# A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME REGARDING ATTENTION DEFICIT HYPERACTIVITY DISORDER [ADHD] AMONG PRIMARY SCHOOL TEACHERS IN SELECTED SCHOOLS AT BARABANKI 

Jabaseeli Gladies Mary ${ }^{1}$, Santopearl Geetham ${ }^{2}$, Anchal Singh ${ }^{3}$<br>${ }^{1}$ Professsor, Mayo College of Nursing, Gadia, Barabanki<br>${ }^{2}$ Assistant Profeessor, Mayo College of Nursing, Gadia, Barabanki<br>${ }^{2}$ Nursing Tutor, Mayo College of Nursing, Gadia, Barabanki


#### Abstract

Aim- Study is aimed to assess the effectiveness of planned teaching program [PTP] regarding Attention Deficit Hyperactivity Disorder among primary School teachers in selected schools at Barabanki. Objectives- [1] To assess the pretest knowledge scores regarding Attention Deficit Hyperactivity Disorder [ADHD] among primary school teachers in selected schools at Barabanki.[2] To assess the posttest knowledge scores regarding Attention Deficit Hyperactivity Disorder [ADHD] among primary school teachers in selected schools at Barabanki.[3] To find out the effectiveness of Planned Teaching Program [PTP] regarding Attention Deficit Hyperactivity Disorder [ADHD] among primary school teachers in selected schools at Barabanki.[4] To determine the association between the pretest knowledge scores regarding Attention Deficit Hyperactivity Disorder [ADHD] among primary school teachers with selected demographic variables. Methodology - Quassi- experimental, one group pretest - posttest design was adopted for this study. Random probability sampling technique was used to select the 20 primary school teachers. Structure interview schedule was used to assess the knowledge among primary school teachers regarding Attention Deficit Hyperactivity Disorder.The data were gathered and analyzed by descriptive and inferential statistical method. Results- The results showed that in pretest maximum (11) teachers [ $55 \%$ ] mean score 9.35 were having inadequate knowledge regarding attention deficit hyperactivity disorder .In posttest 16 teachers [ $80 \%$ ] mean score 15.5 had adequate knowledge regarding attention deficit hyperactivity disorder. The mean difference between pretest and post test knowledge was found to be 6.15 which is significant at $0.01 \& 0.05$ level. There is significant association between pretest knowledge scores of primary school teachers regarding ADHD with Years of experience and previous knowledge about ADHD. Hence the researcher concluded that there is significant increase in knowledge level of primary school teachers regarding Attention Deficit Hyperactivity Disorder after exposure to Planned Teaching Program.


Keywords: Assess, Effectiveness, Knowledge, Planned Teaching Program [PTP], Attention Deficit Hyperactivity Disorder [ADHD] of children, Primary school teachers.

## INTRODUCTION

Children are one third of our population and all of our future. In order to develop a healthy society, it is important that we have healthy children. (Shetty 2009). ${ }^{1}$

India has the highest number of children in the world more than one third of the country's population is below 18 years. Approximately $40 \%$ of the total population is children . ${ }^{2}$

Behavior problem is a departure from normal behavior beyond appoint to the extent behavioral problems can manifest themselves in many ways. ${ }^{3}$

Primary school age is the period between $6-10$ years. Early childhood is the critical period of behavior formation. A high degree of motor activity and a significant competence in self regulation, expanding cognitive behavior and emotional changes and heightened ability to empathies with others. ${ }^{4}$

School plays a crucial and formative role in the spheres of behavioral development of children. There is now a growing recognition that school has a significant role in promoting mental health. Teachers are powerful groups who have in their process of education studied the nature of individual growth this has equipped them to be in a position to shape and reshape behavior that are warranted. ${ }^{5}$

The quality of childhood life solely depends on the type of environment. School and neighborhood unhealthy social responding can put them at stress and can increase their vulnerability to develop behavioral disorders. ${ }^{6}$

Attention Deficit Hyperactivity Disorder [ADHD] is a common neurobehavioral disorder affecting children causing significant impairment in functioning across different settings. Worldwide pooled prevalence of ADHD is $5.29 \%$. ${ }^{7}$

