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Research Paper

Awareness of Attention Deficit Hyperactivity Disorder (ADHD) in the Valley Districts of Manipur: A Cross-Sectional Survey

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ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders among children. Awareness of ADHD among people is crucial for timely intervention and management of children with ADHD. The present study aims to assess the knowledge of ADHD among the general population of Manipur. 713 individuals from the five valley districts of Manipur agreed to participate in the random survey. A standardized tool "Knowledge of Attention Deficit Disorder scale (KAADS)" developed and validated by Mark Sciutto and colleagues was used for the present study. The study found that 219 (30.72%) individuals have fair knowledge and 494 (69.28%) individuals has poor knowledge of ADHD.

Keywords: *ADHD, Awareness, Neurodevelopmental Disorder*

Attention deficit hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders affecting children. It is the most diagnosed children's psychiatric disorder (American Psychiatric Association, 2013). The disorder is characterized by sustained inattention, impulsivity, and hyperactivity with worldwide prevalence rate of 5.29% (Polanczyk et al., 2007). It has negative impact on social and academic performance of the child with ADHD. ADHD can cause substantial impairment in functioning, interfering with the normal growth and performance of those affected and making it a public health concern (Naik et al., 2016). For early diagnosis and timely intervention, there is crucial need for awareness of ADHD among parents, teachers, caretakers or general people as a whole. A study in USA found that the public was not well informed about ADHD and reflected the critical need for educational programmes relating to the symptoms, causes, and effective treatment of ADHD (McLeod et al., 2007). A study in Egypt revealed that more than three-fourths of the teachers do not receive training courses about ADHD (Safaan et al., 2017). A study of school teachers of Lalitpur, Nepal found that 76 percent of the teachers had poor knowledge regarding ADHD of children. The study also revealed that variables viz. educational qualifications, teaching experiences, in-service education, etc. significantly influenced the knowledge of ADHD among the school teachers (Bhattarai & Sharma, 2019). Training and awareness programmes with collaboration of clinicians can be a great opportunity for parents, teachers and other stakeholders of

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education to understand ADHD. Such programmes must include clinician school observations to monitor and ensure the implementation of interventions (Bardi et al., 2023). With the forethought that teachers, parents and other stakeholders of education are also a part of general population, and also considering the prerequisite of having awareness of ADHD among the public, the present study was conducted to assess the awareness of ADHD among the general population of Manipur, with the intention to propound valuable inputs for further investigations and interventions. The study also aims to assess the relationship between the variables such as gender, age and educational qualification with the knowledge of ADHD.

Method, Tool, and Procedures

A descriptive Cross-sectional study was carried out among 713 individuals who agreed to take part in the survey. A standardised tool "Knowledge of Attention Deficit Disorder Scale (KAADS)" developed and validated by Mark Sciutto and colleagues was used to study the knowledge of ADHD (Sciutto et al., 2000). The 36 items in KAADS are divided into three specific areas or subscales: 'symptoms/diagnosis' subscale (9 items), 'treatment' subscale (12 items), and 'associated/general feature' subscale (15 items). Internal consistency was first calculated for reliability analysis, with Cronbach's alpha = 0.71 for each sub-scale and 0.86 for the scale as a whole. Each KADDS sub-scale had a high correlation with the total KADDS score (range r=0.85 to r=0.91) and found a correlation between the three sub-scales (range r=0.63 to r=0.69) (Sciutto et al., 2000). Since KAADS scale consists of 36 items scale with dichotomous answers, mid-value 18 is taken by dividing 36 item scales by two. Thus, scores ≥18 are considered fair knowledge and scores <18 as poor knowledge (Bhattarai & Sharma, 2019).

Data were checked for the presence of any incomplete responses or misinformation, and it was organized then. Analysis of data was done using Microsoft EXCEL. Descriptive statistics such as frequency, percentage, mean, standard deviation and inferential statistics i.e. t-test, ANOVA were used to check if there exist significant difference between the means of groups. The individuals were grouped based on gender, age and educational qualifications. Individuals who have completed a bachelor's degree or below are grouped as graduates and below while individuals who have completed a master's degree, diploma after a bachelor's degree, or above are grouped as post-graduates and above.

RESULTS

Out of the 713 individuals, 372 (52.2%) were female and 341 (47.8%) were male. The mean percentages of correct response were (37.06%), incorrect response was (27.56%) and don't know response was (35.38%). Here, 37.06% of Correct responses indicates having knowledge of ADHD, 27.56% of Incorrect responses are defined having misconceptions regarding ADHD, while 35.38% of Don't Know responses means lack of knowledge about ADHD and it is not counted towards the misconceptions scores.

Upon analysis, it was found that 219 (30.72%) individuals had fair knowledge while 494 (69.28%) individuals had poor knowledge of ADHD. The highest mean score of correct responses (45.53%) as well as least mean scores (incorrect- 22.87% & don't know- 31.61%) were on 'symptoms/diagnosis' subscale among all the subscales. Lowest correct responses (31.65%) and highest incorrect responses (32.33%) were observed in the 'associated features' subscale.

The descriptive analysis of the three subscales indicates that the mean score ranges from 31% to 45%. One-way analysis of variance (ANOVA) was conducted to study the difference in the score among the three KADDS subscales. A comparison of scores on the three KADDS subscales indicated a significant difference among the subscale scores, $F(2, 2136) = 11.960$, $p<0.05$. A significant difference ($p<0.05$) was shown in the post-hoc test which compares each possible pair of KADDS subscales. (Associated feature vs. Symptoms/Diagnosis; Symptoms/Diagnosis vs. Treatment; Treatment vs. Associated feature).

