

Attitudes of Primary Schools Teachers About Attention Deficit and Hyperactivity Disorder in Baghdad City

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Abstract Background: Teachers are often the first ones to suspect attention deficit/hyperactivity disorder (ADHD) in their students, because they are with them for most of the day and they know how normal students typically behave in classroom. **Objectives:** To assess the attitudes of primary school teachers about attention deficit and hyperactivity disorder, and find out relationship between teachers' attitudes and their socio demographic characteristics. **Methods:** 200 teachers selected by convenience sample from 20 primary schools in Baghdad city. The data collected by using self-reported questionnaire related to attitudes and composed of 12 items. **Results:** Among 200 teachers (32%) at age (29-35) years old, (64%) were females, (55%) were married, (50%) had bachelor graduated. They had neutral attitudes about ADHD at mean score (2.036). there is no significant relationship between the attitudes and the sociodemographic characteristics of teacher. **Conclusion:** The study concluded that the teacher had neutral attitude about ADHD.

Key Words Attitudes, Primary schools teachers, Attention deficit, Hyperactivity disorder

1. Introduction

Attention deficit/hyperactivity disorder (ADHD) is one of the most common psychiatric illness that affect school age children worldwide. The Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM-5TM) defines ADHD as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, has symptoms presenting in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities), and negatively impacts directly on social, academic or occupational functioning [1]. Attention-deficit hyperactivity disorder is a common neurodevelopmental and behavioral disorder in childhood and adolescence. The three categories of behaviors associated with ADHD are, a pattern of extreme pervasive, persistent and debilitating inattention, hyperactivity, and impulsivity (American Psychiatric Association). Attention-deficit hyperactivity disorder is associated with a significant impact on social and academic success, and self-esteem. It is often associated with learning disabilities, and other behavioral disorders, which further impede the successful development of those affected [2]. ADHD is diagnosed in a person who shows a persistent pattern of hyperactivity and or inattention that affects their day-to-day functioning. There are three subtypes of ADHD: 1)

primarily hyperactive; 2) primarily inattentive; 3) combined hyperactive and inattentive.

Two-thirds to three-quarters of those diagnosed are considered to have the combined form of ADHD. In addition, the difficulties must be documented in at least two different situations, be present before age 12 and clearly be interfering with the person's functioning in life [3]. The symptoms begin by age six to twelve, and cause problems in at least two settings as school, home, or recreational activities. Studies of the prevalence across the globe have generally reported that 5-10% of school aged children are affected and it is 3-5 times more common in boys than in girls [4]. ADHD is reportedly the most pervasive disorder of childhood affecting approximately 3% to 5% of school-aged children with prevalence rates increasing significantly over the past two decades [5]. The school stage plays a very important role in the identification of children with ADHD. It has been confirmed that teachers detect children with ADHD more frequently than do parents or physicians [6].

Teachers are an incredibly important resource in the diagnosis and intervention of children with ADHD. Teachers play a vital role in the early identification, diagnosis, and support of children with ADHD. Teachers may be the first individuals to witness children in a context where there

are demands that challenge the attentional capabilities of students (i.e., where children are expected to remain seated in their desks, etc.). As such, teachers are often among the first individuals to identify atypical levels of attention abilities in a student and suggest that further investigation into these issues is warranted [7]. It is therefore important that teachers have a high level of ADHD specific knowledge and positive attitudes towards children who display ADHD type behaviors in order to avoid a potential failure to detect students who require educational/behavioral support and/or a referral for assessment [8]. The current study aims to identify the level of teachers attitudes about attention deficit and hyperactivity disorder.

2. Methods

Descriptive cross-sectional study carried out at 20 primary schools from Al-Karkh and Al-Rusafa districts in Baghdad city. The sample of the study is 200 teachers selected from the primary schools by using of non-probability sampling convenience sample. The researcher explains the study and the objectives to the teacher and take their acceptance to participate in the study, then collect the data. The study instrument is a questionnaire composed of 3 parts. The 1st part is related the general information of the teachers include (age, gender, marital status, and level of education). The 2nd part is related to teachers' sources of information about ADHD. The 3rd part is related to teachers' attitudes about ADHD, this scale is self-report questionnaire developed from [9], and compose of 12 items to assess teachers' attitudes toward ADHD.

A 3-point Likert-type scale was used ranging from agree, nature & disagree. 3 points for agree, 2 points for nature, & 1 point for disagree, which assessed by cutoff point (0.66) due to scores (1, 2 and 3) respectively. Scores of responses are categorized according to the following mean score of attitudes: (1-1.66) = negative of attitudes, (1.67-2.33) = neutral attitudes and (2.34-3.00) = positive attitudes. Content validity of the scale done by using panel of expert and the reliability of the scale by using internal consistency. The Cronbach's alpha of the scale is (0.86). The data analyzed by using descriptive and inferential statistical data analysis.

3. Results

The result in Table 1 shows that (32%) of teachers at age (29-35) years old, (64%) of them were females, (55%) were married, (50%) had bachelor graduated.

The finding in Table 2 shows that (47.5%) of teachers had not sure about information of ADHD, (77.5%) heard about ADHD, and (61%) read about ADHD.

Assessment =(Ass) , Negative= (Ne) (1-1.66), Neutral =(N)(1.67-2.33), Positive =(Po) (2.34-3). Table 3 shows that teachers had neutral level of attitude toward ADHD, the grand mean was (2.036).

Table 4 shows that (73%) of teachers had neutral level of attitude toward ADHD.