The three behavioral characteristics commonly associated with ADHD are Inattention, Hyperactivity and Impulsiveness. Children normally exhibits these behaviors more that adults but if they are significantly pronounced ADHD might be diagnosed. Approximately $5-10 \%$ of all school age children worldwide have ADHD and the disorders interferes with school work and interaction with classmates and peers. ${ }^{8}$

ADHD is a behavioral developmental disorder. It is primarily characterized by the "Co-existence of attention problems and hyperactivity, with each behavior occurring infrequently alone." ${ }^{\prime 9}$

ADHD prevention usually involves some counseling. Its symptoms can be difficult to differentiate from other disorders increasing the likelihood that the diagnosis of ADHD will be missed. Additionally, most clinicians have not received formal training in the assessment and treatment of ADHD particularly in adult patients. ${ }^{10}$

Children's ill ADHD often have been noted by their parents and teachers as destructions misbehaved and dullards. This often feel disgusted to manage such children the very thought of inattentiveness among such children distances them from their normal counter parts in the social after they got blamed for no reason. The problem faced by these children is difficult but not insurmountable. In order to achieve his or her full potential he or she should receive help, guidance and understanding from teachers and the public education system. ${ }^{11}$

Therefore as mental health in school is essential for which teachers need to identify the common mental health problems. The disruptive behavior in the classroom tends to diminish if they are ignored by the teacher and if the teacher gives systematic approval and attention when they behave well. So, knowledge of teachers regarding prevention of behavioral problems among school children is very much essential for mental health promotion. ${ }^{12}$

## OBJECTIVES

$>$ To assess the pretest knowledge score regarding Attention Deficit Hyperactivity Disorder [ADHD] among primary school teachers in selected schools at Barabanki.
$>$ To assess the posttest knowledge score regarding Attention Deficit Hyperactivity Disorder [ADHD] among primary school teachers in selected schools at Barabanki.
$>$ To find out the effectiveness of Planned Teaching Program [PTP] on Attention Deficit Hyperactivity Disorder [ADHD] among primary school teachers in selected schools at Barabanki.
$>$ To determine the association between Pretest knowledge scores regarding Attention Deficit Hyperactivity Disorder [ADHD] among primary school teachers in selected demographic variables.

## HYPOTHESIS

H1- There will be inadequate knowledge about Attention Deficit Hyperactivity Disorder [ADHD] among primary School teachers. H2- There will be significant increase in knowledge among primary school teachers regarding Attention Deficit Hyperactivity Disorder [ADHD] after a planned teaching program.
H3-There is a significant association between knowledge of primary school teachers regarding early identification, prevention and management of Attention Deficit Hyperactivity Disorder [ADHD] with selected demographic variables

## ASSUMPTIONS

a) Primary school teachers have some knowledge regarding ADHD.
b) Planned teaching program will help to increase the knowledge of primary school teachers regarding ADHD.
c) Educating teachers about early identification, prevention and management of ADHD will positively influence the children.

