

Problem Statement- Quasi Experimental Study to Determine Knowledge and Attitude of Anganwadi Workers Regarding Attention Deficit Hyperactivity Disorder (ADHD) in Selected Anganwadies Kishangarh-Bas Alwar District (Rajasthan) with a View to Develop an Instructional Booklet

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Abstract: ADHD is a brain disorder marked by an ongoing pattern of inattention and hyperactivity, impulsivity that interferes with functioning or development. Inattention means a person wanders off task, lacks persistence, has difficulty sustaining focus. Impulsivity means a person makes hasty actions that occur in the moment without first thinking about them and that may have high potential for harm. ADHD affects children of all races, including: whites: 9.8%, blacks: 9.5%, Latinos: 5.5%. Children are also diagnosed at different ages. Detecting symptoms differs from case to case, and the more severe, the earlier the diagnosis. 8 years old: average age of diagnosis for children with mild ADHD. 7 years old: average age of diagnosis for children with moderate ADHD. 5 years old: average age of diagnosis for children with severe ADHD. Anganwadi workers are working on to the limited children and they do not get enough knowledge and attitude regarding ADHD but this study revealed that was effective to improve more knowledge and attitude about ADHD and they are learn through the group discussion and interactive process and based on the data results, this study was more effective for the anganwadi health workers.

1. Introduction

ADHD is a neurological disorder that develops during childhood and can persist into adulthood. ADHD, known in Europe and some parts of the world as hyperkinetic disorder, has been around a lot longer than most people realize. In fact, a condition that appears to be similar to ADHD was described by Hippocrates, who lived from 460 to 370 BC. The name Attention Deficit Disorder was first introduced in 1980. ADHD is difficult for everyone involved to deal with. As well as the difficulty of living with the symptoms, wider society may face challenges. Some experts have linked ADHD with an increased risk of accidents, drug abuse, and failure at school, antisocial behavior and criminal activity. But others view ADHD in a positive light, arguing that it is simply a different method of learning involving greater risk-taking and creativity.

- **ADHD** is a brain disorder marked by an ongoing pattern of inattention and hyperactivity, impulsivity that interferes with functioning or development.
- **Inattention** means a person wanders off task, lacks persistence, has difficulty sustaining focus.
- **Impulsivity** means a person makes hasty actions that occur in the moment without first thinking about them and that may have high potential for harm.

2. Need for Study

ADHD affects children of all races, including: whites: 9.8%, blacks: 9.5%, Latinos: 5.5%. Children are also diagnosed at

different ages. Detecting symptoms differs from case to case, and the more severe, the earlier the diagnosis. 8 years old: average age of diagnosis for children with **mild** ADHD. 7 years old: average age of diagnosis for children with **moderate** ADHD. 5 years old: average age of diagnosis for children with **severe** ADHD.

Cases and diagnoses of ADHD have been increasing dramatically in the past few years. The American Psychiatric Association (APA) says that 5 percent of American children have ADHD. But the Centers for Disease Control and Prevention (CDC) put the number at more than double the APA's number. The CDC says that 11 percent of American children, ages 4 to 17, have the attention disorder. That's an increase of 42 percent in just eight years. Increase in Diagnosis: 2003: 7.8%, 2007: 9.5%, 2011: 11 %.

Average cost of ADHD per person is \$14,576 and the yearly cost to Americans is \$42.5 Billion. Related expenses are Education expenses, Loss of income, Juvenile justice and Health care.

3. Review of Literature

- 1) **Mimi Tatlow Golden, Lucia Prihodova et.al. (2017);** Observed that In this cross-sectional study, 360 anganwadi workers were selected via a randomized cluster sampling method from among the anganwadi workers working in Tabriz, Iran, during 2013. A self-administered questionnaire concerning the symptoms of ADHD, the method of diagnosis, and their attitudes

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regarding ADHD was completed by the participants. The response rate was 96.1%. The teachers' age was 39.45 ± 7.66 years. Educational courses (43.6%) constituted their main source of knowledge regarding ADHD.

- 2) **Wolfe Es (2016)**; Observed that Patients with attention-deficit/hyperactivity disorder (ADHD) can be noncompliant, impulsive, and disruptive in an athletic training or physical rehabilitation facility. Athletic trainers (ATs) are valuable and essential health care providers for active patients with ADHD. However, for a patient with ADHD to have a successful outcome in a busy athletic training environment, the AT or health care provider must tailor the treatment setting to the patient's needs.
- 3) **Caye A et.al. (2016)**; observed that Attention-deficit/hyperactivity disorder (ADHD) is traditionally conceptualized as a neuro developmental disorder that continues into adulthood in up to half of diagnosed cases. In light of current evidence, factors associated with the course of the disorder remain unknown. We performed a systematic review of the literature searching for risk markers from childhood that predicted the persistence of ADHD into adulthood. We reviewed 26,168 abstracts and selected 72 for full-text review.

