

Research Paper

Felt Needs of Parents of Children with Attention Deficit Hyperactive Disorder (ADHD) in Kerala, India

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ABSTRACT

Background: Attention-deficit/hyperactivity disorder (ADHD) presents significant challenges for children and their caregivers, requiring structured parenting strategies to manage symptoms effectively. This study examines the felt needs of parents of children with ADHD in Kerala, India, identifying key areas where parental support, training, and intervention programs can be enhanced. **Methods:** A structured felt needs assessment tool was developed to evaluate parental challenges, training needs, and family dynamics. The tool was validated through expert consultations, linguistic adaptations, and a pilot study, yielding a reliability score of Cronbach's Alpha = 0.903. Data were collected from 86 parents of children diagnosed with ADHD, recruited from three institutions using DSM-IV criteria. Responses were analyzed using percentage distributions and normalized mean scores to determine the intensity of unmet needs. **Results:** Findings reveal high parental felt needs across multiple domains, with 97.7% of parents reporting limited awareness of ADHD and burden of child care, 93.1% struggling with daily living challenges, 91.9% expressing concerns over academic skills and 83.7% facing discipline-related difficulties. While domains such as communication (3.48), couple bonding (3.28), and role-sharing (3.18) show relatively higher normalized mean scores, a significant percentage of parents (40-55%) still reported difficulties, highlighting the need for interventions despite moderate scores. Cultural influences further exacerbate caregiving burdens, as women disproportionately shoulder household responsibilities, childcare, and elderly care, limiting their ability to engage in structured parenting programs. Gender norms restrict male participation in caregiving, reinforcing the necessity for culture-specific intervention strategies. **Conclusion:** This study underscores the urgent need for structured parental training programs, emphasizing psychoeducation, reinforcement strategies, and executive function support. Given the time constraints and gendered caregiving responsibilities in Indian households, interventions must be culturally sensitive and adaptable to traditional caregiving roles. Future studies should explore multi-centric approaches to improve intervention strategies and assess their long-term impact on family dynamics and child development outcomes.

Keywords: ADHD, Attention deficit Hyperactive Disorder, Parents, Felt needs, Kerala

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Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterized by inattention, hyperactivity, and impulsivity, often persisting into adulthood. Predictors include family history, psychiatric comorbidities, and adverse psychosocial factors (Biederman, 2005). Left unmanaged, ADHD can lead to academic struggles, heightened family conflict, and occupational difficulties. Research highlights those individuals with ADHD as adults, face significant workplace challenges, including lower job retention, interpersonal issues and performance issues (Barkley et al., 2006). Similarly, academic difficulties are well-documented, with ADHD-associated cognitive deficits affecting educational achievement (Loe & Feldman, 2007).

Parents of children with ADHD face unique challenges, including hereditary influences, disrupted family dynamics, and heightened parenting stress, particularly when comorbid conditions are present (Johnston & Mash, 2001). Socio-cultural factors further shape parental experiences, influencing treatment-seeking behaviours and perceptions of ADHD (Bussing et al., 1998). Understanding these influences is crucial for identifying training needs that consider parents' socioeconomic backgrounds and cultural perspectives. Effective assessment can improve family interactions, reduce stress, and enhance children's behavioural, social, academic, and vocational outcomes.

Parent training extends beyond medical education, encompassing behavioral and executive function management to empower caregivers. A meta-analysis by Zwi et al. (2011) highlights the positive impact of training in reducing stress and behavioral problems while enhancing parental confidence. However, stigma surrounding ADHD reduces social support (Chang et al., 2021), leading some parents to normalize or conceal the condition rather than seek treatment. Recognizing the need for culturally adapted training models, research indicates that non-Western settings require tailored interventions addressing local parenting norms and environmental constraints (Mejia et al., 2012). Home-based care has been linked to improved behavior control and parental involvement, reinforcing the importance of family factors in ADHD management (Anastopoulos et al., 1993).

While numerous parent training programs exist in Western contexts, few have been adapted for developing regions and indigenous populations. High-quality intervention programs must address not only ADHD symptoms but also broader family dynamics to enhance treatment effectiveness (Hoza et al., 2000). Recognizing these needs, a culture-specific parent training program for children with ADHD was developed in Kerala, informed by a baseline survey of parental concerns. The methodology and key findings highlight the necessity of tailoring interventions to local scenarios, ensuring training programs effectively address parents' felt needs.