The mean score difference of 0.24 between male and female was not significant as the computed value of t (0.479) was less than the critical value of t (1.96) at 0.05 level of significance. Similarly, the mean score difference of -0.74 between the two age groups- 30 years and below, and above 30 years of age, was not significant as the computed value of t (-1.491) was less than the critical value of t (1.96) at 0.05 level of significance. The mean score difference of -0.240 between the two groups, graduate and below & post-graduate and above, was also not significant as the computed value of t (-0.437) was less than the critical value of t (1.96) at 0.05 level of significance.

DISCUSSION

In the present study, almost equal number of male and female took part in the survey. The study shows that more than two third of individuals (69.28%) has poor knowledge whereas 30.72% has fair knowledge about ADHD. The mean percentage of correct responses (items answered correctly) is 37.06% which indicates knowledge of ADHD. Incorrect responses (items answered incorrectly) is 27.56% which indicates misconceptions of ADHD. Don't know responses (items that individuals admitted they don't know) is 35.38% which means lack of knowledge and it is not counted as having misconceptions. Thus, it reflects that the segment of individuals who either have misconceptions or lack knowledge is much larger than those having knowledge of ADHD.

The study shows that there is no significant difference in knowledge of ADHD between the two gender groups. Similarly, the groups a) 30 years and below & above 30 years of age, and b) graduate and below & post-graduate and above, are also found to have no significant difference. This shows that the differences in the knowledge of ADHD are not related to gender, age and educational qualification of individuals.

The mean differences in the knowledge of ADHD among the groups of gender, age, and educational qualification on the different subscales of KAADS are found to be not significant except in the subscale 'treatment' between the groups graduate and below & post-graduate and above. This finding signifies that the difference in individuals' knowledge regarding the treatment of ADHD is due to the difference in their educational qualifications.

Among all the subscales of KADDS, the highest mean score of correct responses (45.53%) as well as least mean scores (incorrect- 22.87% & don't know- 31.61%) are on 'symptoms/diagnosis' subscale, indicating that the individuals in the sample are most knowledgeable about items on the 'symptoms/diagnosis' subscale. Highest mean score in correct responses on 'symptoms/diagnosis' subscale are also found in different studies by Guerra and Brown (2012), Sciutto et al. (2000), Alkahtani (2013), Bardi et al. (2023), Bhattarai and Sharma (2019), but these studies were conducted on teachers unlike the present study which was conducted among the general population. On the other hand, lowest

correct responses (31.65%) and highest incorrect responses (32.33%) were observed in the 'associated features' subscale which indicates poor knowledge and highest misconceptions regarding the associated features of ADHD among the individuals. The finding, that scores on the general features and treatment subscales are lower than symptoms/diagnosis subscale indicates the need to focus more on associated features and treatment of ADHD in future interventions. The results for the ANOVA indicate a significant difference among the subscale scores, $F(2, 2136)=11.960$, $p<0.05$. The post-hoc test for pairwise comparison using Tukey's Test also showed a significant difference at the 0.05 level ($p<0.05$).

Within the 'associated features' subscale item 17, "Symptoms of depression are found more frequently in ADHD children than in non-ADHD children", has the most correct responses (n=412, 57.8%) which signify that more than half of the sample are aware that symptoms of depression are seen frequently in ADHD children. The least correct response (n= 61, 8.6%) was in item 1, "Most estimates suggest that ADHD occurs in approximately 15% of school-age children", which indicates that the majority of the individuals either have no knowledge or have a misconception that ADHD occurs in 15% of school-age children.

In the 'symptoms/Diagnosis' subscale, item 3, "ADHD children are frequently distracted by extraneous stimuli", has the highest correct responses (n=446, 62.6%) which shows that majority of the individuals know that extraneous stimuli easily distract children with ADHD. On the other hand, the least correct response (n=88, 12.3%) is in item 11, "It is common for ADHD children to have an inflated sense of self-esteem or grandiosity", which reveals having no knowledge or having misconceptions regarding self-esteem or grandiosity of ADHD children among the majority of the individuals.

Highest correct responses (n=491, 68.9%) is found in item 10 of 'Treatment' subscale, "Parent and Teacher training in managing an ADHD child are generally effective when combined with medication treatment" which indicates that large portion of individuals are aware that parent and teacher training in management as well as medication are essential for effective treatment of ADHD.

CONCLUSION

It can be concluded from the present study that two-thirds of the individuals have poor knowledge about ADHD. The trend indicates the risk of unidentified ADHD prevalent in the population of five districts included in the present study. Gender, Age, and Educational Qualification of people are not related to the knowledge of ADHD. However, various other possible factors may be studied. Since ADHD is a very common neurodevelopmental disorder among children affecting their social and academic sphere in their childhood, it is high time to disseminate the awareness of ADHD among the general population so that no child remains unnoticed and undiagnosed. Awareness of ADHD among the masses will go a long way in the identification, intervention, and reference in the management of children with ADHD. There is a crucial need to educate the public about the symptoms, causes, treatments and management of children with ADHD.

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Conflict of Interest

The author(s) declared no conflict of interest.

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