## DELIMITATION

$>$ This is limited to 20 primary school teachers who are dealing with students of 6-10 years in selected schools in Barabanki. LITERATURE REVIEW
Skounti et al (2010) conducted an explorative study on Attention Deficit Hyperactivity Disorder [ADHD] to assess the prevalence of ADHD and social and an academic impairment on a large sample of 6-11 year old children. A two stage screening process was employed including a standardized ADHD test for teachers and the teacher report form (TRF).The study found that $6.0 \%$ met the study criteria for ADHD. The estimated prevalence was $8 \%$ for boys and $3.8 \%$ for girls. The most prevalent subtype of ADHD was the combined type ( $3.8 \%$ ) followed by the ADHD inattentive ( $1.7 \%$ ) and the ADHD Hyperactive impulsive type ( $0.5 \%$ ). ${ }^{13}$
Benjasuwantep B, et al, (2002) conducted a descriptive study on prevalence and clinical characteristics of ADHD among primary school students in Bangkok. ADHD is an important disorder because it is the most prevalent chronic health condition affecting school aged children. Children with ADHD are at risk for academic and behavior problems .ADHS making a prevalence of $6.5 \%$ .There were 21 boys and 12 girls .The ratio of male and female was $1: 1.09$.The ADHD students had lower scores in mathematics. ${ }^{14}$ A descriptive study conducted in San Juan metropolitan (2009) area to assess the knowledge of teachers in identifying ADHD .The total number of teachers was 132 and can be concluded that $35 \%$ of the teachers reported to have previous knowledge, about $72 \%$ reported a level of knowledge about the disorders , the findings evidenced that the limited information and confusion that teachers have about ADHD , this clearly indicates that a through revision of the content of teachers in training is recommended so that they become knowledgeable about ADHD that commonly affected children. ${ }^{15}$
A descriptive study in Singapore (2007) to analyze the knowledge of primary school teachers regarding ADHD .Samples of this study were 53 pre - school teachers regarding ADHD. The result indicated that the knowledge of teachers on ADHD 32\% study concluded that the need to improve their skills to aid integration and improve the knowledge on ADHD in teachers. ${ }^{16}$
A descriptive study in U.K (2013) to assess the teacher's knowledge regarding management of ADHD .The total number of teachers was from 6 primary schools in selected schools.The investigator found that only $35 \%$ of teachers had received training in managing ADHD .So the researcher concluded that the school teachers have less knowledge on managing ADHD. ${ }^{17}$
Ghanizadeh et.al (2006) conducted a survey on 196 elementary school teachers to assess their knowledge and attitude towards ADHD .The study concluded that there was a significant correlation of teacher's knowledge and attitude of ADHD was found to be very low. ${ }^{18}$
A descriptive study conducted in Australia (2008) to assess the knowledge and beliefs of teachers regarding ADHD .The total number of teachers was 256 . The findings demonstrated that the knowledge of teachers regarding ADHD is low $40 \%$.So the investigator found that need to increase the knowledge of teachers regarding ADHD. ${ }^{19}$

A descriptive study conducted in Israel (2006) to assess the knowledge and attitude of primary school teachers towards ADHD . 46 primary school teachers interviewed in this regard .General knowledge about ADHD is $71 \%$ and the score for attitude and understanding of ADHD was relatively low $72.5 \%$. Hence the researcher revealed that teachers have poor knowledge and attitude regarding ADHD . ${ }^{20}$
A Quasi experimental study conducted in Korea (2007) to identify the effectiveness of PTP on knowledge and attitude of primary school teachers regarding ADHD. The total 70 teachers were recruited as sample for the study .Tools used in the study were knowledge scale, attitude scale and practice scale .PTP consisted of 60 minute sessions.Study results revealed that the experimental group had significant higher mean score of attitude and knowledge regarding ADHD .Study concluded that PTP was well structured and significantly improved not only teachers attitude, knowledge and teaching skills but also the behavior of children with ADHD in class and the program is recommended as a means of facilitating teaching and managing children with ADHD in class. ${ }^{21}$
Hornsey, et, al (2006) conducted an experimental study on 96 teachers of 6 primary schools by introducing an educational intervention to improve their recognition of children at the risk of ADHD .The study concluded that it is feasible to deliver an educational intervention addressing teachers identification of ADHD in routine practice and teachers could assist in improving the identification of undiagnosed children with ADHD in the community. ${ }^{22}$
An experimental study conducted in Mumbai (2010) to assess the effectiveness of knowledge of teachers of primary school children in identifying ADHD .The sample size of this study is 60 primary school teachers from a selected schools. It is concluded that most of teachers had poor or average knowledge ( $n=60.28 \%$ ) regarding ADHD in children, after the administration of teaching Program the knowledge of majority of teachers in the experimental group considerably increased a higher score (50\%) whereas in the control group the pretest and posttest scores remarked approximately similar .This clearly indicates that PTP were effective in increasing the knowledge of teachers regarding ADHD. ${ }^{23}$

## METHODOLOGY

$>$ The present study was aimed to assess the effectiveness of planned teaching programme regarding attention deficit hyperactivity disorder [ADHD] among primary school teachers in selected schools at Barabanki.
$>$ A quantitative approach was used with Quasi- experimental research design.
$>$ The sample was selected by Random probability sampling technique. The total sample size consists of 20 primary school teachers.
$>$ In this study, data collection was made through structured interview.