MATERIALS AND METHODS

Study Design and Participants

This study examined the felt needs of parents of children with ADHD in the Kottayam district, Kerala, India, which had a population of 33,388,000 according to the 2011 census. Children diagnosed with ADHD, based on DSM-IV criteria, were recruited from three institutions: the Child Guidance Clinic (CGC) at Kottayam Medical College, ALDI (Association of Learning Disability India), and TRADA, a non-governmental organization specializing in de-addiction and counselling.

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A total of 86 parents participated in the study. Of these, 45 attended with both parents, while 41 were accompanied by mothers only. The demographic characteristics of participants were as follows: the majority of mothers (70.9%) were aged 30–40 years, while fathers (58.1%) were aged 40–50 years. Among the children, 57% were aged 5–9 years, and 43% were aged 10–12 years. The sample consisted of 72 boys and 14 girls, and 29.1% of children were on psychiatric medication. Regarding socio-demographic factors, 60% of participants identified as Christian, and the majority resided in semi-urban (50%) or rural areas (40%), with only 10% from urban settings. Additionally, 51% of families were nuclear, and 60% of participants belonged to the lower or lower-middle class.

Instrument: Development and Validation of the Felt Needs Assessment Tool

To assess parental challenges and training needs, a structured assessment tool was developed. Initially, the questionnaire was created in English, then translated into Malayalam and subsequently back-translated to ensure linguistic accuracy and cultural relevance. This process involved mental health experts and parents of children with ADHD, ensuring that the tool effectively captured the experiences of families in Kerala.

The assessment tool consisted of two primary components:

1. A socio-demographic form to collect information on family structure, history, and child-specific characteristics.
2. A structured questionnaire designed to evaluate parental challenges, training needs, and family dynamics.

Expert Consultations and Pilot Testing

The development process incorporated input from four key groups: experts in psychiatry, rehabilitation, and counselling, along with parents of children with ADHD. These experts identified twelve critical areas, which were subsequently categorized into three overarching domains: parental challenges, training needs, and family dynamics.

The first section of the tool gathered socio-demographic details, including family structure, history, and child characteristics, while the second section consisted of structured questions categorized into twelve sub-domains, each utilizing a five-point Likert scale and scores were categorized into four levels (very poor, poor, average, good and very good) to measure the intensity of parental needs.

To ensure validity and reliability, face validation was conducted by the same group of experts, with additional input from two specialists in remedial training for children with developmental disabilities. A pilot study was subsequently carried out, refining the questionnaire from 84 to 60 items, improving reliability to Cronbach's Alpha = 0.903. Each domain contained 3–5 sub-domains, with at least four questions per sub-domain, rated from 1 to 5.

This validated tool was designed to provide a comprehensive assessment of parental challenges, training needs, and family dynamics, ensuring a structured approach to enhancing parenting skills, reducing stress, and improving overall family well-being for children with ADHD.

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Domains of felt needs of parents of children with ADHD

The structured assessment tool focused on identifying specific felt needs across three domains, as outlined in Table 1.

Table 1: Domains of felt needs

Challenges of parents	Training needs	Family dynamics
Discipline	Reinforcement	Cohesion
ADHD in parents	Social skills in children	Communication
Daily living activities	Academic skills	Couple bonding
	Parenting practices	Role concept
	Awareness and burden about ADHD	

Domain 1: Challenges faced by parents of children with ADHD

Parents of children with ADHD seem to experience challenges in mainly 3 areas.

Sub-scales:

- Discipline – Managing discipline requires consistent effort. Corcoran et al. (2017) highlight challenges in addressing impulsivity and behavioural difficulties. (6 items)
- ADHD in Parents – ADHD has strong heritability, influencing parental behaviour. This sub-scale examines inattention, impulsivity, and organizational difficulties (Faraone et al., 2005; Riley et al., 2024). (6 items)
- Daily Living Activities – Executive dysfunction affects children's ability to manage daily routines (Barkley & Murphy, 2011). (6 items)

Domain 2: Training needs of parents of children with ADHD

Identifying specific training needs helps parents manage their children's behaviour effectively.