Variables		Frequency	Percent
Age	22-28	16	8
	29-35	64	32
	36-42	44	22
	43-49	50	25
	50-60	26	13
Gender	Female	128	64
	Male	72	36
Marital status	Single	70	35
	Married	110	55
	Widowed	14	7
	Divorced	6	3
Educational level	Diploma	98	49
	Bachelor	100	50
	Master and above	2	1

Table 1: Distribution of the Teachers Socio-demographic Characteristics

Variables		Frequency	Percent
Do you have enough information about ADHD	No	42	21
	Yes	63	31.5
	Not sure	95	47.5
	Total	200	100
Heard about ADHD	No	45	22.5
	Yes	155	77.5
	Total	200	100
Read about ADHD	No	78	39
	Yes	122	61
	Total	200	100

Table 2: Distribution of the Teachers Sources of Information about ADHD

χ^2 =chi square, *d.f*= degree of freedom, *P* = *P* value, no significant ($p > 0.05$), significant ($P \leq 0.05$), high significant ($P \leq 0.01$) There is no significant relationship the teachers' attitude and their sociodemographic characteristic (Table 5).

4. Discussion

According to the socio demographic characteristics of the teachers in table 1. The findings indicate that most of teachers at age (29-35) years. These findings agreed with study done by [4], [10] who reported the ages of the respondents was below 35 years. These findings are disagreed with findings obtained from [5] who stated that the mean of teachers age was at 39 years. Alfageer et al. [9] found that (36.6) years was the mean of teachers age. Regarding to gender more than half of the study samples were females. These findings agreed with findings obtained from other study, who stated that the majority of teachers were married [4]. According to the educational level of the teachers' half of them were bachelor graduated. Our findings are similar to study done by many researchers who stated. a high percentage of them were bachelor graduate [9], [11]. Regarding to the teachers' source of information in Table 2. The finding in shows that about half of them not sure about their information of ADHD. Also, three quarter of the sample heard about ADHD, and more than half of teacher read article about ADHD. The authors in [9] found that most of teacher not sure about their information about ADHD, and most of them were heard and

No.	Items	Agree	Neutral	Disagree	Mean	Ass.
1	Training teachers in behavioral management is important	78	51	71	2.04	N
2	Improving the parents' skill would benefit their children	161	30	9	2.76	+ve
3	ADHD child should be treated if recommended by a doctor	118	59	23	2.47	+ve
4	Social skill training can be helpful for a child with ADHD	62	74	64	1.99	N
5	Behavioral management is an effective treatment	85	55	60	2.13	N
6	Clear consistent rules and consequences are helpful in treating ADHD	44	62	94	1.75	N
7	Teaching techniques are helpful in managing ADHD	103	68	29	2.37	+ve
8	ADHD can be the result of the child not trying to control his/her behavior	29	45	126	1.52	-ve
9	ADHD results from parents being inconsistent with rules and consequences	142	48	10	2.66	+ve
10	Family problems may contribute to a child's ADHD	48	47	105	1.72	N
11	I want to learn specialized teaching techniques to treat an ADHD child	19	51	130	1.45	-ve
12	Children develop ADHD as they need attention	31	57	112	1.6	-ve
Grand mean		2.036			Assessment	Neutral

Table 3: Distribution of Teachers' Attitudes about ADHD

Level of assessment	Frequency	Percent
Negative (1-1.66)	26	13
Neutral (1.67-2.33)	146	73
Positive (2.34-3)	28	14
Total	200	100
Mean and standard deviation	2.036 & 0.29	

Table 4: Distribution of Teachers Attitudes by Mean Score Level of Assessment

Variables	Negative	Neutral	Positive	Total	Chi square
Age	22-28	3	12	1	16
	29-35	6	51	7	64
	36-42	5	32	7	44
	43-49	6	33	11	50
	50-60	6	18	2	26
Total	26	146	28	200	P=0.409
Gender	Female	19	90	19	128
	Male	7	56	9	72
	Total	26	146	28	200
Marital status	Single	7	55	8	70
	Married	16	76	18	110
	Widowed	1	12	1	14
	Divorced	2	3	1	6
	Total	26	146	28	200
Educational level	Diploma	17	69	12	98
	Bachelor	9	76	15	100
	Master and above	0	1	1	2
	Total	26	146	28	200
					P=0.248

Table 5: Relationship between the Teachers' attitudes and their Sociodemographic Characteristics

read about ADHD.

According to teachers' attitudes about ADHD in Tables 3 and 4 most of teachers had neutral attitudes toward ADHD and the grand mean is (2.036) at neutral level. This finding supported by the finding obtained from [11], they found that teachers had neutral attitude about ADHD. These findings are similar to the results of the study that was done by [10]–[12], stated our analysis suggests that a large portion of teachers had a positive attitude about children with ADHD.

Regarding to the relationship between teachers' attitudes and the socio demographic characteristics in the table [5]. The finding indicates All demographic data were no significant associated with teachers' attitudes. The findings are agreed with other studies who indicated that there is no significant relationship between teachers' attitudes and their age, gender, marital status & level of education [13]–[15].

5. Conclusion

The present study concluded that the teachers at secondary school had neutral attitudes regarding attention deficiency and hyperactivity disorder. Studies should be conducted and gained a lot of attention about teachers' attitude toward attention deficit hyperactivity disorder. An adequate knowledge will help to identify, refer and help in management of children with ADHD.

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Conflict of interest

The author declares no conflict of interests. Author read and approved final version of the paper.

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