## RESULT <br> SECTION - I

Frequency and Percentage Distribution of Demographic Variables



Figure: 1 in the age of the sample, $2(10 \%)$ out of 20 samples belong to $20-25$ years, $6(30 \%)$ belong to $26-30$ years, $2(10 \%)$ belong to $31-35$ years, $10(50 \%)$ belong to above 36 years.
Table 2

| S No. | Demographic Variable | Frequency (f) | Percentage (\%) |
| :--- | :--- | :--- | :--- |


| $\mathbf{2}$ | Marital status. |  |  |
| :--- | :--- | :--- | :--- |
|  | a. Married | 16 | $80 \%$ |
|  | b. Unmarried | 04 | $20 \%$ |
|  | c. Divorced | 0 | $0 \%$ |
|  | d. Separated | 0 | $0 \%$ |



Figure: 2 In regard to Marital Status, 16 ( $80 \%$ ) samples are Married and 04 (20\%) are unmarried.

## Table 3

$\mathrm{N}=\mathbf{2 0}$

| S No. | Demographic Variable | Frequency (f) | Percentage (\%) |
| :--- | :--- | :--- | :--- |
| $\mathbf{3}$ | Gender. |  |  |
|  | a. Male | 06 | $30 \%$ |
|  | b. Female | 14 | $10 \%$ |
|  | c. Transgender | 0 | $0 \%$ |
|  |  |  |  |



Figure: 3 Gender wise, $06(30 \%)$ samples are Males, $14(10 \%)$ are Females.
Table 4

| S No. | Demographic Variable | Frequency (f) | Percentage (\%) |
| :--- | :--- | :--- | :--- |
| $\mathbf{4}$ | Type of family. |  |  |
|  | a. Joint | 12 | $60 \%$ |
|  | b. Nuclear | 08 | $40 \%$ |
|  | c. Extended | 0 | $0 \%$ |



Figure: 4 Type of family 12 (60 \%) are living in Joint family, 08 (40 \%) are living in Nuclear family.

## Table 5

| S No. | Demographic Variable | Frequency (f) | Percentage (\%) |
| :--- | :--- | :--- | :--- |
| $\mathbf{5}$ | Educational Qualification. |  |  |
|  | a. Undergraduate | 3 | $15 \%$ |
|  | b. Postgraduate | 13 | $65 \%$ |
|  | c. Others | 04 | $20 \%$ |



Figure: 5 Educational qualification shows that, 3(15\%) belongs to undergraduate, 13(65\%) belong to Postgraduate, 4(20\%) belong to others.
Table 6

| S No. | Demographic Variable | Frequency (f) | Percentage (\%) |
| :--- | :--- | :--- | :--- |
| $\mathbf{6}$ | Religion. |  |  |
|  | a. Hindu | 11 | $85 \%$ |
|  | b. Muslim | 03 | $15 \%$ |
|  | c. Christian | 0 | $0 \%$ |
|  | d. Sikh | 0 | $0 \%$ |



Figure: 6 In religion, 11 samples ( $85 \%$ ) belong to Hindus, 03 (15\%) belong to Muslim.
Table 7

| S No. | Demographic Variable | Frequency (f) | Percentage (\%) |
| :--- | :--- | :--- | :--- |
| 7 | Years of experience. |  |  |
|  | a. $1-3$ years | 04 | $20 \%$ |
|  | b. 3-5 years | 02 | $10 \%$ |
|  | c. 5-7 years | 03 | $15 \%$ |
|  | d. Above 7 years | 11 | $55 \%$ |



Figure: 7 Years of experience shows that, $4(20 \%)$ are having 1-3 years, $02(10 \%)$ are using since $3-5$ years, $03(15 \%)$ are having $5-7$ Years and $11(55 \%)$. Are having more than 7 years.
Table 8

| S No. | Demographic Variable | Frequency (f) | Percentage (\%) |
| :--- | :--- | :--- | :--- |
| $\mathbf{8}$ | Monthly income in rupees. |  |  |
|  | $\begin{array}{l}\text { a. } 5000-10000 \\ \text { b. } 10001-15000 \\ \text { c. } 15001-20000 \\ \text { d. Above } 20000\end{array}$ | 15 | $75 \%$ |
|  |  | 0 | $0 \%$ |
|  |  | 05 | $0 \%$ |