Sub-scales:

- Reinforcement – Positive reinforcement improves behaviour (LeBlanc et al., 2002). (5 items)
- Social Skills – ADHD-related social challenges can result in peer rejection due to relationship issues (Wiener, 2023). (6 items)
- Academic Skills – Executive function deficits hinder learning (Cutting et al., 2003). (4 items)
- Parenting Practices – Effective strategies of parenting improve training children and family dynamics (Johnston & Mash, 2001; Waschbusch, 2007). (4 items)
- Awareness and Burden of ADHD – Lack of awareness about symptoms of ADHD increases stress and ineffective management of children (Ringer et al., 2019). (6 items)

Domain 3: Family dynamics in families of children with ADHD

ADHD disrupts family relationships, requiring adaptation strategies.

Sub-scales:

- Cohesion – Strong family support mitigates ADHD-related difficulties (Johnston & Chronis-Tuscano, 2015). (4 items)
- Communication – Effective communication stabilizes family relationships (Neuro Launch Editorial Team, 2024). (5 items)
- Couple Bonding – Parental conflicts exacerbate ADHD symptoms and viceversa (Garcia et al., 2019). (4 items)

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- Role Concept – Shared caregiving enhances child development (Keizer et al., 2020). (4 items)

Scoring details

The felt needs assessment tool evaluated responses using a structured scoring system, as detailed in Table 2. The "poor" category represents the combined scores from both the "very poor" and "poor" groups in the questionnaire. Similarly, the "average" category corresponds directly to the average scores recorded in the questionnaire. The "good" category is calculated by summing the scores from the "good" and "very good" groups in the questionnaire, ensuring a comprehensive assessment of parental felt needs across multiple domains.

Table 2 Scoring details of the felt need assessment tool

Scoring details of the felt need assessment tool				
Domain & Sub-scales	No. of Items	Poor	Average	Good
Challenges				
Discipline (1–6)	6	6–12	13–18	19–30
Daily living activities (43–48)	6	6–12	13–18	19–30
ADHD among parents (55–60)	6	6–12	13–18	19–30
Training needs				
Academic skills (18–21)	4	4–8	8–12	13–20
Awareness and burden about ADHD (49–54)	6	6–12	13–18	19–30
Social skills (12–17)	6	6–12	13–18	19–30
Reinforcement (7–11)	5	5–10	11–15	16–25
Parenting practices (39–42)	4	4–8	8–12	13–20
Family dynamics				
Cohesion (22–25)	4	4–8	8–12	13–20
Communication (26–30)	5	5–10	11–15	16–25
Role concept (31–34)	4	4–8	8–12	13–20
Couple bonding (35–38)	4	4–8	8–12	13–20

RESULTS

The felt needs assessment tool provided a comprehensive evaluation of parental challenges, training needs, and family dynamics. The responses were analysed quantitatively, with percentage distributions and normalized mean scores (calculated as *Mean Score ÷ Number of Items*) to assess the relative intensity of needs across different domains.

Although some domains exhibit higher normalized means, indicating better overall responses, a large percentage of parents still fall into the "poor/very poor" category, signifying substantial unmet needs in many areas.

Table 3: Findings of the baseline survey of felt needs

Domain	Poor/Very Poor (%)	Average (%)	Good (%)	Mean Score	Normalized Mean (Mean ÷ Questions)
Discipline	83.7%	16.3%	0.0%	14.8	2.47
Reinforcement	74.5%	22.1%	3.4%	13.1	2.62
Social Skills	61.7%	27.9%	10.4%	17.2	2.87

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Domain	Poor/Very Poor (%)	Average (%)	Good (%)	Mean Score	Normalized Mean (Mean ÷ Questions)
Academic Skills	91.9%	8.1%	0.0%	7.9	1.98
Cohesion	48.9%	40.7%	10.4%	12.4	3.10
Communication	36.0%	32.6%	31.4%	17.4	3.48
Role Concept	54.6%	31.4%	14.0%	12.7	3.18
Couple Bonding	47.6%	34.9%	17.5%	13.1	3.28
Parenting Practices	54.7%	37.2%	8.1%	12.1	3.03
Daily Living Challenges	93.1%	5.8%	1.1%	12.2	2.03
Awareness & Burden of ADHD	97.7%	2.3%	0.0%	11.9	1.98
ADHD Among Parents	65.2%	27.9%	7.0%	17.2	2.87

