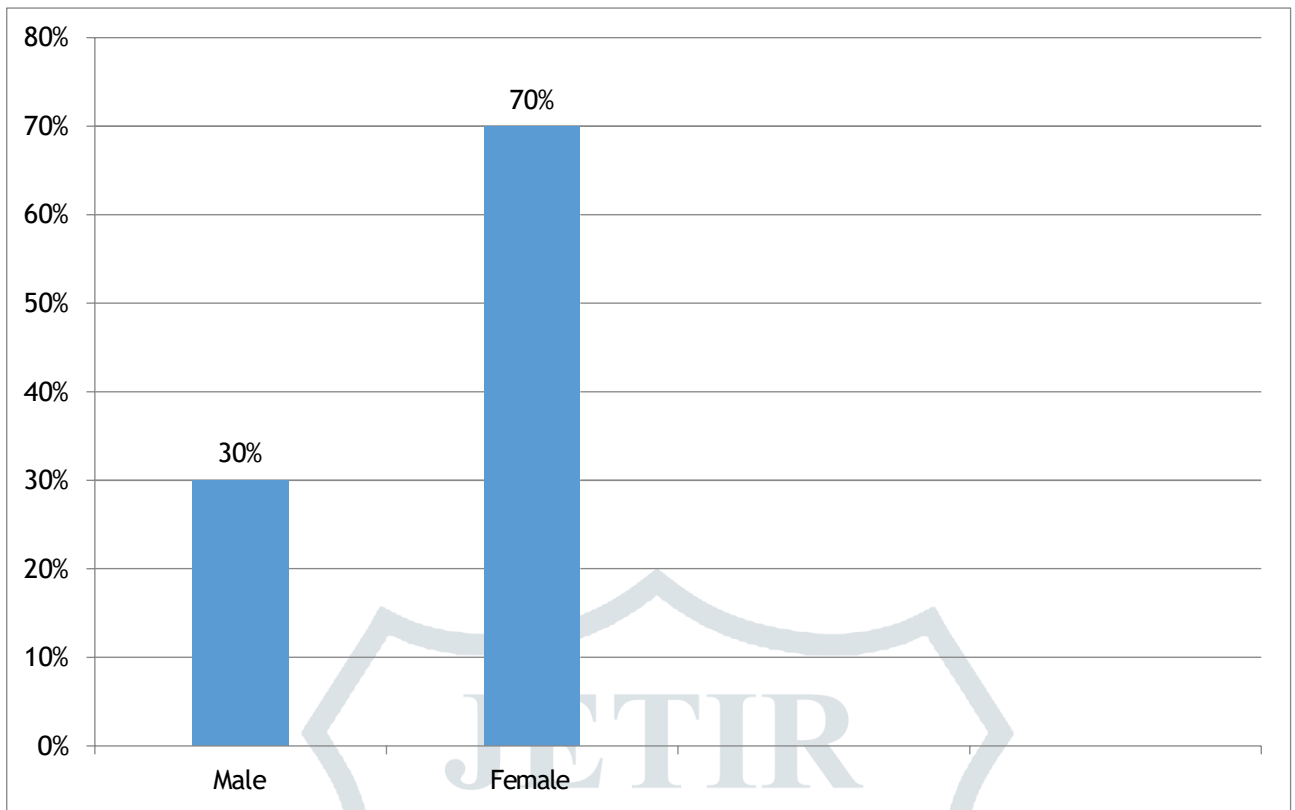
**Section 3:-** Association of pre interventional level of knowledge scores with socio-demographic variables (Gender, years of experience, Qualification, Source of information, Residence)

### SECTION 1: 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)**

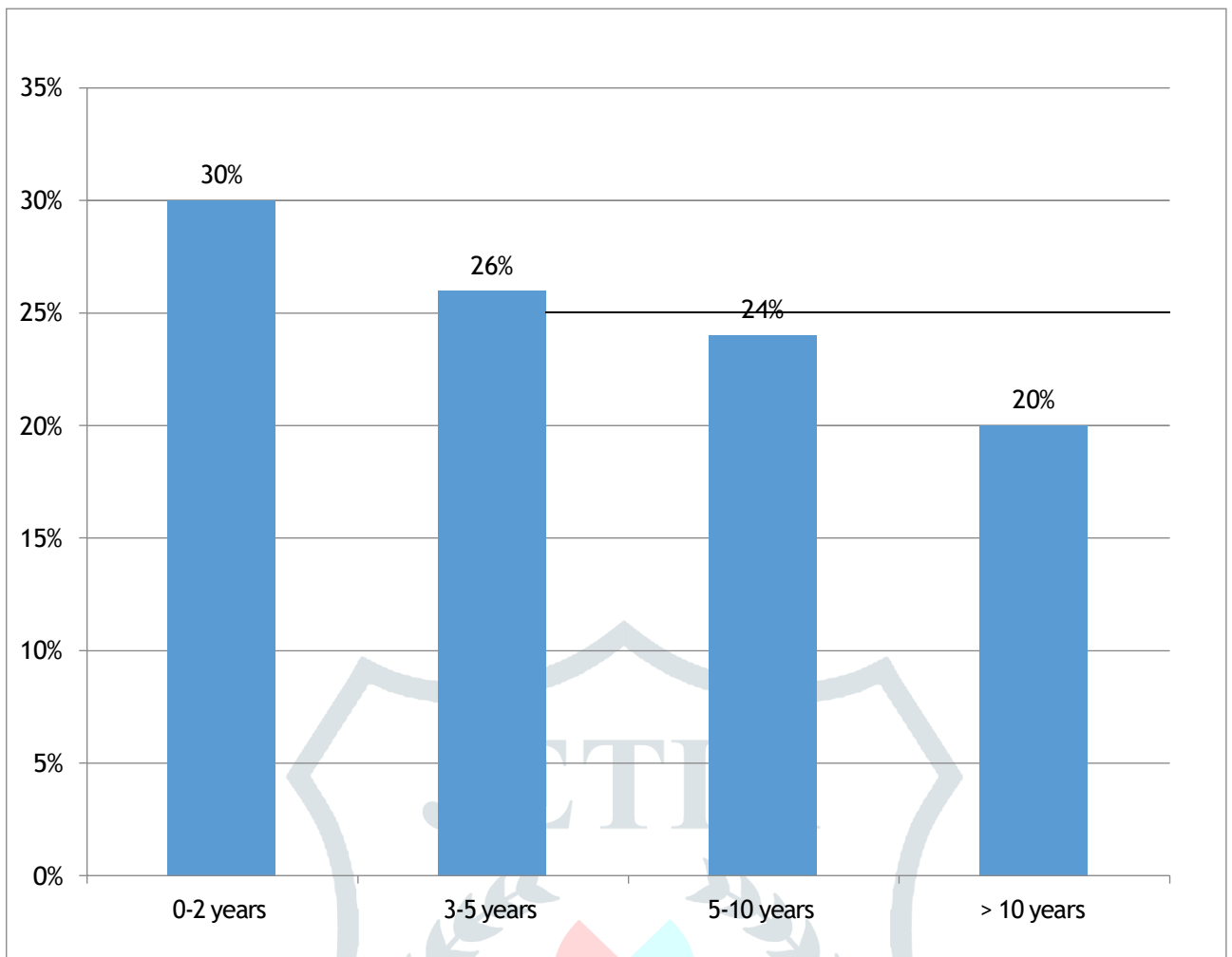
VARIABLES	CATEGORIES	PERCENTAGE	FREQUENCY
GENDER	MALE	30%	15
	FEMALE	70%	35
EXPERIENCE	0_2 years	30 %	15
	3_5 years	26%	13
	5_10 years	24%	12

	Above 10 years	20%	10
QUALIFICATION	Graduation	30%	15
	Post Graduation	48%	24
	M Phil	12%	6
	PhD	10%	5
SOURCE INFORMATION	Print Media	8%	4
	Electronic Media	40%	20
	Professional Program/Information	24%	12
	Any other source	28%	14
RESIDENCE	Rural	36%	18
	Urban	64%	32



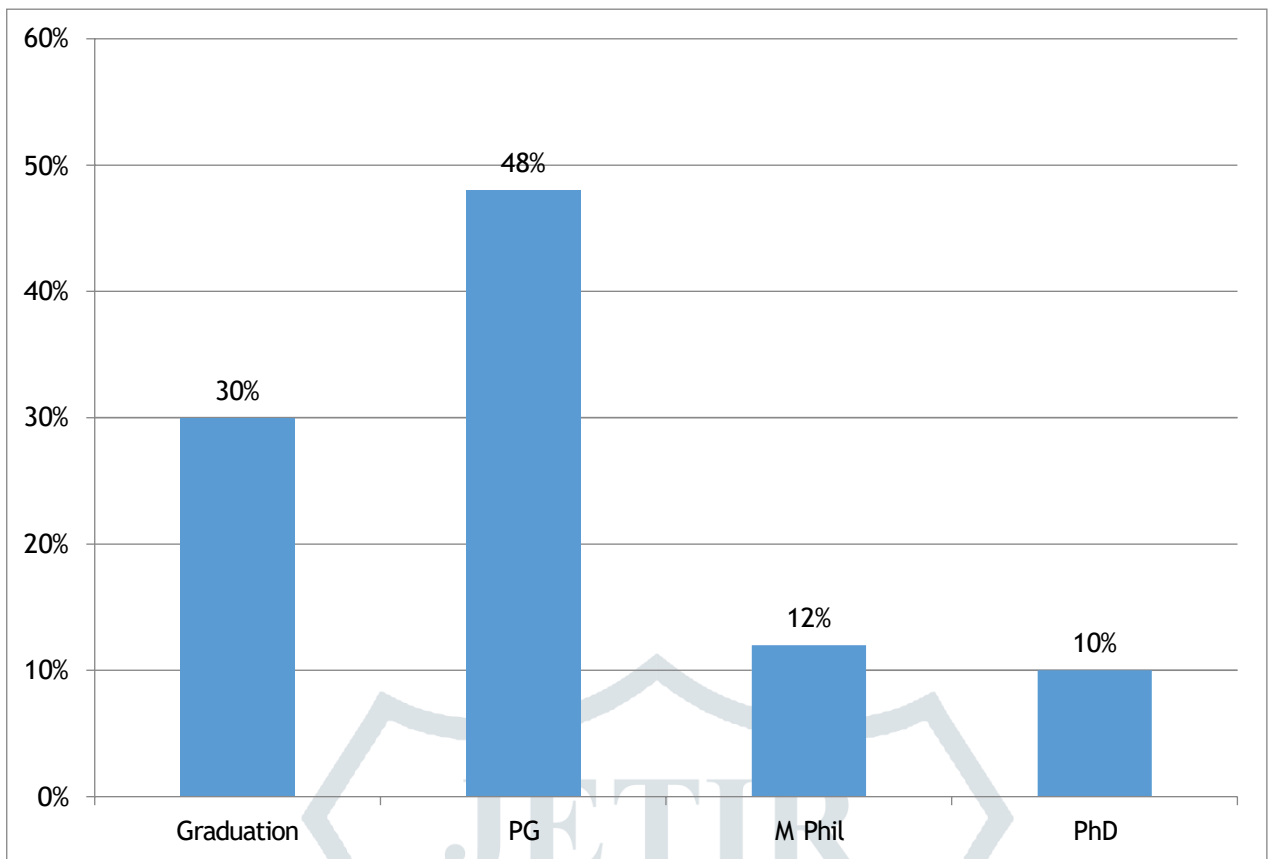
**Figure 1: Showing percentage of the socio-demographic variables according to Gender**