Figure: $\mathbf{8}$ Monthly income in rupees $15(75 \%$ ) having 5000-10000rs and $5(25 \%)$ having above 20000rs Table 9

| S No. | Demographic Variable | Frequency (f) | Percentage (\%) |
| :--- | :--- | :--- | :--- |
| $\mathbf{9}$ | Socio-economic status |  |  |
|  | a. Upper class | 0 | $0 \%$ |
|  | b. Middle class | 18 | $90 \%$ |
|  | c. Lower class | 2 | $10 \%$ |



Figure: 9 Socio economic status $18(90 \%)$ are in middle class and $2(10 \%)$ are in lower class
Table 10

| S No. | Demographic Variable | Frequency (f) | Percentage (\%) |
| :--- | :--- | :--- | :--- |
| 9 | Previous knowledge about <br> Attention <br> hyperactivity disorder. |  |  |
|  | deficit | 6 |  |
|  | [a]Yes | 14 | $30 \%$ |
|  | Ib] No |  | $70 \%$ |
|  | If yes, | 3 | $15 \%$ |
|  | - Newspaper and magazine | 1 | $5 \%$ |
|  | - Media | 2 | $10 \%$ |
|  | • Health professionals | 0 | $0 \%$ |



Figure: 10 Previous knowledge about Attention deficit hyperactivity disorder- Yes 6(30\%), No 14(73\%)
SECTION - II
TABLE 11: Pre-test level of knowledge regarding [ADHD] Attention Deficit Hyperactivity Disorder among Primary School Teachers.

|  |  | N = 20 |  |
| :--- | :--- | :--- | :---: |
| Level of knowledge | Frequency (f) | Percentage (\%) |  |
| Inadequate | 11 | $55 \%$ |  |
| Moderate | 06 | $30 \%$ |  |
| Adequate | 03 | $15 \%$ |  |



Figure: 11 Out of 20 samples, $11(55 \%)$ have inadequate knowledge, $06(30 \%)$ have Moderate knowledge and $03(15 \%)$ have adequate knowledge.
SECTION - III
TABLE 12: Post test level of knowledge regards Attention deficit hyperactivity disorder [ADHD] among primary school Teachers.

| N = 20 |  |  |
| :--- | :--- | :--- |
| Level of knowledge | Frequency (f) | Percentage (\%) |
| Inadequate | 02 | $10 \%$ |
| Moderate | 02 | $10 \%$ |
| Adequate | 16 | $80 \%$ |



Figure: 12 Out of 20 samples, $16(80 \%)$ have adequate knowledge, $02(10 \%)$ have Moderate knowledge and $02(10 \%)$ have inadequate knowledge.
SECTION - IV
TABLE 13: Effectiveness of Planned Teaching Program regarding Attention Deficit Hyperactivity Disorder (ADHD) among primary school teachers.

| Components | Observation | Mean | Mean difference | t test |
| :--- | :--- | :--- | :--- | :--- |
| Based on Attention Deficit <br> Hyperactivity Disorder | Pretest | 9.35 | 6.15 | $\mathbf{5 . 5}$ |
|  | Posttest | 15.5 |  |  |

** Significant at 0.01 and 0.05 level.


Fig: 13 over-all mean knowledge scores in the Pretest and Post test.
SECTION - V
Table 14: Association between the level of pretest knowledge of Primary School Teachers regarding Attention Deficit Hyperactivity Disorder [ADHD] and selected demographic Variables.

