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A Study Of The Awareness About Adhd Among Primary School Teachers In Pundri Town Of District Kaithal

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ABSTRACT:

Attention-Deficit/Hyperactivity Disorder (ADHD) is a widely recognized neurodevelopmental condition that typically manifests during childhood and is characterized by persistent patterns of inattention, hyperactivity, and impulsivity. These behavioral patterns often interfere with a child's academic performance and social development, making early detection and intervention crucial. In the school environment, teachers are often the first to notice signs of ADHD, placing them in a pivotal position for initiating referrals and implementing support strategies. However, this responsibility demands a sufficient level of awareness and understanding of the condition.

The present study was conducted to assess the level of awareness about ADHD among primary school teachers in Pundri town of District Kaithal, Haryana. Additionally, the research aimed to compare the awareness levels between teachers working in government and private schools. A quantitative descriptive research design was adopted for this investigation. Data were collected using a structured questionnaire developed to evaluate teachers' knowledge across multiple domains, including symptoms, causes, diagnosis, classroom implications, and management techniques related to ADHD. The sample consisted of a diverse group of primary school teachers selected through stratified random sampling from both government and private educational institutions.

The findings revealed that while most teachers had heard of ADHD, their in-depth understanding of the disorder was limited. Common misconceptions about the causes and treatments were prevalent, and many teachers lacked clarity on how to effectively manage ADHD-related behaviours in the classroom. Furthermore, the comparative analysis indicated that private school teachers demonstrated a slightly higher level of awareness than their government school counterparts. This disparity may be attributed to variations in teacher training opportunities, institutional resources, and professional development exposure.

The study underscores the urgent need for structured awareness campaigns, targeted training modules, and inclusion of ADHD-related content in pre-service and in-service teacher education programs. Enhancing teachers' capacity to identify and support students with ADHD is not only essential for improving academic outcomes but also for fostering an inclusive and equitable learning environment.

Keywords:

Attention-Deficit / Hyperactivity Disorder (ADHD), Primary School Teacher, Neurodevelopmental Disorder

INTRODUCTION

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most prevalent neurodevelopmental disorders diagnosed during childhood, particularly among elementary school children. ADHD is characterized by a persistent pattern of inattention, hyperactivity, and impulsivity that interferes with functioning or development (American Psychiatric Association, 2013). These symptoms present themselves in various settings such as home, school, and social environments, often leading to challenges in academic performance, interpersonal relationships, and emotional well-being. ADHD has been recognized for centuries as a valid psychiatric disorder in children, yet its management continues to be a challenge, particularly in developing nations where awareness and resources are limited (CDC, 2020; Furman, 2005; WHO, 2019).

Globally, the prevalence of ADHD among children is estimated to range between 5% and 10%. However, in countries like India, ADHD remains significantly underdiagnosed and undertreated due to multiple factors, including social stigma, lack of awareness, and limited access to mental health services. Misconceptions and cultural myths surrounding behavioral disorders contribute to the neglect of ADHD as a serious condition requiring intervention. In such contexts, the role of primary school teachers becomes crucial. Teachers spend a substantial amount of time with children and are often the first to notice signs of inattentiveness, hyperactivity, and impulsivity. Despite this, research indicates that many educators do not possess adequate knowledge about the nature, symptoms, and management of ADHD (Koss, Richdale, & Hay, 2006; Anderson et al., 2012).

In the school environment, children are expected to follow rules, complete tasks, behave appropriately in social settings, and participate in learning activities without disrupting others. These expectations can be particularly difficult for students with ADHD to meet. Their symptoms often interfere with their ability to concentrate, complete assignments, follow directions, stay organized, and control their impulses. This creates a challenging environment not only for the affected child but also for their peers and educators. Teachers play a central role in identifying students who may have ADHD and supporting them through effective classroom management and individualized interventions. However, without proper training and understanding, teachers may misinterpret ADHD symptoms as deliberate misbehavior, leading to inappropriate disciplinary actions and missed opportunities for early intervention.