**Inferences:** Data presented in Figure 1 reveals that 15(30%) of study subjects were males and 35(70%) were males



**Figure 2: Showing percentage of the socio-demographic variables According to years of Experience**

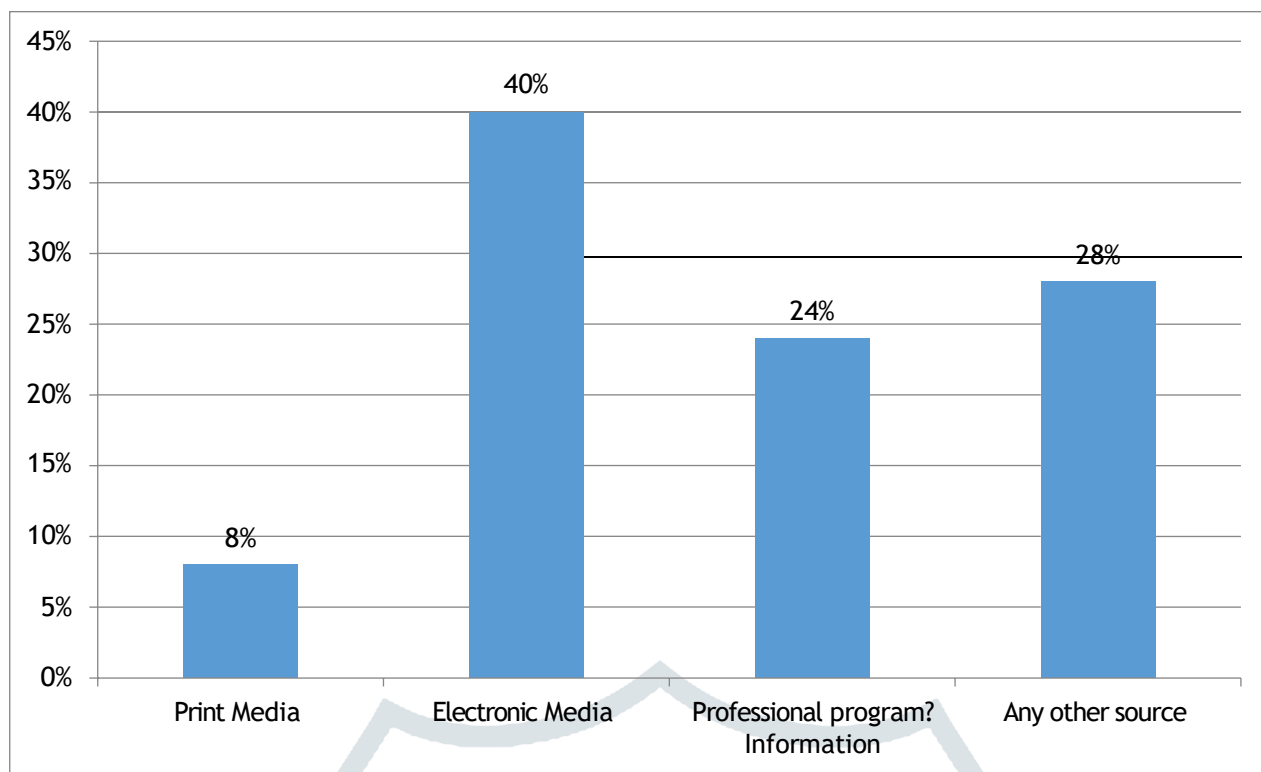
**Inferences:** Data presented in Figure 2 reveals 15(30%) of the study subjects were having below 0-2 years of teaching experience, 13(26%) of the study subjects we're having 3-5 years of teaching experience, 12(24%) of the study subjects were having 5-10 years of teaching experiences and 10(20%) of the study subjects were having above 10 years of teaching experience



**Figure 3: Showing percentage of the socio-demographic variables according to Qualification**

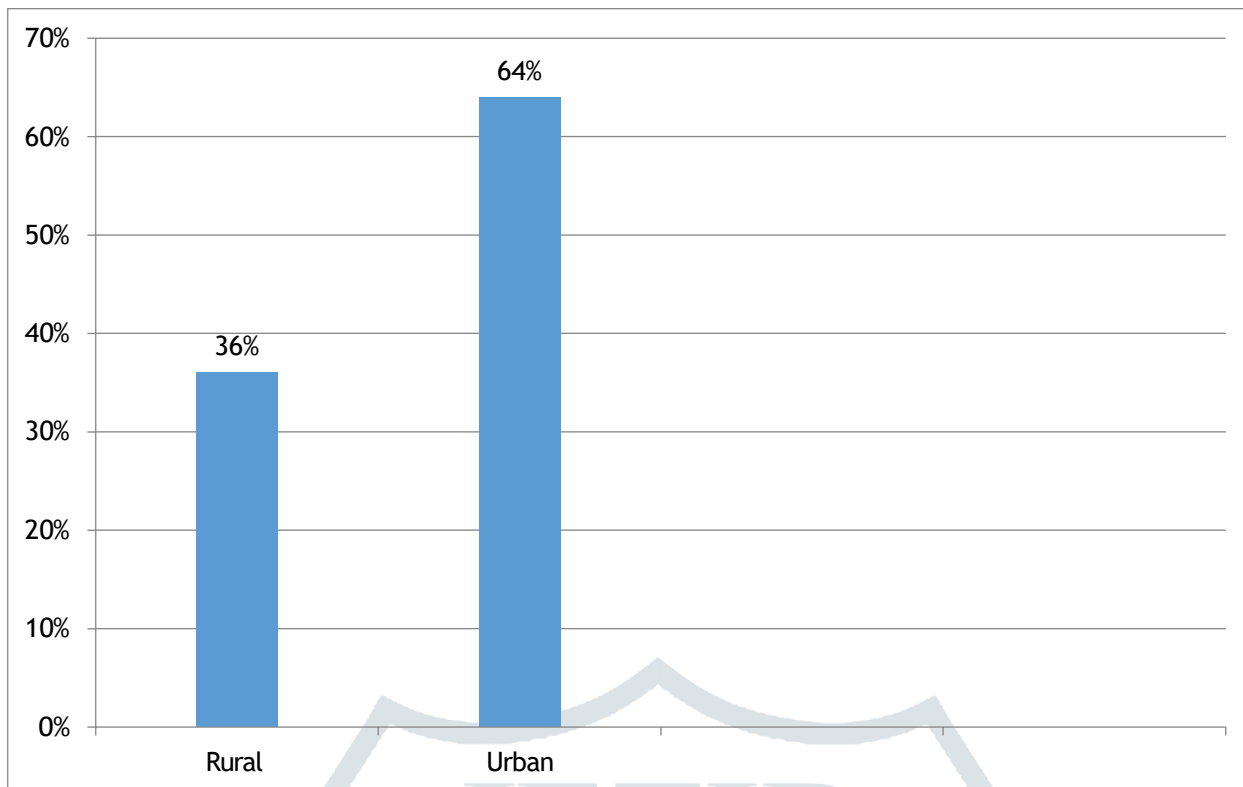
**Inferences:** Data presented in Figure 3 reveals that 15 (30%) of study subjects were graduate , 24(48%) were post graduates , 6( 12%) were M Phil and 5 (10%) Had post doctorate degree as their qualification





**Figure 4: Showing percentage of the socio-demographic variables according to Source of Information**

**Inferences:** Data presented in Figure 4 reveals that 4 (8 %) of the study subjects have source of information through Print Media, 20(40%) of the study subjects have source of information through Electronic Media , 12(24%) of the study subjects have source of information through Professional Program /Information and 14(28%) of the study subjects have source of information through Any other source



**Figure 5: Showing percentage of the socio-demographic variables according to Residence**

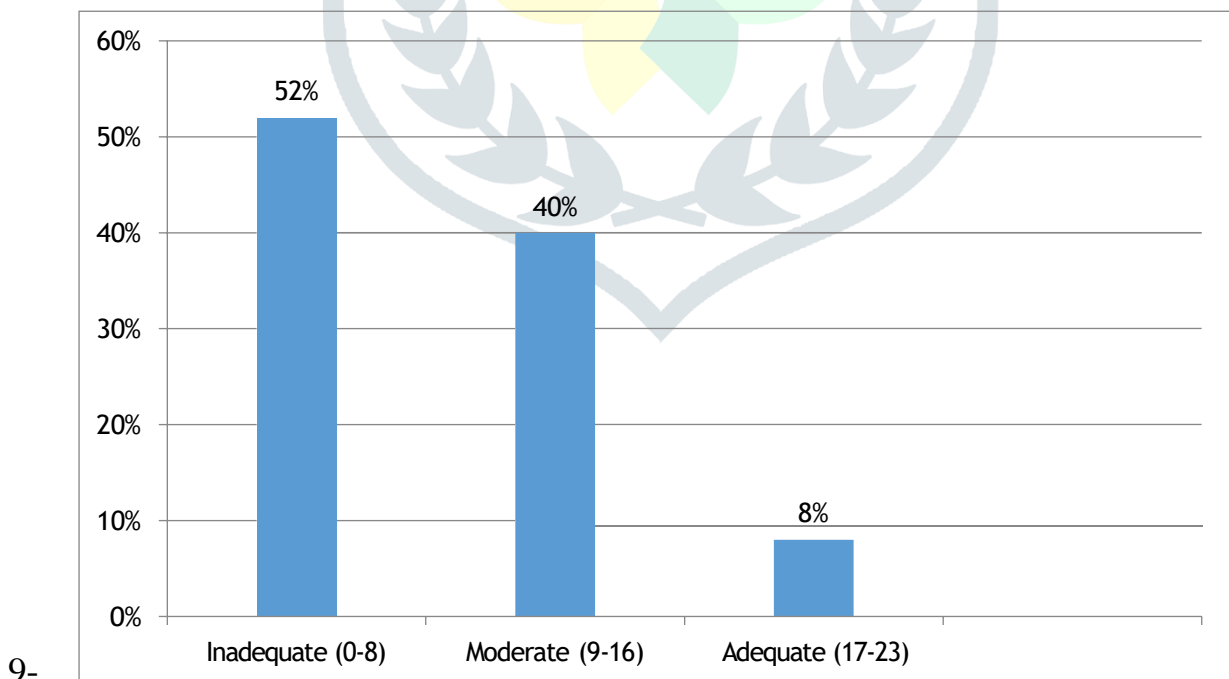
**Inferences:** Data presented in Figure 5 reveals that 18 (36%) of the study subjects belongs to the rural area and the 32(64%) of the study subjects belongs to the urban area

## Section 2.1: Pre-interventional level of knowledge score of the study subjects

**Table 1: Distribution of the study subjects according to the pre-interventional level of the knowledge score of the study subjects regarding Attention Deficit Hyperactivity Disorder**

N=50

SCORE LEVEL	Pre test, F(%)
Inadequate knowledge (0-8)	26 (52%)
Moderate knowledge (9_16)	20 (40%)
Adequate knowledge (17-23)	4(8%)
Minimum =0 Maximum=23	