| S. No. | Demographic Variables |  | N | Inadequate | Moderate | Adequate | Chi Square |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. | Age in years | [a] 20-25 <br> [b] 26-30 <br> [c] 31-35 <br> [d] 36 and above | $\begin{aligned} & 2 \\ & 6 \\ & 2 \\ & 10 \end{aligned}$ | $\begin{aligned} & 3 \\ & 1 \\ & 6 \\ & \hline \end{aligned}$ | $\begin{aligned} & 1 \\ & 3 \\ & 1 \\ & 2 \end{aligned}$ | $\begin{aligned} & \hline 0 \\ & 0 \\ & 0 \\ & 0 \end{aligned}$ | $\begin{aligned} & 4.5 \\ & \mathrm{df}=6 \\ & \mathrm{NS} \end{aligned}$ |
| 2. | Marital Status | [a] Married <br> [b] Unmarried <br> [c] Divorced <br> [d] Separated | $\begin{aligned} & \hline 16 \\ & 4 \\ & 0 \end{aligned}$ | $\begin{aligned} & \hline 10 \\ & 1 \\ & 0 \\ & 0 \\ & \hline \end{aligned}$ | $\begin{aligned} & \hline 3 \\ & 3 \\ & 0 \\ & 0 \\ & \hline \end{aligned}$ | $\begin{aligned} & \hline 3 \\ & 0 \\ & 0 \\ & 0 \\ & \hline \end{aligned}$ | $\begin{aligned} & 4.93 \\ & \mathrm{df}=6 \\ & \mathrm{NS} \end{aligned}$ |
| 3. | Gender | [a] Male <br> [b] Female <br> [c] Transgender | $\begin{aligned} & \hline 6 \\ & 14 \\ & 0 \end{aligned}$ | $\begin{aligned} & 4 \\ & 8 \\ & 0 \end{aligned}$ | $\begin{aligned} & 2 \\ & 3 \\ & 0 \end{aligned}$ | $\begin{aligned} & \hline 3 \\ & 0 \\ & 0 \\ & \hline \end{aligned}$ | $\begin{aligned} & 1.56 \\ & \mathrm{df}=4 \\ & \mathrm{NS} \\ & \hline \end{aligned}$ |
| 4. | Type of Family | [a] Joint <br> [b] Nuclear <br> [c] Extended | $\begin{aligned} & 12 \\ & 8 \\ & 0 \end{aligned}$ | $\begin{aligned} & 3 \\ & 0 \\ & \hline \end{aligned}$ | $\begin{aligned} & 3 \\ & 5 \\ & 0 \end{aligned}$ | $\begin{aligned} & 0 \\ & 0 \\ & 0 \end{aligned}$ | $\begin{aligned} & 2.8 \\ & \mathrm{df}=4 \\ & \mathrm{NS} \\ & \hline \end{aligned}$ |


| 5. | Educational Qualification | [a] Under graduate <br> [b] Post graduate <br> [c] Others | $\begin{aligned} & 3 \\ & 13 \\ & 4 \end{aligned}$ | $\begin{aligned} & 1 \\ & 10 \\ & 1 \end{aligned}$ | $\begin{aligned} & 2 \\ & 2 \\ & 2 \end{aligned}$ | $\begin{aligned} & 0 \\ & 1 \\ & 1 \end{aligned}$ | $\begin{aligned} & 5.84 \\ & \mathrm{df}=4 \\ & \mathrm{NS} \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 6. | Religion | [a] Hindu <br> [b] Muslim <br> [c] Christian <br> [d] Sikh | $\begin{aligned} & 17 \\ & 3 \\ & 0 \\ & 0 \end{aligned}$ | $\begin{aligned} & 9 \\ & 2 \\ & 0 \\ & 0 \end{aligned}$ | $\begin{aligned} & 6 \\ & 1 \\ & 0 \\ & 0 \end{aligned}$ | $\begin{aligned} & 0 \\ & 0 \\ & 0 \\ & 0 \end{aligned}$ | $\begin{aligned} & 5.72 \\ & \mathrm{df}=2 \\ & \mathrm{NS} \end{aligned}$ |
| 7. | Years of Experience | [a] 1-3 years <br> [b] 3-5 years <br> [c] 5-7 years <br> [d] Above 7 years | $\begin{aligned} & 4 \\ & 3 \\ & 3 \\ & 10 \\ & \hline \end{aligned}$ | $\begin{aligned} & \hline 0 \\ & 3 \\ & 2 \\ & 6 \end{aligned}$ | $\begin{aligned} & 4 \\ & 0 \\ & 0 \\ & 3 \\ & \hline \end{aligned}$ | $\begin{aligned} & \hline 0 \\ & 0 \\ & 1 \\ & 1 \\ & \hline \end{aligned}$ | $\begin{aligned} & 12.73 \\ & \mathrm{df}=6 \\ & \mathrm{~S}^{*} \end{aligned}$ |
| 8. | Monthly income in rupees | [a] 5000-10000 <br> [b] 10001-15000 <br> [c] 150001-20000 <br> [d] Above 20000 | $\begin{aligned} & 15 \\ & 0 \\ & 0 \\ & 5 \end{aligned}$ | $\begin{aligned} & 9 \\ & 0 \\ & 0 \\ & 2 \end{aligned}$ | $\begin{aligned} & \hline 6 \\ & 0 \\ & 0 \\ & 1 \end{aligned}$ | $\begin{aligned} & \hline 0 \\ & 0 \\ & 0 \\ & 2 \end{aligned}$ | $\begin{aligned} & 6.68 \mathrm{df}=6 \\ & \text { NS } \end{aligned}$ |
| 9. | Socio-economic Status | [a] Upper Class <br> [b] Middle Class <br> [c] Lower Class | $\begin{aligned} & 0 \\ & 18 \\ & 2 \end{aligned}$ | $\begin{aligned} & 0 \\ & 10 \\ & 1 \end{aligned}$ | 0 5 1 | 0 3 0 | $\begin{aligned} & 0.62 \\ & \mathrm{df}=4 \\ & \mathrm{NS} \\ & \hline \end{aligned}$ |
| 10 | Previous knowledge about ADHD | [a] Yes <br> [b] No <br> News paper and magazine. <br> Media. <br> Health Professionals. <br> Family and Friends. | $\begin{aligned} & 6 \\ & 14 \\ & 3 \\ & 1 \\ & 1 \\ & 2 \\ & 0 \end{aligned}$ | $\begin{aligned} & 2 \\ & 9 \\ & 2 \\ & \\ & 0 \\ & 0 \\ & 0 \end{aligned}$ | $\begin{aligned} & 1 \\ & 5 \\ & 1 \\ & 1 \\ & 1 \\ & 0 \\ & 0 \end{aligned}$ | $\begin{aligned} & 3 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 2 \\ & 0 \end{aligned}$ | $\begin{aligned} & 12.07 \mathrm{df}=3 \\ & \mathrm{~S}^{* *} \end{aligned}$ |