Moreover, ADHD is not simply a behavioral issue but a complex neurological condition that affects brain function, particularly in areas related to executive functioning, attention regulation, and impulse control. This misunderstanding often results in delayed diagnoses and inadequate support systems. Many parents and teachers attribute hyperactive or inattentive behavior to poor parenting or a lack of discipline, overlooking the medical and psychological underpinnings of the disorder. These misconceptions can delay appropriate diagnosis and intervention, exacerbating the difficulties faced by children with ADHD.

In India, the situation is further complicated by logistical challenges in the healthcare and education systems. With millions of children enrolled in schools across the country, it is practically unfeasible for medical professionals to screen each child for ADHD. As a result, elementary school teachers are in the best position to observe children in a structured setting and identify those who may require further assessment. However, this requires teachers to have a sound understanding of ADHD, including its symptoms, diagnostic criteria, and appropriate management strategies. Unfortunately, research shows that many Indian teachers, especially in rural and semi-urban areas, lack this essential knowledge.

The current study focuses on assessing the level of ADHD awareness among primary school teachers in Pundri, a town in the Kaithal district of Haryana, India. While similar research has been conducted in other regions of the country, there is a lack of data specific to the Pundri region. Understanding teachers' awareness levels in this area can provide valuable insights into their preparedness to manage ADHD in the classroom and inform future training programs aimed at enhancing teacher competence. The findings of this study are

expected to contribute to the development of effective teacher education initiatives that can improve the academic and social outcomes for children with ADHD.

ADHD awareness among teachers is not only critical for early identification but also for creating an inclusive classroom environment. Educators who are knowledgeable about ADHD are better equipped to implement teaching strategies that accommodate the unique needs of these students. These may include providing clear and concise instructions, using visual aids, allowing frequent breaks, and offering positive reinforcement. When teachers understand the neurological basis of ADHD, they are more likely to exhibit empathy and patience, thereby reducing the stigma associated with the disorder.

Additionally, teacher awareness has implications for parental engagement. Teachers often serve as a bridge between the school and home environments. When they recognize ADHD symptoms and communicate effectively with parents, it can lead to timely medical evaluations and interventions. Conversely, a lack of awareness may result in blame being placed on parents for their child's behavior, further delaying diagnosis and support. Therefore, enhancing teacher knowledge about ADHD can foster better collaboration between educators and families, ultimately benefiting the child.

Despite increased media coverage and public discourse on mental health, significant myths and misunderstandings about ADHD persist, especially in non-urban areas. Common misconceptions include the belief that ADHD is caused by excessive sugar intake, poor parenting, or lack of discipline. Others believe that children with ADHD are simply lazy or disobedient. These fallacies not only hinder early identification and treatment but also contribute to the emotional burden experienced by children and their families. Public health campaigns and teacher training programs must address these myths directly, providing accurate information based on scientific evidence.

Diagnosing ADHD involves comprehensive evaluations using various standardized tools and rating scales. These include the Conners' Rating Scales (Conners 3), Vanderbilt ADHD Diagnostic Rating Scale, ADHD Rating Scale-IV, Child Behavior Checklist (CBCL), Behavior Assessment System for Children (BASC), and Swanson, Nolan, and Pelham Teacher and Parent Rating Scale (SNAP), among others. These tools typically require input from both parents and teachers, highlighting the essential role of educators in the diagnostic process. Teachers who are familiar with these assessment tools can provide more accurate and meaningful feedback, facilitating a more reliable diagnosis.

Treatment for ADHD is multifaceted and typically includes behavioral interventions, environmental modifications, and, in some cases, medication. Psychostimulant medications like methylphenidate (Ritalin) have been shown to reduce symptoms in many children. However, medication alone is not sufficient. Creating structured environments, establishing routines, and using consistent behavior management strategies are crucial components of effective ADHD management. Teachers must be trained to implement these strategies in the classroom and to collaborate with parents and healthcare professionals to ensure continuity of care.