1. High Felt Needs Despite Better Normalized Scores

Certain domains, such as Cohesion (3.10), Communication (3.48), Couple Bonding (3.28), and Role Concept (3.18), show higher normalized means, suggesting relatively better scores. However, a significant percentage of parents (40–55%) still report "poor/very poor" levels, highlighting critical unmet needs in these areas.

For example, while Communication has the highest normalized mean (3.48), 36% of parents still reported difficulty in effective communication, indicating a need for targeted interventions despite relatively higher scores.

2. Severe Felt Needs in Discipline, Daily Living Challenges, and Awareness of ADHD

Domains with the highest percentage of parents in the "poor/very poor" category include:

- Awareness & Burden of ADHD (97.7%)
- Daily Living Challenges (93.1%)
- Academic Skills (91.9%)
- Discipline (83.7%)

These findings indicate critical gaps in parental understanding of ADHD, difficulties in managing daily routines, and academic challenges. Despite having normalized mean scores ranging from 1.98 to 2.47, the high percentage of parents reporting difficulties suggests that training and psychoeducation interventions are urgently required.

3. Training Needs in Reinforcement and Social Skills

The Reinforcement domain has a normalized mean of 2.62, yet 74.5% of parents report challenges in behavioural reinforcement strategies. Similarly, Social Skills presents a normalized mean of 2.87, but 61.7% of parents struggle with their child's social skills, reinforcing the need for structured interventions in these areas.

DISCUSSION

Parental Awareness and Burden

One of the study's most striking findings is the overwhelming burden associated with caring for a child with ADHD, largely stemming from limited parental awareness of the condition. Nearly 97.7% of parents reported difficulties in understanding ADHD-related behaviours,

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ranking this domain among the highest felt needs. Many caregivers struggle to distinguish ADHD symptoms from intentional misbehaviour, leading to ineffective discipline strategies and increased parental stress. Similar findings have been reported by Pahlavanzadeh, Mousavi, and Maghsoudi (2018), who observed that caregivers lacking adequate ADHD knowledge often misinterpret symptoms, resulting in poor intervention strategies and increased frustration.

The need for structured psychoeducation programs is reinforced by the high percentage of parents struggling with discipline (83.7%) and reinforcement strategies (74.5%). Educational interventions tailored to help parents recognize ADHD-related behaviours and remedial education training could significantly improve parental confidence, strengthen behavioural management, and reduce caregiving stress (Chang et al., 2021).

Cultural Considerations in Parenting and Role Sharing

While many challenges faced by parents of children with ADHD are universal, cultural influences play a critical role in shaping caregiving responsibilities and intervention effectiveness. Traditional parenting norms in India often position mothers as primary caregivers, with fathers providing indirect support (Roopnarine, Krishnakumar, & Vadgama, 2013). This pattern was reflected in the present study, where nearly 70% of children received academic support primarily from their mothers, many of whom juggle employment alongside caregiving.

Despite Kerala's high literacy rate (96.2%) (National Statistics Office), parental burnout remains a serious concern, especially in academic and behavioural management domains. The high percentage of parents reporting poor role-sharing (54.6%) underscores the need for culturally sensitive interventions. Studies have shown that structured family participation models, such as parental coaching programs, can redistribute caregiving responsibilities, improving academic support and reducing caregiver burnout (García et al., 2019). Implementing flexible support systems designed to integrate fathers and extended family networks into ADHD management may help balance caregiving burdens and improve family dynamics.

Gendered Division of Household Labor and Decision-Making

In India, often women's role in household decision-making remains limited, affecting their ability to prioritize child-rearing and discipline effectively. A recent study by Deshmukh et al. (2025) found that only 3% of Indian women make independent decisions, while 82% rely on joint decision-making with male family members. This restricted autonomy often prevents mothers from implementing structured parenting strategies, as decisions regarding discipline, education, and intervention programs are frequently influenced by elders and male authority figures who lack awareness on such issues.