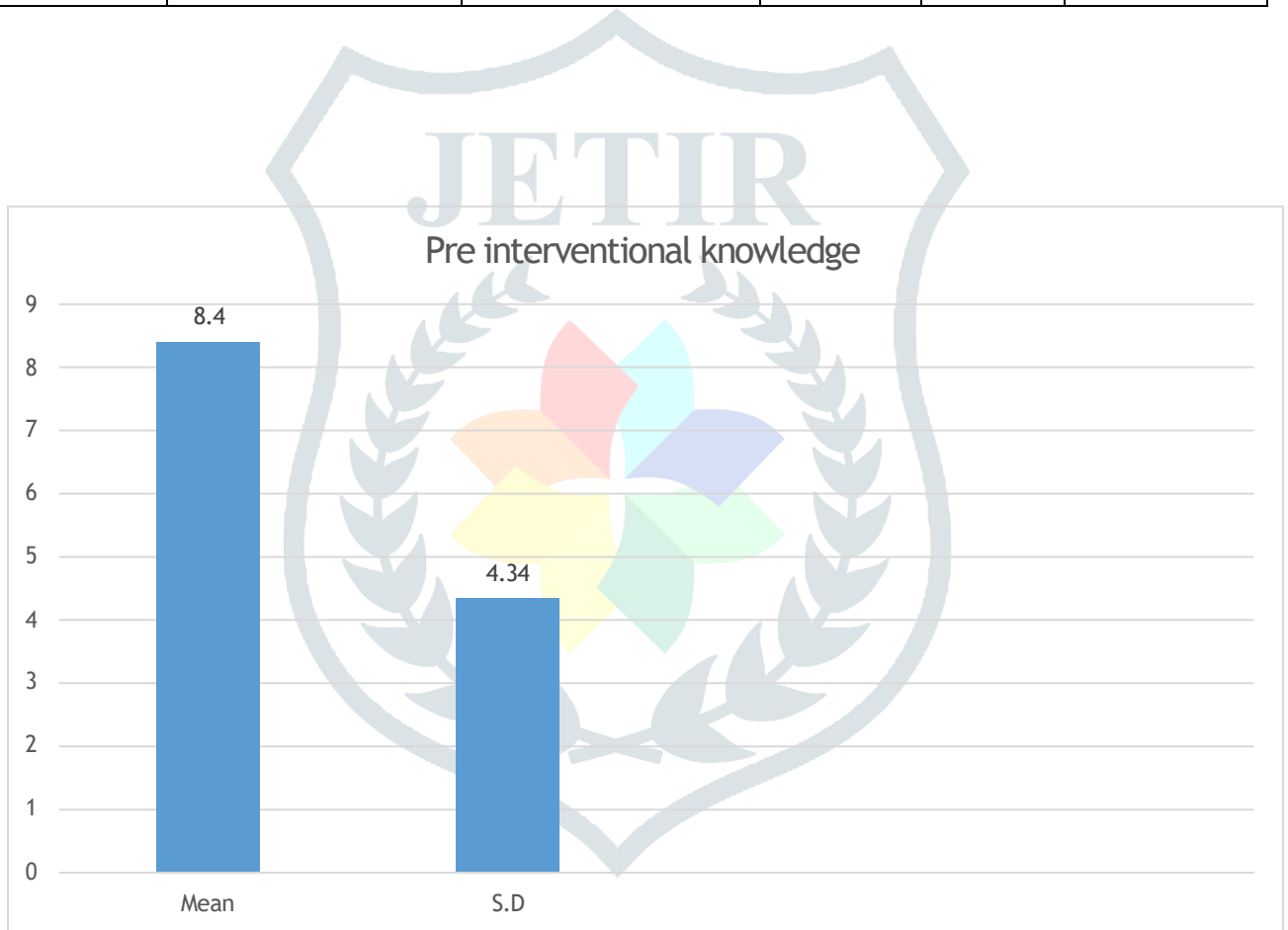


**Figure 6: Showing percentage distribution of study subjects according to the pre-interventional level of knowledge**

**Inferences:** Data presented in the figure showed that 26(52%) of the study subjects have inadequate knowledge, 20(40%) of the study subjects have moderate knowledge and 4(8%) of the study subjects have Adequate knowledge

**Table 3: Pre-interventional mean, , Median, Minimum, maximum knowledge scores Range and mean percentage of the study subjects**

Descriptive Statistics	Mean	S.D	Median score	Max	Min	Range	Mean Percentage
Pre-Test Knowledge	8.4	4.34	8	23	3	20	16%
	Maximum=23		Minimum= 0				

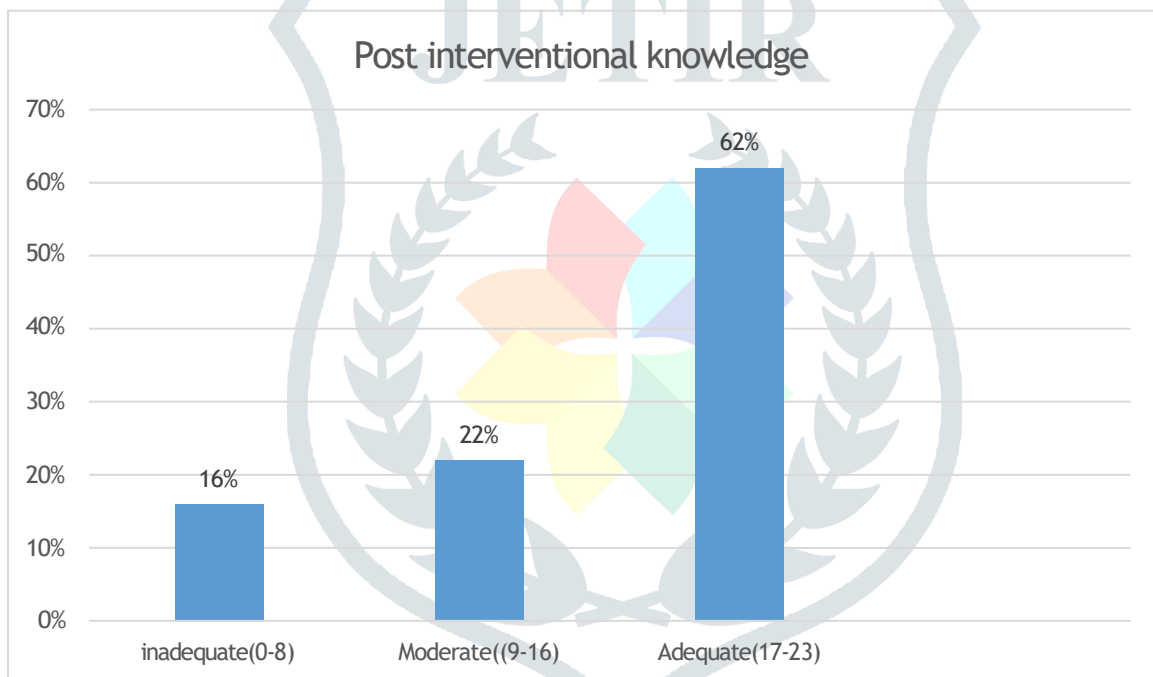
**Figure 7: showing Pre interventional Mean and S.D of the study subjects**

**Inferences:** Data presented in the figure 7 showed the Mean and S.D of the pre interventional knowledge was 8.4 and 4.34 respectively

## SECTION 2.2: Post interventional level of knowledge score of study subjects

**Table 4: Distribution of study subjects according to post interventional level of knowledge score of study subjects regarding Attention deficit hyperactivity disorder.**

Score level(N=50)	Post-test F(%)
Inadequate knowledge (0-8)	8(16%)
Moderate knowledge (9-16)	11(22%)
Adequate knowledge (17-23)	31(62%)
Maximum score =23 Minimum score =0	



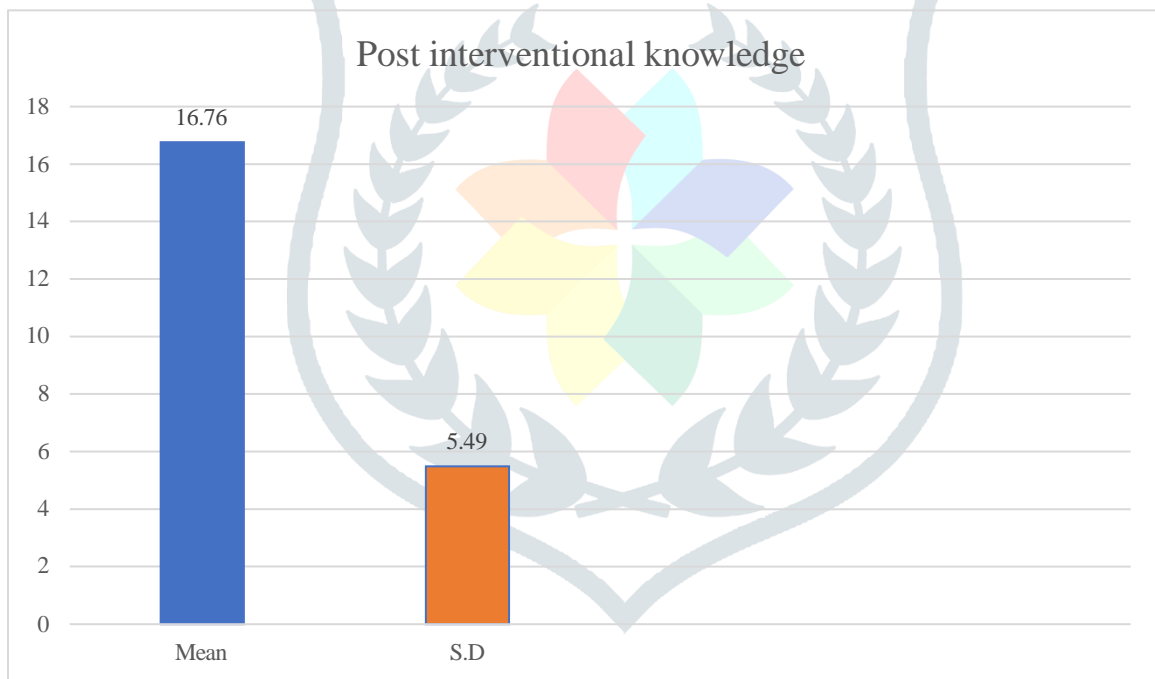
**Figure 8: Showing percentage of Study subjects according to post interventional level knowledge score**

**Inferences:** Data presented in figure 8 reveals that in post intervention 31(62%) of the study subjects had adequate knowledge, 11(22%) of the study subjects had moderate knowledge and 8(11%) 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=50

Descriptive Statistics	Mean	Median	S.D	Max.	Min	Range	Mean%
Post-test knowledge	16.76	17	5.49	23	5	18	34%
Maximum score =23		Minimum score =0					