The impact of ADHD extends beyond childhood. Research indicates that approximately 50% of individuals diagnosed with ADHD in childhood continue to experience symptoms into adulthood. These symptoms may manifest as difficulties with time management, organization, impulse control, and maintaining relationships. Adults with ADHD are at increased risk for comorbid conditions such as depression, anxiety, substance abuse, and low self-esteem. Early identification and intervention are therefore essential not only for improving academic outcomes but also for supporting long-term mental health and well-being.

Furthermore, ADHD symptoms can vary significantly between individuals and may change over time. Some children may primarily exhibit inattentive behaviors, while others may display hyperactivity and impulsivity, or a combination of both. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) outlines specific criteria for diagnosing ADHD, including the requirement that symptoms must be present in multiple settings and interfere with social, academic, or occupational functioning. Teachers who are familiar with these diagnostic criteria are more likely to identify students who may benefit from further evaluation.

The societal and educational implications of untreated ADHD are profound. Children with ADHD are at higher risk for academic failure, school dropout, substance abuse, and delinquency. They may also

experience social rejection, low self-esteem, and strained family relationships. These outcomes highlight the urgent need for early identification and comprehensive support. Teachers, as frontline observers of children's behavior, are uniquely positioned to initiate this process. Their awareness and understanding of ADHD can make a significant difference in the lives of affected students.

Given the central role of teachers in supporting children with ADHD, it is imperative to assess their current level of awareness and identify gaps in knowledge. The present study aims to fill this gap by evaluating ADHD awareness among primary school teachers in Pundri, Haryana. The findings will provide a foundation for developing targeted training programs that equip teachers with the skills and knowledge necessary to support students with ADHD effectively.

In conclusion, ADHD is a complex and prevalent neurodevelopmental disorder that significantly impacts children's academic and social functioning. Despite its high prevalence, awareness and understanding of ADHD remain limited in many parts of India, including Pundri. Teachers play a pivotal role in identifying and supporting students with ADHD, but their effectiveness is contingent upon their knowledge and training. This study seeks to assess the current level of ADHD awareness among primary school teachers in Pundri and to highlight the need for educational interventions aimed at improving teacher preparedness. By enhancing teacher awareness, we can move towards a more inclusive and supportive educational environment for all students.

JUSTIFICATION OF THE STUDY

The justification of a research study provides a clear and detailed explanation of why the study is important, relevant, and necessary. There is limited existing research on this specific topic in the Pundri region; it highlights a research gap that this study can address. The absence of local data on teacher awareness of ADHD highlights the need for this research. Children with ADHD often require specific educational strategies and support to succeed in school. Teachers who are aware of the condition can adapt their teaching methods and classroom management to better accommodate the needs of these students. This, in turn, enhances the overall quality of education provided in Pundri's primary schools. Research has consistently shown that early identification and intervention for ADHD can significantly improve outcomes for children. Teachers who are well-informed about ADHD can play a crucial role in early recognition and referral for diagnosis and treatment. This study is justified by the potential to facilitate early intervention through improved teacher awareness. A better understanding of ADHD among teachers can inform resource allocation in schools. Schools may need to allocate resources for special education programs or support services for children with ADHD. Moreover, this study seeks to shed light on the level of ADHD awareness among primary school teachers in Pundri.

STATEMENT OF THE PROBLEM

A STUDY OF THE AWARENESS ABOUT ADHD AMONG PRIMARY SCHOOL TEACHERS IN PUNDRI TOWN OF DISTRICT KAITHAL.

OPERATIONAL DEFINITIONS

ADHD: Here, ADHD stands for Attention Deficit Hyperactivity Disorder. Attention-deficit/hyperactivity disorder (ADHD) is marked by an ongoing pattern of inattention and/or hyperactivity- impulsivity that interferes with functioning or development. In the present study the investigators will be studying the level of awareness of primary school teachers about children with ADHD. Primary school teachers: Here in this study, Primary School teachers are those who teach students from grades one to seven in government and private schools of pundri block of district kaithal.