4. Objectives

- To assess the pre- test & post -test level of knowledge & attitude regarding ADHD among anganwadi workers of experimental & control group.
- To evaluate the effectiveness of Informational booklet on knowledge & attitude of anganwadi workers regarding ADHD experimental group.
- To find out the association between pre- test knowledge & attitude scores regarding ADHD among anganwadi workers with their selected socio-demographic variables.
- To find out the correlation between post-test knowledge & attitude scores regarding ADHD among anganwadi workers of experimental & control group.

Hypothesis

- H1: there will be a significant difference between pre-test and post-test knowledge scores regarding ADHD among anganwadi workers of experimental & control group at the level of significant 0.05.
- H2: there will be a significant difference between pre-test and post-test attitude scores regarding ADHD among anganwadi workers of experimental & control group at the 0.05 level of significant.
- H3: there will be a significant difference between post-test knowledge scores regarding ADHD among anganwadi workers of experimental & control group at the 0.05 level of significant.

- H4: there will be a significant difference between post-test attitude scores regarding ADHD among anganwadi workers of experimental & control group at the 0.05 level of significant.
- H5: there will be a significant association of pre-test knowledge scores regarding ADHD among anganwadi workers of experimental & control group at the 0.05 level of significant.
- H6: there will be a significant association of pre-test attitude scores regarding ADHD among anganwadi workers of experimental & control group at the 0.05 level of significant.
- H7: there will be a significant correlation of post-test knowledge & attitude scores regarding ADHD among anganwadi workers of experimental & control group at the 0.05 level of significant

Research Methodology

- **Research Method-** Quantitative research method is used.
- **Research Design-** Quasi-experimental research design
- **Variables Settings-**
Independent variable – Instructional booklet
Dependent variable – Knowledge and attitude
- **Population-** Anganwadies workers of Alwar, (Rajasthan)
- **Sample-** Simple random sampling
- **Sample Size-** Sample size used 50.
- **Sample Technique-** Non- randomized purposive sampling
- **Sample Setting-** Anganwadi health workers of selected Anganwadies of Alwar (Rajasthan)