**Figure 9: Showing post interventional mean and SD of study subjects**

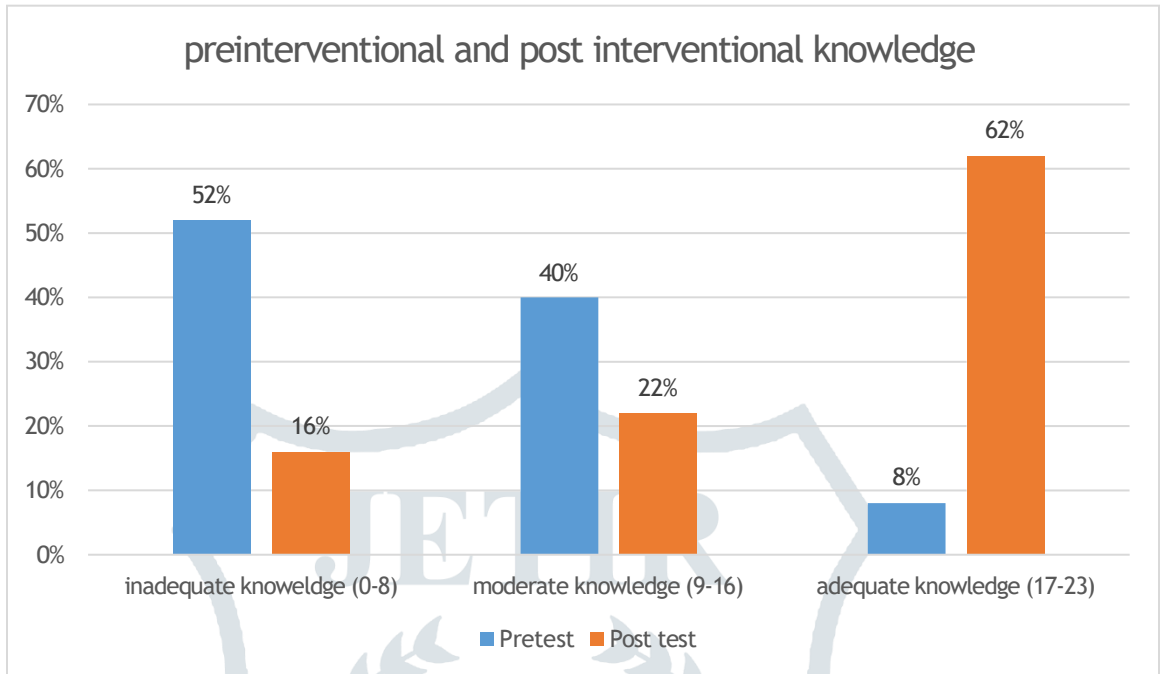
**Inferences:** Data presented in figure 9 reveals that post interventional Mean and SD knowledge score was 16.76 and 5.49 respectively

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

**Table 6: Showing frequency and percentage distribution of study subjects according to pre and post interventional knowledge scores**

CRITERIA MEASURE OF KNOWLEDGE SCORES		
Score level(N=50)	Pre-test F(%)	Post-test F(%)

Inadequate knowledge(0-8)	26 (52%)	8(16%)
Moderate knowledge(9-16)	20 (40%)	11(22%)
Adequate knowledge(17-23)	4(8%)	31(62%)
Maximum score=23	Minimum score=0	



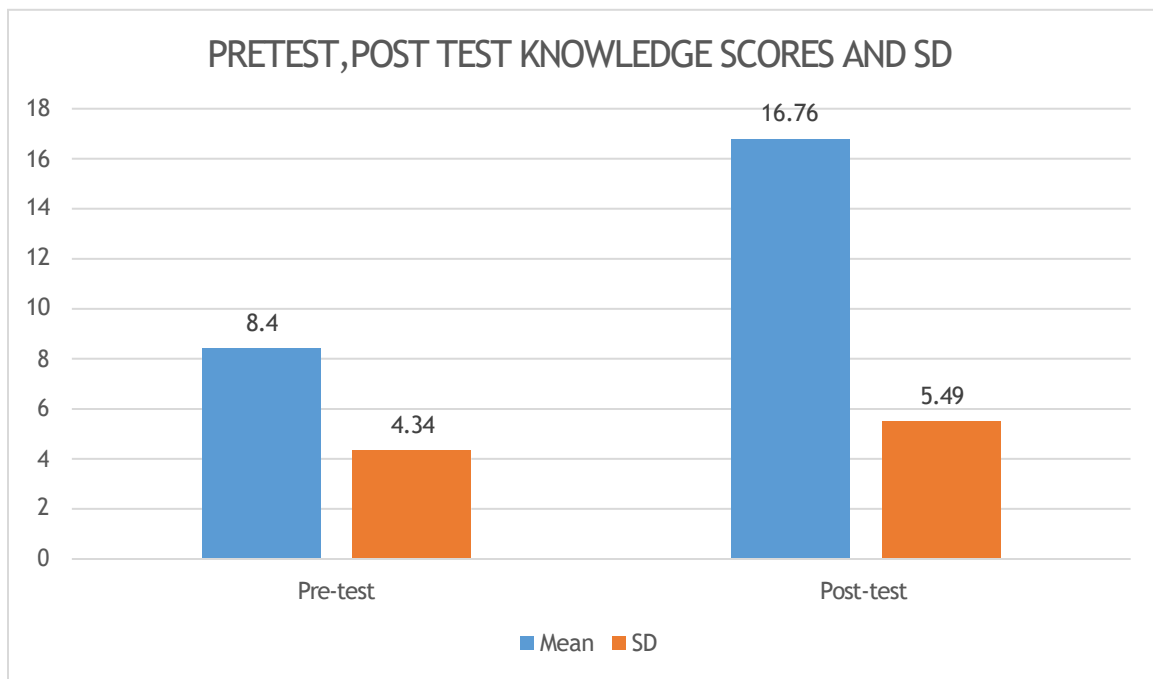
**Figure 10: Showing comparison of percentage of pre and post interventional knowledge scores**

**Inferences:** Data presented in Figure 10 reveals that in pre test, 52% of the study subjects had inadequate knowledge, 40% of the study subjects had moderate knowledge and 8% of the study subjects had adequate knowledge. Whereas in the post test, 62% of the study subjects had adequate knowledge, 22% of the study subjects had moderate knowledge and 16% of the study subjects had inadequate knowledge regarding Attention deficit hyperactivity disorder.

**Table 7: Comparison of pre and post interventional mean and SD of study subjects**

N=50

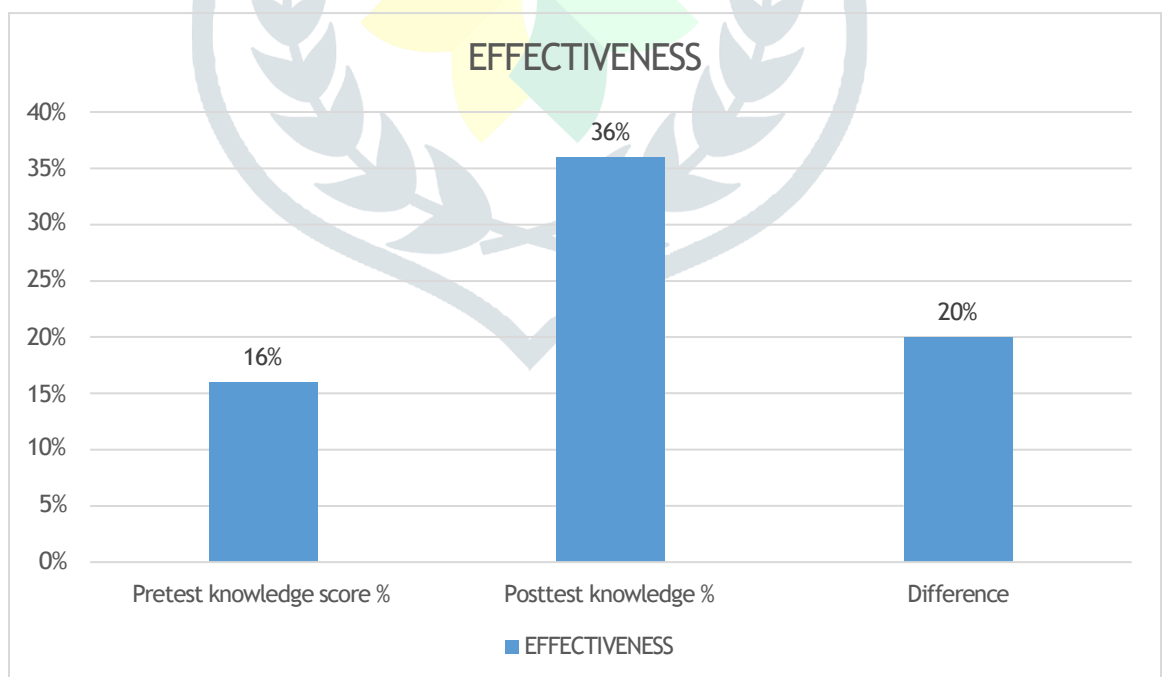
Mean	Pre-test knowledge	Post-test knowledge	Difference	Pretest knowledge %	Post test knowledge %	Difference %
Average	8.4	16.76	8.36	16%	36%	20%



**Figure 11: Showing comparison of pre and post interventional mean and SD knowledge scores of study subjects**

**Inferences:** Data presented in figure 11 reveals that mean and SD score of the post interventional knowledge score of the study subjects i.e.,  $16.76 \pm 5.49$  is greater than mean and SD score of the pre interventional knowledge i.e.,  $8.4 \pm 4.34$ . This shows that structured teaching programme (STP) was effective

**Figure showing effectiveness**



**Figure 12: Showing difference between pre and post interventional knowledge score**

**Inferences:** Data presented in figure 12 shows the pre interventional knowledge score (16%) and post interventional knowledge score (36%) and associated difference between the two (20%)



### 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**

Variables	category	Adequate knowledge	Moderate Knowledge	Inadequate Knowledge	Chi Test	P Value	df	Table value	Result
GENDER	Male	1	6	8	0.0548	0.05	2	5.99	Not significant
	Female	3	14	18					
Experience	0-2 years	0	5	10	91.16	0.05	6	12.59	Significant
	0-5 years	1	7	5					
	5-10 years	2	6	4					
	Above 10 years	1	2	7					
Qualification	Graduation	0	5	10	5.034	0.05	6	12.59	Not Significant
	Post-graduation	2	10	12					
	M Phil	1	2	3					
	PhD	1	3	1					
Source of Information	Print Media	0	2	2	29.6	0.05	6	12.59	Significant
	Electronic Media	1	8	11					
	Professional program	0	5	7					
	Any other source	3	5	6					
Residence	Rural	1	7	10	8.62	0.05	2	5.99	Significant
	Urban	3	13	16					

## CHAPTER V

### DISCUSSION

This chapter discusses major findings of study and reviews them in relation to finding from the previous studies. The present study aimed to assess the effectiveness of structured teaching programme on knowledge regarding Attention deficit hyperactivity disorder ADHD among teachers of primary department in selected schools of Anantnag Kashmir

#### Section 1

##### Socio-Demographic data of study subjects

- In the present research study 15(30%) of study subjects were males and 35(70%) were females
- 15(30%) of study subjects were graduates, 24(48%) were post graduates , 6( 12%) were M Phil and 5 (10%) were having post doctorate degree as their qualification
- 15(30%) of the study subjects were having below 0-2 years of teaching experience, 13(26%) of the study subjects we're having 3-5 years of teaching experience, 12(24%) of the study subjects were having 5-10 years of teaching experiences and 10(20%) of the study subjects were having above 10 years of teaching experience
- 4 (8 %) of the study subjects having source of information through Print Media, 20(40%) of the study subjects were having source of information through Electronic Media, 12(24%) of the study subjects were having source of information through Professional Program /Information and 14(28%) of the study subjects were having source of information through Any other source
- 18 (36%) of the study subjects belongs to the rural area and the 32(64%) of the study subjects belongs to the urban area

#### Section 2.1

## **Assessment of pre- interventional knowledge score of study subjects regarding Attention deficit hyperactivity disorder Attention deficit hyperactivity disorder.**

- The overall pre-interventional knowledge score shows that 26(52%) of the study subjects had inadequate knowledge, 20(40%) of the study subjects had moderate knowledge, and 4(8%) of the study subjects had adequate knowledge regarding Attention deficit hyperactivity disorder.