OBJECTIVES

• To assess the level of awareness about ADHD in primary schools teachers of Pundri.

• To compare the level of awareness of ADHD in government and private school teachers.

HYPOTHESIS

There will be significant difference between private and government primary school teacher with respect to level of awareness about ADHD.

RESEARCH METHODOLOGY

Research Design

The present study aims to assess the awareness and knowledge about Attention Deficit Hyperactivity Disorder (ADHD) among primary school teachers in Pundri town, Kaithal district, Haryana. A **descriptive research design** with a **quantitative approach** has been selected to accomplish the objectives of the study within the given constraints of time, resources, and access to the target population. This design is considered appropriate, as it seeks to measure and describe existing levels of awareness without establishing cause-effect relationships.

Planning and method selection are critical to the success of any research. Just as a homeowner estimates costs and resources before constructing a house, a researcher must carefully plan time, finances, methodology, and tools before initiating a study. Employing a systematic and valid approach ensures that the results are accurate, reliable, and useful.

Considering the nature of the problem under investigation, the **survey method** has been selected. The survey method is widely used in educational research to explore current problems, gather comprehensive data, and suggest improvements. It allows for an in-depth understanding of existing conditions, such as knowledge and practices related to ADHD, and may also generate recommendations for educational interventions.

Population and Sample

The target population for this study comprises all primary school teachers in Pundri town of Kaithal district, Haryana. As per secondary sources, approximately 260 teachers are employed across 30 government, aided, and private schools in the region.

Due to feasibility constraints, a **sample** will be drawn using the **simple random sampling** technique, ensuring each teacher has an equal chance of being selected. The sample will consist of teachers from **10 government schools** and **10 private schools** to enable comparative analysis.

Serial No.	Name of the School	Number of Teachers
1	Govt. Primary School, Pundri (Habrigate)	2
2	Govt. Model Primary Sanskriti School, Pundri	2
3	Govt. Girls Model School, Pundri	2
4	GSSS, Pundri	2
5	Govt. Primary School, Pundri	2
6	D.A.V. Public School, Pundri	2
7	R.N. Public School, Pundri	2
8	B.P.R. Public School, Pundri	2
9	Shweta Royal Public School, Pundri	2
10	Dhruv Public School, Pundri	2

This sampling method reduces selection bias and enhances the generalizability of the findings.

Data Collection Tools and Procedure

Tools for Data Collection

Primary data will be collected using a **self-structured questionnaire** designed specifically to assess the awareness and knowledge of ADHD among primary school teachers. The questionnaire will be based on

the **DSM-5 diagnostic criteria** for ADHD and incorporate **evidence-based practices** for its management within school settings. This approach ensures a standardized and valid assessment tool.

Data Collection Process

Prior to data collection, **formal permission** and **ethical clearance** will be obtained from the District Education Officer and relevant school authorities. Informed **written consent** will be taken from each participant, and the confidentiality of all responses will be strictly maintained.

The researcher will personally distribute the questionnaires during school hours at a pre-determined time to minimize disruption. Any queries raised by the participants will be addressed on-site. Follow-up visits may be conducted to maximize response rates.

Statistical Techniques

The collected data will be systematically organized, coded, and entered into a spreadsheet. Analysis will be conducted using **Statistical Package for the Social Sciences (SPSS) version 20.0**.

- **Descriptive statistics** (mean, percentage, standard deviation) will be used to summarize awareness levels.
- **Inferential statistics**, particularly **independent samples t-tests**, will be applied to compare awareness scores across subgroups (e.g., male vs. female teachers; government vs. private schools).

Scoring Method

The questionnaire will follow a **binary scoring system**:

- **One mark** will be awarded for each correct response.
- **Zero mark** for each incorrect response.

This approach allows for objective and straightforward evaluation of the participants' responses. The **total score** will reflect each respondent's overall awareness and understanding of ADHD, serving as a quantifiable indicator for statistical analysis.