$\mathrm{S}^{* *}$ - Significant at 0.01 and 0.05 level.
NS - Not significant
Above table indicates that there is significant association between pretest knowledge scores of primary school teachers regarding ADHD with Years of experience and previous knowledge about ADHD.
DISCUSSION
Frequency and percentage distribution of samples according to their demographic variables

- Majority of teachers $10(50 \%)$ belongs to 36 and above years of age.
- In regard to gender, $14(70 \%)$ samples are Females.
- Religion wise majority of teachers belongs to Hindu 17 (85\%).
- In regard to type of family, $12(60 \%)$ are belongs from joint family.
- In the present study majority of teachers $16(80 \%)$ samples are married.
- In regard to socio-economic status, $18(90 \%)$ samples are belonging to Middle class.
- Majority of teachers13 ( $65 \%$ ) had post graduate.
- Majority of teachers $15(75 \%)$ had 5000-10000 monthly income in rupees
- In regard to years of experience $11(55 \%)$ had above 7 years experience.
- Majority of teachers $14(70 \%)$ had no previous knowledge about attention deficit hyperactivity disorder [ADHD].
$>$ To assess the knowledge regarding Attention Deficit Hyperactivity Disorder among primary school teachers. The pretest mean knowledge score of primary school teachers on Attention Deficit Hyperactivity Disorder is 9.35.The posttest mean knowledge score of primary school teachers on Attention Deficit Hyperactivity Disorder is 15.5.
In pretest, $11(55 \%)$ primary school teachers had inadequate knowledge, $6(30 \%)$ primary school teachers had moderate knowledge and had adequate knowledge. In posttest, $2(10 \%)$ primary school teachers had inadequate knowledge, $2(10 \%)$ primary school teachers had moderate knowledge and $16(80 \%)$ primary school teachers had adequate knowledge.
$>$ To evaluate the effectiveness of planned teaching programme on knowledge regarding Attention Deficit Hyperactivity Disorder among primary school teachers. The computed' $t$ ' value on Attention Deficit Hyperactivity Disorder is $t=5.5$. The difference between the overall pretest (9.35) and posttest (15.5) mean scores revealed the effectiveness of the planned teaching programme on Attention Deficit Hyperactivity Disorder problems of children. Hence, there is significant increase in knowledge of the primary school teachers regarding Attention Deficit Hyperactivity Disorder after their exposure planned teaching program. Hence, H2 is accepted.
$>$ To find out the association between knowledge on Attention Deficit Hyperactivity Disorder among primary school teachers and selected demographic variables There is significant association between the pretest knowledge of primary school teachers with Years of experience and previous knowledge about attention deficit hyperactivity disorder.