### **Section 2.2**

#### **Assessment of post interventional knowledge score of study subjects regarding Attention deficit hyperactivity disorder.**

The overall post interventional knowledge score shows that majority of subjects i.e., 31(62%) of the study subjects had adequate knowledge and 11(22%%) of the study subjects had moderate knowledge and 8(16%%) of the study subjects had inadequate knowledge regarding Attention deficit hyperactivity disorder

### **Section 2.3**

#### **Comparison of pre and post interventional level of knowledge scores regarding Attention deficit hyperactivity disorder (ADHD)**

- The overall pre and post-interventional knowledge score of study subject reveals that the percentage obtained by the study subjects in pre-test was 8.4 at standard deviation 4.34. Whereas in post-test was 16.76 at standard deviation 5.49

The maximum percentage of knowledge score by the study subjects that was found in the knowledge aspect is 62% in post-test. It was evident that the obtained t value 21.023 which was greater the table value at 0.05 level of significance. Therefore, t value was found to be significant. It means there was gain in knowledge level of study subject

### Section 3:- Association of pre interventional knowledge scores of study subjects with socio-demographic variables

- The present study indicated that there was significant association between pre- interventional knowledge score with selected socio-demographic variables i.e., (Source of information ,years of experience and residence ) and there was no significant association between pre interventional knowledge score with selected socio-demographic variables i.e., (Gender and qualification) Hence research hypothesis i.e., H2 which states that, "there will be a significant association between mean pre-test knowledge score with selected demographic variables is true in Residence , source of information, years of experience and is rejected in variables i.e. Gender and qualification.



## CHAPTER VI

### SUMMARY AND CONCLUSION

The study that was conducted among teachers of primary department in selected schools of Anantnag Kashmir, sample size was 50 (n=50) and purposive random sampling technique was used, self-structured questionnaire was used as tool and intervention was structured teaching program (STP).

Some findings from the study are; -

- Pre interventional score /findings showed that the primary teachers had inadequate or moderate knowledge regarding Attention deficit hyperactivity disorder, so there is need to provide them knowledge and make them aware.
- The Structured teaching programme (STP) was found effective in improving the level of knowledge of teachers of primary department regarding Attention deficit hyperactivity disorder as evident from their post interventional knowledge score.
- There was significant association between pre interventional knowledge score of the study subjects with their selected socio-demographic variables i.e., (residence , years of experience and source of information) and there was no significant association between pretest score of the study subjects with their remaining selected socio-demographic variables (qualification and Gender).
- These findings reveal that an effective structured teaching program must be conducted in schools with a view to make the teachers of primary department knowledgeable about various aspects of attention deficit hyperactivity disorder

### SUMMARY OF THE MAJOR FINDINGS

#### Majority of findings related to demographic variables: -

- In the present research study 15(30%) of study subjects were males and 35(70%) were females
- 15(30%) of study subjects were graduates , 24(48%) were post graduates , 6( 12%) were M Phil and 5 (10%) were having post doctorate degree as their qualification
- 15(30%) of the study subjects were having below 0-2 years of teaching experience, 13(26%) of the study subjects we're having 3-5 years of teaching experience, 12(24%) of the study subjects were having 5-10 years of teaching experiences and 10(20%) of

the study subjects were having above 10 years of teaching experience

- 4 (8 %) of the study subjects having source of information through Print Media, 20(40%) of the study subjects were having source of information through Electronic Media, 12(24%) of the study subjects were having source of information through Professional Program /Information and 14(28%) of the study subjects were having source of information through Any other source

- 18 (36%) of the study subjects belongs to the rural area and the 32(64%) of the study subjects belongs to the urban area

### **Majority findings related to pre and post interventional level of knowledge score regarding Attention deficit hyperactivity disorder (ADHD):-**

- 26(52%) of the study subjects had inadequate knowledge, 20(40%) of the study subjects had moderate knowledge, and 4(8%) of the study subjects had adequate knowledge regarding Attention deficit hyperactivity disorder.

- 8.4 and 4.34 is the mean and SD of the pre interventional knowledge score respectively.

- 31(62%) of the study subjects had adequate knowledge and 11(22%) of the study subjects had moderate knowledge and 8(16%) of the study subjects had inadequate knowledge regarding Attention deficit hyperactivity disorder

- 16.76 and 5.49 is the mean and SD of the post interventional knowledge score respectively.

### **Majority Findings related to comparison; -**

- 20% is the difference between pre interventional knowledge score (16%) and post-interventional knowledge score .

- Mean and SD score of the post interventional knowledge score of the study subjects (16.76, 5.49) is greater than mean and SD score of the pre interventional knowledge (8.4,4.34) .This shows that the structured teaching program was effective.

### **Majority findings related to association between pre interventional knowledge scores with socio-demographic variables (Gender, source of information, years of experience, qualification, residence)**

- Significant association was found between pre interventional knowledge scores of the study subjects with their selected socio-demographic variables i.e., (, years of experience, source of information, residence) and there was no significant association between pre interventional score of the study subjects with their remaining selected demographic variables i.e., (qualification, Gender )

### **Limitations of the study: - the study was limited to**

- Small sample size.
- Only three settings i.e. VIPS, Army Good Will School and Govt middle school sarnal anantnag
- Use of structured knowledge questionnaire restricts the amount of information that could be collected from the subjects.

### **Recommendations:-**

- The sample study can be replicated on large sample to generalize the findings.
- The sample study can be conducted in different schools.
- A survey can be done to determine interest among nurses in educating teachers on Attention deficit hyperactivity disorder.
- Teaching program should be updated to include comprehensive information about attention deficit hyperactivity disorder (ADHD) for early diagnosis and referral of students having Attention deficit hyperactivity disorder (ADHD).

### **IMPLICATIONS: -**

The study provides a scope for further research in the field of nursing .it will enable the use of understanding knowledge regarding Attention deficit hyperactivity disorder (ADHD) among teachers of primary department. The study primarily depicts how a Structure teaching programme (STP) can enhance the knowledge of subjects.

### **NURSING PRACTICE:-**

- The nurses can learn accurate assessment of level of knowledge by using structured questionnaire.

- The STP can be incorporated in nursing as specific health education measure to teach about Attention deficit hyperactivity disorder (ADHD) among primary students.
- Nurses as health care professionals have responsibility to promote health information practice among parents and teachers.
- The nursing personal can be able to develop specific knowledge and skill in providing health education regarding Attention deficit hyperactivity disorder (ADHD) among parents and teachers.

### **NURSING EDUCATION:-**

- The study increases the knowledge of nursing students which help them to impart adequate knowledge to others.
- Nurses can provide health education regarding Attention deficit hyperactivity disorder.
- Nurses can organize workshops regarding knowledge on Attention deficit hyperactivity disorder.
- Nurses at the post graduate level need to develop skill in preparing health teaching materials at the level of parents understanding.

### **NURSING RESEARCH:-**

- Nurses can increase the nursing knowledge which also helps to generate new knowledge about the subject.
- The study findings can be used as the baseline data and further studies can be conducted and the study can be expanded in various fields.
- Research should focus on modification of certain factors like lifestyle, developmental factors, child parental relationship and dietary factors aimed at preventing attention deficit hyperactivity disorder in children

## **CHAPTER – VII**

### **REFERENCES AND BIBLIOGRAPHY:**

- 1) Attention deficit/ hyperactivity disorder (ADHD) in children (published 25



- June 2019)(cited on 15 April 2021) available from (internet) <https://my.clevelandclinic>
- 2) Attention deficit hyperactivity disorder (ADHD) in children ( published on march 32016) , 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 december 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 on1stOctober 2014), (cited on 21April 2021), available from internet on <https://www.ncbi.nlm.nih.gov>
  - 10) 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 psychiatric 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) prevalence 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 prevalence 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>
- 16) Operational definition of Attention deficit hyperactivity disorder (ADHD), (published on25 June 2019), (cited on 15 April 2021), available from internet on <https://www.mycllevelandclinic.org>
- 17) Sharma k, textbook of Research and Statistics 3rd edition from page no. 116
- 18) Tungoe L, Shadap A , Karki P published in October 2019; a pre-experimental study to assess the effectiveness of self-instructional module on knowledge regarding ADHD among primary school teachers in selected schools of Gangtok city Sikkim. (Cited on 15may 2021) Available from internet on <https://www.valleyinternational.net>.
- 19) Almadwah K J A, Qasim A K A, Issa S S, Almussawe published in March 2019: a descriptive study to assess the knowledge of primary school teachers about ADHD in Basra city (cited on 13may 2021) available from internet on <https://www.researchgate.net>
- 20) Kaur G, Nitakumari K, published in 2018; a study with quantitative approach aimed to assess the level of knowledge regarding ADHD among school teachers in selected schools of district Mohali (cited on 13may 2021)available from internet on <https://www.ajner.com>.
- 21) Almoghamsi E Y, Aljohani A, in the year 2017; a cross sectional study to asses the level of knowledge regarding ADHD among elementary school teachers in Madina Al Monawara city, (cited on 13may 2021) available from internet on <https://www.ncbi.nlm.nih.gov>
- 22) Pawan sharma ,rajiv k gupta ,Rakesh bansal et al; a study to assess the prevalence and correlation of ADHD risk factors among schoolchildren in rural area of north India , journal of family medicine and pry care (cited on January 2020) available from internet <https://www.researchgate.net>
- 23) Rahul sharma , Dr anupama oka ;A study to assess the effectiveness of structured teaching prog ramme on knowledge of primary school teachers regarding ADHD in selected schools of alwar Rajasthan , IJSR (cited on 5<sup>th</sup> of the may 2020) page no 811-814

- 24) Ashish Gautam, A study to assess the effectiveness of the structured teaching programme on knowledge regarding ADHD among primary school teachers , world journal of pharmaceutical research ,volume 6 issue 7, 2017 ,1402 - 1406,research article ISSN 2277-7150 <https://www.researchgate.net>
- 25) Malik halal et al ; A cross sectional study to assess the effectiveness of the structured teaching programme on knowledge regarding ADHD among primary school teachers in Bahrain ,cited on 2014 available from internet <https://www.researchgate.net>
- 26) Ajay tyagi , jain RB, Sethi S ; A study to assess the effectiveness of the structured teaching programme on knowledge regarding ADHD among primary school teachers of a rural block of Haryana , international journal of basic and applied medical sciences , vol 3, 267-273 as available on internet cited 2013 <https://www.cibtech.org>, [www.researchgate.net](http://www.researchgate.net)
- 27) Gurinder kaur , K rajesh et al : A study to assess the effectiveness of the structured teaching programme on knowledge regarding ADHD among primary school teachers ,tarn-taran , Punjab as available from internet <https://www.researchgate.net/publication/344492449>
- 28) Sharma k, textbook of Research and Statistics 3rd edition from page no.163-164
- 29) Sharma R , textbook of Research and Statistics 2nd edition from page no.151
- 30) Sharma k, textbook of Research and Statistics 3rd edition from page no.251
- 31) Sharma R, textbook of Research and Statistics 2nd edition from page no.219- 220