Additionally, women bear a disproportionate burden of household responsibilities, including cooking, cleaning, and elderly care. According to The Wire's analysis of India's Time Use Survey (2024), Indian women spend an average of 3.5 hours per day on unpaid domestic work, compared to 98 minutes for men. Cooking alone consumes over three hours daily, significantly reducing the time available for child engagement and structured ADHD interventions.

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Beyond household chores, women are expected to care for elderly in-laws and extended family members, further limiting their ability to focus on child development. The IMPRI Impact and Policy Research Institute (2025) highlights that 41% of women participate in caregiving activities, compared to only 21.4% of men. This gendered caregiving expectation reinforces time poverty, making it challenging for mothers to engage in structured ADHD training programs.

Given these constraints, culture-specific intervention strategies must account for gendered caregiving roles. Programs should offer flexible training schedules, integrate extended family participation, and provide psychoeducation tailored to Indian parenting norms to ensure effective ADHD management.

Executive function deficits and behavioural challenges

ADHD is strongly linked to deficits in executive functions, such as behavioural inhibition, emotional regulation, and working memory, which are governed by the prefrontal cortex (Barkley, 2005). These impairments often result in disorganization, inefficient learning, difficulty with multitasking, and poor time management.

Findings from the study indicate significant parental concerns in executive functioning domains, with high percentages of felt needs in discipline (83.7%), academic struggles (81.9%), and daily activities (93.1%). These challenges align with previous studies demonstrating that executive dysfunction is one of the primary contributors to academic difficulties and behavioural instability (Barkley, 1998; Cutting et al., 2003).

Given that 65.2% of parents also reported ADHD-like symptoms, underscoring the genetic component of ADHD, targeted parental ADHD screening could facilitate supporting parents by training them to improve their executive functioning, potentially improving parenting effectiveness and stress management (Smit, Mikami, & Normand, 2021).

Impact of ADHD on Family Dynamics

ADHD disrupts family relationships, leading to heightened stress, poor communication, and strain on parental mental health (Shaporabadi et al., 2012). While the normalized mean scores for communication (3.48) and couple bonding (3.28) suggest relatively stronger family support, 48–55% of parents still report challenges in these areas, reinforcing the need for structured family therapy.

Studies conducted in Western populations have indicated that behavioural parent training programs improve family cohesion and communication, reducing the overall burden of managing ADHD-related behaviours (Hariri et al., 2012). Additionally, Markham and Spencer (2022) emphasize that mothers, due to their frequent interactions with children, experience heightened emotional stress, necessitating specialized interventions to support primary caregivers.

Interestingly, certain family dynamic domains, such as cohesion and communication, performed better than discipline and ADHD burden, possibly due to India's strong reliance on extended family support systems (Metro India, 2025). However, even in family-focused cultures, interventions aimed at strengthening intra-family communication and collaborative parenting strategies could further improve support structures for children with ADHD.

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Limitations

While this study provides valuable insights into felt needs among parents of children with ADHD, several limitations must be considered:

- **Geographic Scope:** Findings are specific to a localized region in India, limiting broader applicability.
- **Cultural and Individual Differences:** Parenting beliefs and socio-cultural factors may influence perceived needs, affecting intervention effectiveness.
- **ADHD Subtypes & Age Variations:** The study did not differentiate ADHD subtypes, which may require tailored interventions based on symptom severity and age.
- **Intervention Evaluation:** While ADHD diagnoses were carefully considered, future studies should explore long-term impacts of parent training and therapeutic interventions.

CONCLUSIONS

Given the multifactorial aetiology of ADHD in children, parents need to be educated and given suitable training to handle the challenges in daily activities, academics and family dynamics based on local conditions. Without such a foundation, parental training programs may fail to attain the desired outcomes. There have been no published data from India utilizing these concepts. A representative random sample of 86 parents of children with ADHD from Kerala state in India were intensively studied utilizing Barkley's conceptual framework which enabled objective, measurable evaluations of felt needs. The insights from this study can be applied beyond the Kerala context, strengthening parental support for children with ADHD across diverse communities.

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Conflict of Interest

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