## CONCLUSION

The findings revealed that after planned teaching program 2 ( $10 \%$ ) samples out of 20, had inadequate knowledge, 02 ( $10 \%$ ) had moderate knowledge, $16(80 \%)$ had adequate knowledge and There is significant association between the pretest knowledge of primary school teachers with Years of experience and previous knowledge about attention deficit hyperactivity disorder. The researcher concluded that there is significant effectiveness of planned teaching program in improving knowledge among primary school teachers regarding Attention deficit hyperactivity disorder.

## REFERENCES

1. All nurses.com /general-nursing discussion / ADHD -196431.html.
2. Deborah gray .Health central Journal, ADHD. 2010 dec 4 page 1.available from http://www.health central.com/ADHD/c/1443/10437/,comment?ic= 4027\# c 269468.
3. http://www.child. behavior.us.org.
4. M.S. Jacintha .R.mariyappa, effectiveness of behavioral therapy in children with ADHD , nightinagale nursing times 2007 ,9(3) page no. 4-6.
5. Malavika Kapur , teacher and mental helath care in school health for the millions 1994;20(4) : 14-6.
6. Magaret VC. , the teacher and the child Health nursing,j of in September .1970;LXX (1/9):243.
7. Palanczyk G, de Lima MS, Horta BL, Biedeman J, Rohde LA.The worldwide prevalence of ADHD .A systematic review and mataregression analysis ,AMJ Psychiatry 2007,164:942-948
8. all nurses.com/general -nursing - discussion/adhd- 196431.html
9. http:/ en.wikipedia.org/wiki/adhd .
10. http:/en.wikipedia.org/wiki/adhd.
11. M.S. Jaeintha.R.Mariyappa, effectiveness of behavioral therapy in children with ADHD nightinagale nursing times 2007, 9(3) page no.63-64
12. Me, Bummy (2002) "Research Method", 6th edition New Delhi, Thompson Wadsworth publisher, Benglore, pg.no.333363.
13. Achenbach TM, McConaughy SH. Empirically based assessment of child and adolescent psychopathology; practical applications. Newbury Park CA: Sage. 1987; 5(12); 82-7.
14. Egger HL, Angold A. Common emotional and behavioral disorders in preschool children: presentation, nosology, and epidemiology. J Child Psychol Psychiatry 2006 Mar-Apr; 47(3-4): 313-37.
15. Fumiss R, Beyer R,Guggenmos J. Prevalence of behavioural and emotional MalavikaKapur. Teachers and mental health care in school. Health for the Millions 1994; 20(4): 14-6.
16. Parthasarathy R. Promotion of mental health through schools. Health for the Millions 1994; 4: 12-3.
17. Problems among six-years-old preschool children: baseline results of a prospective longitudinal study. Soc Psychiatry PsychiatrEpidemiol 2006 May; 41(5): 394-9.
18. Rameela S, D'Souza. A study on teacher's perception and behavioural problems among primary school children and its implications for social work practice arid training- Indian Journal of Social Work 2001; 48(7): 281-92.
19. Sarimski K. Assessment of behavioural problems in children with intellectual disability. Indian Journal of Clinical Psychology 2004; 31(5): 71-3.
20. Suman, Somen K. Behavioural problems of school children as viewed and handled by teachers: An empirical study. Child Psychiatry Quarterly 1984; 4: 113-26.
21. Wood J. Effect of anxiety reduction on children's school performance and social adjustment. Dev Psychol. 2006 Mar; 42(2): 345-9.
22. http://www.medem.com
23. http://www.childcare.com/behavioural.html
24. $R$ sreevani, A guide to mental health and Psychiatric nursing. The Health sciences publishes New Delhi/London/Philadelphia/Panama. Fourth edition 2016 page no. 520-528.
" A study to assess the effectiveness of planned teaching programme regarding attention deficit hyperactivity disorder [ADHD] among primary school teachers in selected schools at Barabanki"