## ANNEXURES

### ANNEXURE I

**Letter seeking permission from Academic Co-coordinator to conduct the research study Institute of Nursing, South Campus , University Of Kashmir Anantnag.**

The Academic Coordinator,

Institute of Nursing, South Campus, University Of Kashmir Anantnag. Subject:

**Permission to conduct the research study.**

Respected Sir,

We the B.Sc. (N) final year students of Institute of Nursing, South Campus, University Of Kashmir Anantnag request your good self to kindly grant us permission for conducting research study entitled, **A pre – experimental study to assess the effectiveness of structured program on knowledge regarding Attention deficit hyperactivity disorder (ADHD) among teachers of primary department in selected schools of Anantnag, Kashmir.**

Thanking in anticipation Yours Faithfully

B.SC (N) final year students – Group (B)

## **ANNEXURE II**

**Letters seeking permission from principals of the selected schools to conduct the study**





**LETTER FOR CONDUCTION OF STUDY**

The Headmaster

Govt. Middle School  
Sarnal, Anantnag

**Subject: Permission for Research Project (B.Sc. Nursing 4<sup>th</sup> Year)**

Respected Sir/Madam,

We the B.Sc. Nursing 4<sup>th</sup> year students from Institute of Nursing, University of Kashmir, South Campus, Anantnag wish to do a research study titled **“A study to assess the effectiveness of Structured Teaching Programme on knowledge regarding Attention Deficit Hyperactivity Disorder among primary school teachers in selected schools of Anantnag, J&K”** for our dissertation to be submitted to the Institute of Nursing, University of Kashmir, South Campus, Anantnag in partial fulfillment of the requirement of our degree.

So, we request your good self to grant permission to undertake the study in your insitution. That will be your most kindness.

Thanking You!

*[Signature]*  
Yours faithfully,

B.Sc. Nursing 4<sup>th</sup> year students

Date: 27/9/2020  
Place: Sarnal M/S



*Certify today on  
27<sup>th</sup> of September 2022  
A group of students 4<sup>th</sup>  
Year Nursing from South Campus  
(U.K.) visited our School and delivered a topic  
on ADHD Successfully*

**LETTER FOR CONDUCTION OF STUDY**

The Headmaster *Pomipaw*  
*Army Goodwill*  
*School Highground*  
*Anantnag*

**Subject: Permission for Research Project (B.Sc. Nursing 4<sup>th</sup> Year)**

Respected Sir/Madam,

We the B.Sc. Nursing 4<sup>th</sup> year students from Institute of Nursing, University of Kashmir, South Campus, Anantnag wish to do a research study titled "A study to assess the effectiveness of Structured Teaching Programme on knowledge regarding Attention Deficit Hyperactivity Disorder among primary school teachers in selected schools of Anantnag, J&K" for our dissertation to be submitted to the Institute of Nursing, University of Kashmir, South Campus, Anantnag in partial fulfillment of the requirement of our degree.

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Thanking You!

Y0tİS İaİİİffİİİ},

B.Sc. Nursing 4<sup>th</sup> year students

Date: *28 Sep 2022*

Place: *Highground*

Signature with seal:  




;i=rr\_rolico?ar\*noNoJSirDi



**Subject: Permission for Research Project (B.Sc. Nursing 4<sup>th</sup> Year)**

Respected Sir/Madam,

We the B.Sc. Nursing 4<sup>th</sup> year students from Institute of Nursing, University of Kashmir, South Campus, Anantnag wish to do a research study titled “A study to assess the effectiveness of **Structured Teaching Programme on knowledge regarding Attention Deficit Hyperactivity Disorder among primary school teachers in selected schools of Anantnag, J&K**” for our dissertation to be submitted to the Institute of Nursing, University of Kashmir, South Campus, Anantnag in partial fulfillment of the requirement of our degree.

So, we request your good self to grant permission to undertake the study in your institution. That will be your most kindness.

Thanking You!

Yours faithfully,

B.Sc. Nursing 4<sup>th</sup> year students

Date: 21-09-2022

Place: High Ground Aug

Signature with seal:

## ANNEXURE III

**INSTITUTE OF NURSING, SOUTH CAMPUS, UNIVERSITY OF KASHMIR  
ANANTNAG.**

### **. PROBLEM STATEMENT**

A pre- experimental study to assess the effectiveness of structured teaching program on knowledge regarding Attention deficit hyperactivity disorder (ADHD) among teachers of primary department in selected schools of Anantnag J&K.



**Guided by:- Mr. Ishfaq Nazir**

**Submitted by Group B**

Ms. Bisma Yousuf

Mr Haroon Rashid

Ms Fozia Mushtaq

Ms Inabat Jabbar Mr Faizan

Nisar

Ms Gazala

Ms Gazala Nasreen



## PERMISSION LETTER

**From Group B 4th year BSc Nursing students**

Institute of Nursing, South Campus, University of Kashmir To

Respected

**Subject: Letter requesting opinion and suggestion establishing content validity of tool**

We 4th year BSc. (N) students Institute of Nursing, South Campus , University of Kashmir J&K, working on research project with title “**A pre- experimental study to assess the effectiveness of structured teaching program on knowledge regarding Attention deficit hyperactivity disorder (ADHD) among teachers of primary department in selected schools of Anantnag Kashmir**” to be submitted at Institute of Nursing in partial fulfilment of degree in bachelors in nursing.

We humbly request you kindly give your valuable suggestions and expert comments on the content of the tool.

Thank you for the time spend in going through the tool

Yours faithfully

Students of BSc Nursing 4th year (group B)

**Guided by**

**Mr. Ishfaq**

**Nazir  
Coordinato**

r

**Seal/signature**

## OBJECTIVES OF THE STUDY

1. To assess the pre- interventional knowledge score regarding Attention deficit hyperactivity disorder (ADHD) among teachers of primary department in selected schools of Anantnag Kashmir
2. 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 Anantnag ,

Kashmir

3. 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 Anantnag Kashmir

## **OPERATIONAL DEFINITIONS**

### **I. ASSESS:**

In this study assess refers to evaluate the level of knowledge score of teachers of primary department regarding Attention Deficit Hyperactivity Disorder (ADHD).

### **II. EFFECTIVENESS:**

In this study it refers to significant gain in knowledge as determined by significant difference between pre and post test knowledge score.

### **III. STRUCTURED TEACHING PROGRAMME:**

In this study it refers administration of systematically organized, well planned teaching programme (which pair written instructions with oral instructions ) to the teachers of primary department regarding Attention Deficit Hyperactivity Disorder (ADHD)

### **IV. KNOWLEDGE:**

In this study it refers to correct response of teachers of primary department regarding Attention Deficit Hyperactivity Disorder (ADHD)

### **V. ADHD; Attention Deficit Hyper Activity Disorder:**

It is a psychiatric condition including attention difficulty, hyperactivity and impulsiveness which often begins in childhood and can persist in the adulthood. It may contribute to low self esteem, travelled relation ships and difficulty at school or work.

## VI. PRIMARY DEPARTMENT:

In this study it refers to section or division of schools which provides primary education.

### Hypothesis

H<sub>1</sub>: 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 Anantnag, J&K at 0.05% level of significance.

H<sub>0</sub>: 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 Anantnag at 0.05% level of significance.

H<sub>2</sub>: 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 Anantnag at 0.05% level of significance.

### ASSUMPTIONS:

- Teachers of primary department will have varying level of knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD).
- Structured teaching program will enhance the knowledge of teachers of primary department regarding Attention Deficit Hyperactivity Disorder (ADHD)
- Knowledge regarding Attention Deficit Hyperactivity Disorder (ADHD) will develop positive attitude among teachers of primary department to find out the students who have Attention Deficit Hyperactivity Disorder (ADHD)

## ANNEXURE IV

### BLUEPRINT FOR RESEARCH TOOL

Serial No	Items	No of items	total no of response	Weightage

01	Section sociodemographic variables	1:1,2,3,4,5	5	16.6%
02	Section Introduction ,causes and risk factors , signs and symptoms diagnosis management	2:6,7,8,9,10,11,12,13,14,15,16, 17,18,19,20,21,22,23,24,25,26 ,27,28,29,30	25	83.4



ACCEPTANCE FORM FOR THE TOOL AND INTERVENTION VALIDATION

NAME: *Dr. Anwar Shafi*

DESIGNATION:

"XAME070R0AXTSAT10X:"

Statement of acceptance /non acceptance to validate the tool

I site ni acceptance /non acceptance to validate the tool

Topic: "A study to assess the effectiveness of structured teaching programme on knowledge regarding ADIID among primary school teachers in selected schools of Anantnag"

Date :

Signature :

*Anwar Shafi*  
**Medical Officer**  
**Govt. Mattan**



ACCEPTANCE FORM FOR THE TOOL AND INTERVENTION VALIDATION

NAME: Ms. Nighal Parveen

DESIGNATION: Assistant Professor

NAME OF ORGANISATION: Institute of Nursing, University of Kashmir

Statement of acceptance /non acceptance

I give my acceptance /non acceptance to validate the tool

Topic: "A study to assess the effectiveness of structure teaching programme on knowledge regarding ADHD among primary school teachers in selected school of anantnag"

Place: South Campus

Date: 20th Sept '22

Signature: Nighal



ACCEPTANCE FORM FOR THE TOOL AND INTERVENTION VALIDATION

NAME: Dr. Humera Javid

DESIGNATION: Medical Officer

BLUE OF ORGANISàTIOF: II Lx

Statement of acceptance

I hereby accept the tool for validation of the following

Topic: "A study to assess the effectiveness of strict time teaching programme on the prevalence of ADHD among primary school teachers in the district of Anantnag"

Date: 14 Sep 22

Signature:   
Medical Officer  
PHC Mattan

**SECTION (A) {SOCIO DEMOGRAPHIC SECTION}****Structured questionnaire on knowledge regarding Attention deficit hyperactivity disorder (ADHD).**

Tool for data collection

Date:

Instructions: Dear participants please read the following items carefully and complete them by placing a tick mark