Sample Selection Criteria

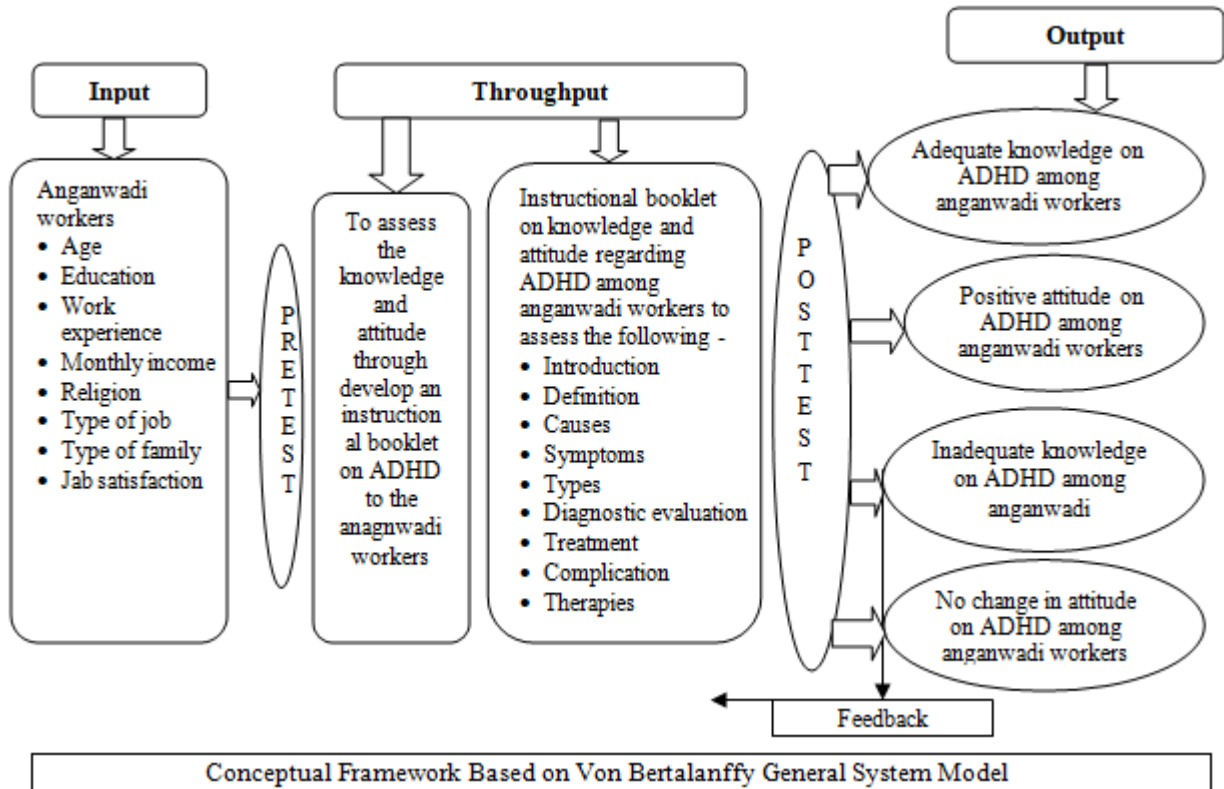
Inclusion Criteria

- Anganwadi workers present in selected Anganwadies, Alwar.
- Anganwadi workers who are present during data collection period.
- Who are willing to participate in the study.

Exclusion Criteria

- Who are not included non Anganwadi workers staff & other staff.
- Anganwadi workers are not available during the study.
- Anganwadi workers are not willing to participate in the study.

Ethical consideration: Permission was obtained from the health officer of integrated child development and services and anganwadi workers who are willing to participate in the study at selected anganwadies, kishangarh-bas, Alwar, Rajasthan



5. Results

Part I: Description of demographic characteristics

In my study 50 anganwadi health workers has participated. Majority of the anganwadi health workers 44% were between 21-30 years of age group, 40% of anganwadi workers passed her education qualified with secondary education, 74% of anganwadi workers were from Hindu family, 46% of anganwadi health workers belong to nuclear family, 70% of anagnwadi workers were coming from the monthly income of below 10,000 Rupees, 56% of anganwadi have work experience between 6-10 years, 64% of anganwadi workers were contract basis, 58% of anganwadi were not satisfied with her job.

Part II: Analysis of knowledge and attitude score of anganwadi workers regarding ADHD

Section A: Analysis of pre test and post test knowledge score of anganwadi health workers regarding ADHD

Level of Knowledge	Pre Test (N=50)		Post Test (N=50)	
	F	%	F	%
<33% (Poor)	35	70%	00	00
34-66% (Average)	15	30%	13	26%
>67% (Good)	00	00	37	74%

Section B: Analysis of pre test and post test attitude score of anganwadi health workers regarding ADHD

Level of Attitude	Pre Test (N=50)		Post Test (N=50)	
	F	%	F	%
Positive attitude towards ADHD	23	54%	48	96%
Negative attitude towards ADHD	27	46%	02	2%

Part III: Analysis of the effectiveness of instructional booklet for aganwadi health workers regarding ADHD

The mean post test of knowledge score of anganwadi workers 18.36 was significantly higher than their mean pre test score 7.48 and the calculated t value is 24.19 was greater than the table value at 0.001 level of significant. Therefore, the anganwadi workers are gain the knowledge regarding the topic. The mean post test of attitude score of anganwadi health workers 40.38 was significantly higher than their mean pre test score 29.10 and the calculated t value is 10.81 was greater than the table value at 0.001 level of significant. Therefore, the anganwadi work attitude was change done perfectly.

Part IV: Compare the post test knowledge and attitude scores among anganwadi workers regarding ADHD

The mean post test knowledge score of anganwadi workers was 18.36 and the calculated t value is 2.098 was greater than the table value at 0.05 level of significant. Therefore, it is concluded that there was a significant difference in knowledge among anganwadi workers regarding ADHD.

The mean post test attitude score of 40.38 among anganwadi and the calculated t value is 1.807 was lesser than the table value at 0.05 level of significant. Therefore it is concluded that there was no significant difference in attitude regarding ADHD.

Part V: Association between pre test knowledge score with selected demographic variables

There was significant association between job satisfaction, education and pre test knowledge score $p < 0.05$. There was no significant association between age, religion, type of family, type of job, monthly income, previous knowledge and pre test knowledge score.

Part VI: Association between pre test attitude score with selected demographic variables.

There was significant association between anganwadi workers and pre test attitude score $p < 0.05$. There was no significant association between age, education, job type, monthly income, religion, type of family, type of job, previous knowledge about the topic and pre test knowledge score.

6. Limitations

- 1) The study was limited to only 50 samples.
- 2) The study was limited on anganwadi health workers in selected Anganwadies.

7. Recommendations

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

8. Conclusion

In conclusion, this study was found that anganwadi workers are working on to the limited children and they do not get enough knowledge and attitude regarding ADHD but this study revealed that was effective to improve more knowledge and attitude about ADHD and they are learn through the group discussion and interactive process and based on the data results , this study was more effective for the anganwadi health workers.

References

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