1. Gender

a) Male

b) Female

2. Years of experience.

a) 0-2 years

b) 3-5 years

c) 5-10 years

d) Above 10 years

3. Education Qualification of Teacher

a) Graduation

b) Post-graduation

c) Mphil

d) Phd

4. Source of information

a) Electronic Media

b) Print Media

c) Professional program/information

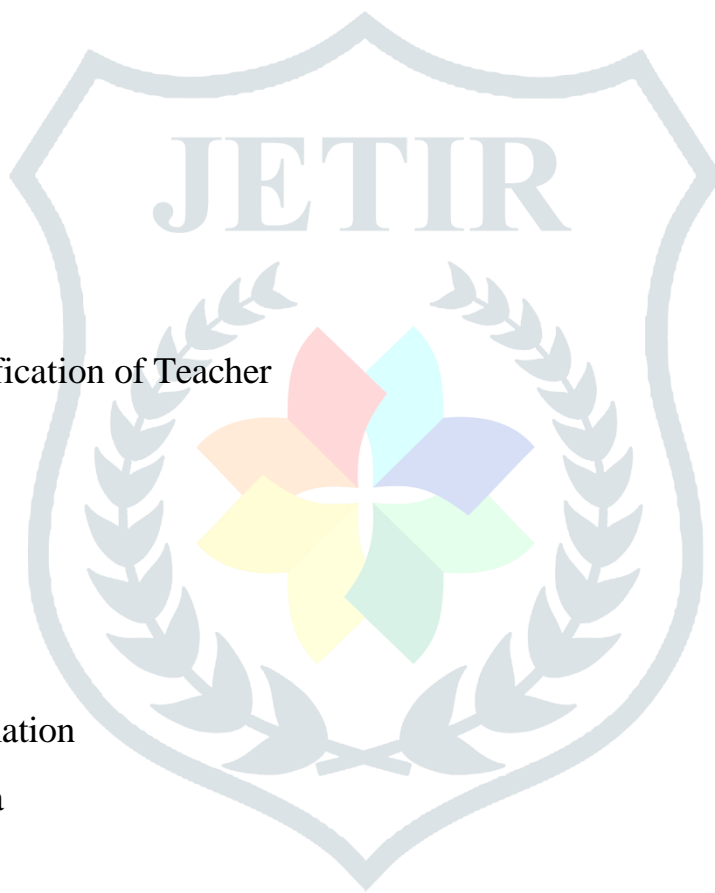
d) Any other source 5. Residence

a) Urban

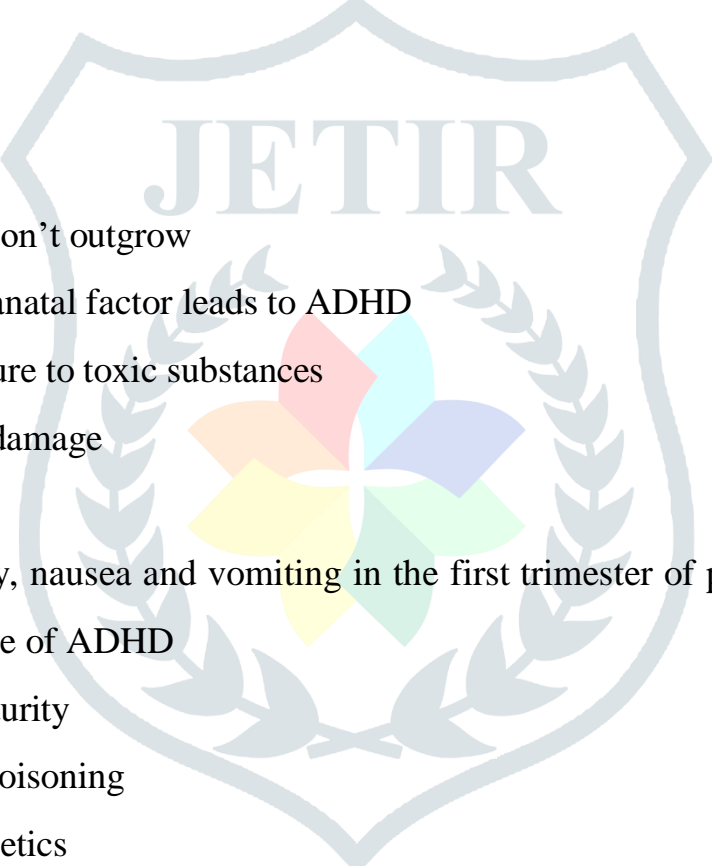
b) Rural

**SECTION (B)****Structured knowledge questionnaire for assessing the knowledge about Attention deficit hyperactivity disorder (ADHD) among teachers of primary department**

**Instructions:- Read the following questions carefully and place a tick mark which is most appropriate response. Each correct question response consists of score [1] and wrong response [0].**





6. ADHD is more present in
- Girls
  - Boys
  - Both a& b.
  - None of the above.
7. ADHD can be diagnosed at an age of
- At 0- 2
  - At 4-6
  - At 10
  - At 12
8. Children usually outgrow ADHD by age of
- 14-18
  - 19-24
  - 25-35
  - Most don't outgrow
9. Which intranatal factor leads to ADHD
- Exposure to toxic substances
  - Brain damage
  - PPH
  - Allergy, nausea and vomiting in the first trimester of pregnancy
10. What is the common cause of ADHD
- Prematurity
  - Lead poisoning
  - Epigenetics
- 
- A large, light gray watermark logo for JETIR is centered on the page. It features a shield-like shape with a laurel wreath border. Inside the wreath, the word "JETIR" is written in a large, serif font. Below the text is a colorful, multi-petaled flower-like emblem with petals in shades of red, orange, yellow, green, and blue.

d) All

11. Which one among the following triggers ADHD

a) Stress and spicy diet

b) Light

c) Happiness

d) All of the above

12. Which area of the brain is affected by ADHD

a) Meninges

b) Hypothalamus

c) Cerebellum

d) Limbic system(hippocampus ,corpus callosum)

13. Which neurotransmitter is helpful to children with ADHD

a) Dopamine

b) Tyrosine

c) Epinephrine

d) Cortisol

14. Most common symptoms of ADHD are

a) Hyperactivity

b) Inattention,

c) Impulsiveness and disorganization

d) A combination of these symptoms

15. Which of the following is not a symptom of ADHD

a) Impulsivity

b) Hyperactivity

c) Fidgeting

d) Stuttering

16. Which is a symptom of inattentiveness.

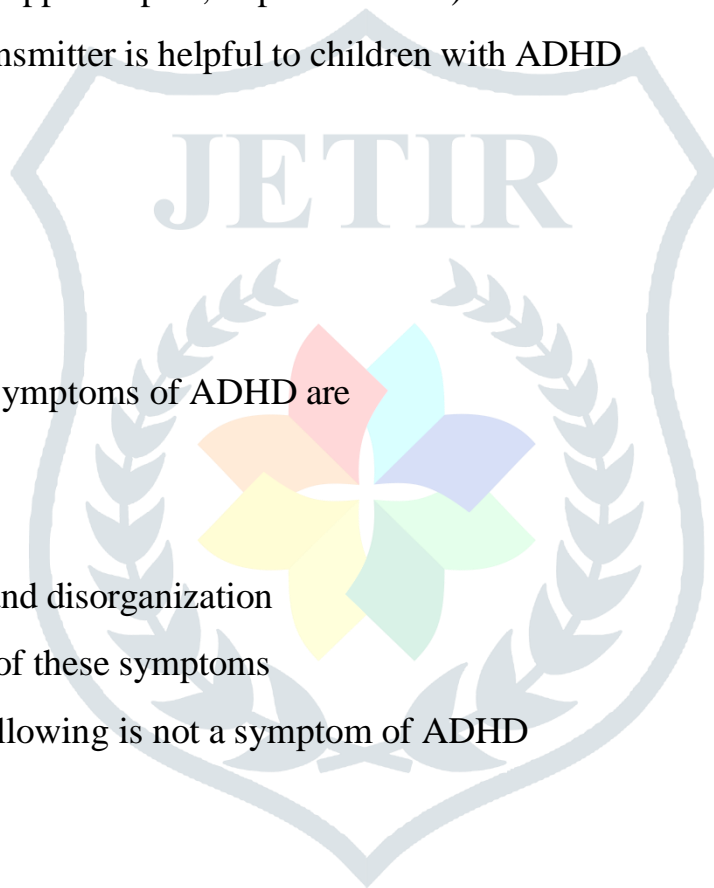
a) More focused

b) Being easily distracted

c) Stuttering

d) Swirling

17. Hyperactivity component of ADHD that persist in adults



a) Motor Tics

b) disorganization

c) Restlessness

d) Physical Aggression

18. What is the effect of ADHD

a) Good relationship

b) More attention

c) Poor school performance and poor social relationship

d) Good behavior

19. Common Comorbid Psychiatric Condition in children's with ADHD include.

a) Paraphilia

b) Eating Disorders

c) Obsessive compulsive disorder

d) Oppositional/ Conduct Disorders

20. ADHD can be diagnosed by

a) Prolonged Lethargy lasting at least 3 months

b) Presence of Comorbid psychiatric condition

c) Positive findings of brain imaging

d) symptoms of Inattention or Hyperactivity-Impulsivity (or both) that have persisted for at least 1 month

21. ADHD is often treated with

a) Medication

b) Behavioural Modification

c) Parental Education ,psychotherapies

d) All of the above

22. Which is the most common form of stimulant medication used to treat ADHD

a) Vitalin

b) Ritalin

c) Chlorpromazine and alprazolam

d) Amyl nitrate

23. Which baseline assessment is done to start a stimulant for a child with ADHD

- a) Height, Weight and Blood Pressure
- b) Fasting Glucose
- c) Liver Enzymes
- d) Electrocardiogram

24. Which if the following psychotherapy approach is effective for ADHD

- a) Behavioural Management
- b) Music therapy
- c) Psychoanalytical therapy
- d) None of the above

25. Behavioral therapy for ADHD include

- a) Setting and achieving specific goals
- b) Scolding the child who are easily distracted
- c) Use rewards when the child behaves well
- d) Both a and c

26. Parental Education/ Teaching for a child with ADHD include

- a) Be loving and supporting especially when the child make mistakes
- b) Retain your sense of humour and don't lose patience ever so often
- c) Educate and sensitize siblings to the needs of the special child
- d) Ignore child behaviour

27. Which of the following is effective in students with ADHD

- a) A social skills curriculum to help them develop their ability to effectively interact with their classmates
- b) A seat in the classroom that offers minimal distraction
- c) A chance to get up out of his/her seat and walk through the hallway two times each period
- d) A behaviour management system which rewards the student for the amount of consecutive class periods they dont call out

28. Role of the teacher in diagnosing the ADHD is

- a) Check behaviour ,attention and learning ability of the child
- b) By observing child's physical activity
- c) By assessing the scores of child
- d) Punish child when he/she makes mistakes

29. ADHD contributes to

- a) Low self esteem
- b) Troubled relationships
- c) Difficulty at work
- d) All of the above

30. Which of the following can help a ADHD child without giving medications

- a) Exercises ,behavioural therapy
- b) Stress management activities
- c) All of the above
- d) Only B



**ANNEXURE VI****SCORING KEY**

Question Number	Key Answer	Question Number	Key Answer
6	B	19	D
7	B	20	B
8	A	21	D
9	B	22	B
10	D	23	D
11	A	24	A
12	D	25	D
13	A	26	A
14	D	27	D
15	D	28	A
16	B	29	D
17	C	30	C
18	C		

**ANNEXURE VII**

## Criteria check list

Introduction; Kindly review the items in the tool. If you agree with the criteria, please tick mark in relevant column otherwise place the tick mark in need modification column and give your valuable comment in the remark column.

**Section 1**

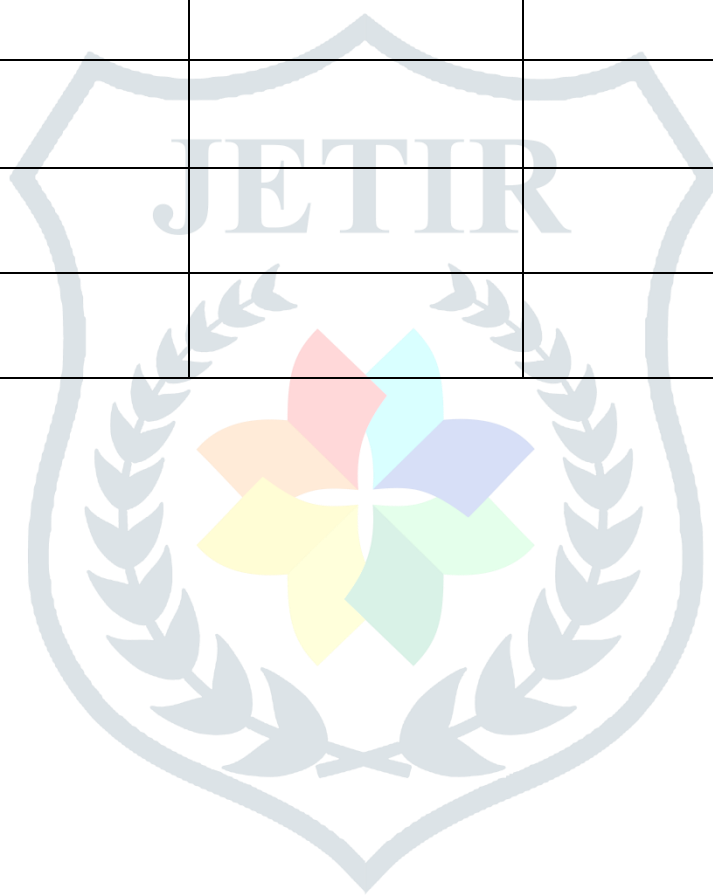
## Demographic data

Serial no	Relevant	Needs modification	Not relevant	Remarks
1				
2				
3				
4				
5				

**Section 2**

Questionnaire on knowledge regarding attention deficit hyperactivity disorder among teachers of primary department in selected schools of Anantnag

Serial no	Relevant	Needs modification	Not relevant	Remarks
6				
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## LESSON PLAN

**PROGRAMME** : BSc nursing 4<sup>th</sup> year ( research)

**Topic** : structured teaching programme on knowledge regarding Attention Deficit Hyperactivity Disorder ADHD

**Group**: teachers of primary department

**No. of teachers** :50

**Venue**: Selected schools of Anantnag

**Duration**:1 hour

**Method of teaching** : lecture cum discussion

**AV aids** : white board and marker



**General objectives :** At the end of class, teachers will be able to achieve in-depth knowledge about Attention Deficit Hyperactivity Disorder (ADHD)

**Specific objectives:** The teacher will be able to :

- o Define ADHD
- o Discuss the causes of ADHD
- o Explain the clinical manifestations
- o Explain the assessment of ADHD
- o Explain the management of ADHD



SPECIFIC OBJECTIVES	CONTENT MATTER	TEACHING LEARNING ACTIVITIES	AV AIDS	EVALUATION
To introduce yourself	Introduction of group B students ( BSc nursing 4 <sup>th</sup> year)	Explanation		
To introduce topic	<p>Attention deficit hyper activity disorder(ADHD) is common mental disorder , usually occurs more in children ,that makes difficult for them to control their behaviour.</p> <p>Globally around 12% of school going children are affected by ADHD</p> <p>Among school going children ADHD is more prevalent in boys than girls(controversial )</p> <p><b>DEFINITION</b></p>	Explanation	White board and marker	
To explain meaning of ADHD /define ADHD	<p>“ADHD describes children who display persistent age inappropriate symptoms of inattention, hyperactivity, and impulsivity that are sufficient to cause impairment in major life activities”</p> <p>Hyperactivity component of ADHD that persist in adults is pressured speech.</p> <p>It is also known as hyperkinetic disorder that affects many areas of child’s functioning most notably self control of behaviour, school achievement and the development of social skill and positive relationships and sometimes it is also associated with learning difficulty.</p> <p>Conduct or oppositional disorders are common comorbid disorders in children with ADHD</p>	Explanation – cum discussion	White board and marker	What is ADHD

<p>Discusses about causes of ADHD</p>	<p><b>CAUSES/RISK FACTORS</b></p> <p><b>Brain anatomy and function</b></p> <p>a lower level of activity in the parts of the brain that controls attention and activity level may be associated with ADHD.</p> <p>ADHD affects the executing functioning part of the brain Affecting mainly the limbic system</p> <p><b>Genes and heredity-</b> ADHD frequently runs in families .A child with ADHD has a chance 1 in 4 of having a parent with ADHD or another close family member will also have ADHD.</p> <p>Besides genetic factors environmental , social factors and dietary factors (spicy diet )can also cause ADHD. Mediterranean diet is usually preferred for child with ADHD.</p> <p><b>Significant head injuries-</b> may cause ADHD in some cases.</p> <p><b>prematurity-</b> increases the risk of developing ADHD.</p> <p><b>Prenatal exposure-</b> such as alcohol or nicotine from smoking increases the risk of developing ADHD.</p> <p><b>Other factors</b></p> <ul style="list-style-type: none"> <li>• Toxins in the environment</li> <li>• Family dysfunction</li> </ul>	<p>Discussion</p>	<p>White board and marker</p>	<p>What are the causes of ADHD</p>
---------------------------------------	--	-------------------	-------------------------------	------------------------------------

	<ul style="list-style-type: none"> <li>• Frequent shifts in conversation and not following rules of activities in social situation.</li> <li>• Easily distracted by irrelevant stimuli.</li> <li>• Procrastination [Action of delaying or postponing something]</li> </ul> <p><b>Hyperactivity symptoms :</b> Symptoms may be apparent in very young preschoolers and are nearly always present before the age of 6</p> <p><b>Symptoms include:</b></p> <ul style="list-style-type: none"> <li>• Fidgeting ,squirming when seated.</li> <li>• Getting up frequently to walk or run around.</li> <li>• Running or climbing excessively</li> <li>• Always “ on the go” and often talking excessively</li> </ul> <p><b>Primarily of impulsivity</b></p> <ul style="list-style-type: none"> <li>• Impatience</li> </ul>			
--	---	--	--	--

	<ul style="list-style-type: none"> <li>• Blurting out inappropriate comments, show their emotions without restraint ,act without regard or consequences</li> <li>• Have difficulty waiting for the things they want or waiting their turns in games</li> </ul>			
<p>Explains the assessment of ADHD</p>	<p><b>ASSESSMENT OF CHILD WITH ADHD:</b></p> <ul style="list-style-type: none"> <li>○ Assessment is based on comprehensive Evaluation of information gathered from number of sources including parents carrier, family members teachers and colleagues depending upon age of childrens.</li> <li>○ Multiple stages of assessment prior to formal diagnosis is used.</li> <li>○ Following assessment, formal diagnosis is based on symptomatology and secondary care specialist by using validated medical classification symptoms e.g. (DSM5 or ICD-11)</li> <li>○ Final diagnosis of ADHD can be only done when there will be at least six symptoms of inattentiveness or hyperactivity , impulsivity or both</li> </ul>	<p>Explanation cum discussion</p>	<p>White board</p>	<p>How can we assess the child with ADHD</p>

	<p>that have persisted for at least six months in child.</p> <ul style="list-style-type: none"> <li>○ Most commonly children with ADHD can be diagnosed at the age of 4-6.</li> <li>○ Clinical examination to be performed _It aims to identify the presence of other illness with symptoms that overlap with those of ADHD.</li> <li>• Clinical examination typically involves inspection for vision or hearing impairments ,neurodevelopmental immaturity in relation to gross and fine motor functions or vocal tics and retardation .</li> <li>○ General examination of individuals may be performed to highlight any evidence of congenital disorders and psychiatric comorbidities.</li> <li>○ <b>USEFUL OBSERVATIONS;</b> behavioral observations are useful to confirm symptoms reported in an interview, Rating scales for children, adults, parents can also be used to identify symptoms of ADHD.</li> </ul>			
<p>Explain the management</p>				

of child with ADHD	<p><b>MANAGEMENT OF ADHD:</b></p> <p>It focuses on reducing the symptoms of ADHD and improving functioning of child with ADHD</p> <p>The treatment includes medication of various types of psychotherapy education or training of combination of both these.</p> <p><b>MEDICATIONS</b></p> <p>Most commonly medications used to treat ADHD are Amphetamines</p> <p><b>BEHAVIOR THERAPY:</b></p> <p>Behavioral therapy shows the best chances for treatment of ADHD. Behavior therapy includes setting and achieving specific goals for children with ADHD.</p> <p>It improves child's behaviour, self esteem, self control Improves communication skills</p> <p>Replacing negative habits and actions with positive ones</p> <p><b>Parenting skills training</b></p> <p>It helps parents to learn how to use a system of rewards and consequences to change a behavior of children .</p> <p>Parents are also encouraged to share a pleasant or relaxing activity with the children to notice and point out what the</p>	Explanation cum discussion	White board and marker	What is the management of child with ADHD
--------------------	---	----------------------------	------------------------	---

children does and to praise the strength and abilities of children. They may also learn to structure situation in more positive ways e.g. they may restrict the no of playmates to one or two so that their child doesn't become over 100 % stimulated and if the child has trouble in completing tables ,parents can help child individually large tasks into smaller ones .

Also parents may benefit from learning stress management techniques to increase their own abilities to deal with frustration so that they can respond therapy to their children behavior.

Sometimes the whole family may need therapy .

#### **Social skill training:**

Here the children is taught about important social skills like having a conversation or playing cooperatively with colleagues and other playmates

#### **ANGER MANAGEMENT:**

The child is taught how to recognize the signs of growing and taught coping skills designed to manage anger and aggression .

Relaxation techniques and stress management Skills are also taught to the Children

#### **ENCOURAGEMENT:**

Many children with behavioral problems experience repeated failures at school and in their interaction with others



.Encouraging the children to excel in their particular talents like sports , gardening and painting can help to build and rebuild self esteem in children.

### **DIET MODIFICATION**

Diminished intake of carbohydrate and protein in diet are positively associated with improvement of ADHD symptoms. Researchers suggest that Mediterranean diet is the safe diet for children with ADHD Mediterranean diet is a diet that involves high consumption of vegetables and olive oil and moderate consumption of proteins .

### **ROLE OF TEACHER :**

- Build a strong relationship with the child
- Reward good behavior
- Check behavior, attention and learning ability of child
- Avoid punishment when the child makes mistakes
- Establish effective seating arrangements .
- Make tasks interactive in some cases the use of “Time outs” may be used when the children behavior gets out of control. In time out the child is removed from the stressed situation and is allowed to sit alone for some time to calm down.

	<ul style="list-style-type: none"> <li>• If the child has trouble in completing tables ,teachers can help child in dividing large tasks into smaller ones</li> <li>• Appropriate referral for children having symptoms ADHD</li> </ul>			
<p>Summarize and conclude the topic</p>	<p><b>SUMMARIZATION:</b></p> <ul style="list-style-type: none"> <li>○ Introduction of ADHD.</li> <li>○ Meaning/ definition of ADHD.</li> <li>○ Causes/risk factors of ADHD.</li> <li>○ Clinical manifestations</li> <li>○ Assessment of children with ADHD</li> <li>○ Management of children with ADHD</li> </ul>	<p>Explanation</p>	<p>White board and marker</p>	



**PHOTOGRAPHIC EVIDENCE OF DATA COLLECTION**