ANALYSIS AND INTERPRETATION OF THE DATA

Analysis of records helps a researcher to reach at the result, which is reflected as the final episode of the research. The collected data is impractical, unless it is analyzed and interpreted by using a statistical technique and arrive at a conclusion.

Meaning of analysis:

A detailed examination of anything complex in order to understand its nature or to determinants essential feature. The main purpose of analysis is reducing data in interpretable form (Kerlinger,1973).

A simple definition of data analysis is used to break down tabulated information into its component parts and arrange them in a new with the purpose of understanding the underlying patterns and relationships between them.

Interpretation of the data tells us about:

- What do the data indicate?
- What are they referring to?
- What is significance of the result?

The chapter presents the analysis and interpretation of the data from the survey conducted about the awareness of ADHD among primary schools teachers in Pundri. The result offers the insight into current state of awareness towards ADHD among primary educators. By analyzing the data, researcher aims to identify gaps in awareness, knowledge and areas where further awareness, training and resources are needed.

The following interpretation of results will help in understanding current level of awareness about ADHD in town Pundri of district Kaithal.

ADHD stands for attention deficit hyperactivity disorder.

Table4.1

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	20	0	10	10

Interpretation:

From table 4.1, It is reflected that, there is a unanimous correct response from all respondents regarding the definition of ADHD. The high percentage (100%) indicates complete agreement among all respondents on the acronym.

1. ADHD is neurodevelopment disorder

Table4.2

Total respondents	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	10	10	3	7

Interpretation:

From the table 4.2, it is observed that half of the respondents (10outof20) answered “yes” to the statement “ ADHD is a neurodevelopmental disorder r”, and the other half(10 out of 20) answered “no”.

2. ADHD is not a real disorder.

Table4.3

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	10	10	5	5

Interpretation:

From the table 4.3, It can be easily measured that 10 respondents answered yes to the statement "ADHD is not a real disorder while other half (10 out of 20) answered NO.

3. ADHD is a result of poor parenting.

Table4.4

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	14	6	4	10

Interpretation:

From table 4.4, It can be depicted that 14 respondents (14out of 20) answered "Yes" to the statement "ADHD is a result of poor parenting,"and6respondentsanswered"No.

4. ADHD is a chronic disease.

Table4.5

Total respondents	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	14	6	2	12

Interpretation:

From table 4.5, It can be analyzed that 14 respondents (14outof20) answered "No" to the statement "ADHD is a chronic disease," and 6 respondents answered "Yes."

5. Inattention, impulsivity and hyperactivity are the signs of ADHD.

Table4.6

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	18	2	9	9

Interpretation:

From table 4.6, it can be interpreted that 18 respondents (18outof20) answered "Yes" to the statement "Inattention, impulsivity, and hyperactivity are the signs of ADHD," and 2 respondents answered "No."

6. The ADHD awareness month is October.

Table4.7

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	12	8	5	7

Interpretation:

It can be observed that 60% (12responses) confirmed that ADHD Awareness Month is indeed in October. 40% (8 responses) incorrectly thought that ADHD Awareness Month is not in October.

7. The prevalence of ADHD in India is 2%to17%.

Table 4.8.

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	17	3	9	8

Interpretation:

From the table 4.8, It can be reflected that Out of 20 respondents, 17answered "yes" and correctly identified that the prevalence of ADHD in India ranges from 2% to 17%, while 3 respondents answered "no"

8. ADHD affects adult also.

Table4.9

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	13	7	5	8

Interpretation:

From the table 4.9, It is found that Out of 20 respondents, 65% answered "yes" and believe that ADHD affects adults, while 35% answered "no"

9. ADHD is just a label used to excuse lazy or unmotivated behaviour.

Table4.10

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	15	5	7	8

Interpretation:

From the table 4.10, it can be analyzed that Out of 20 respondents, 75% (15 respondents) disagreed with the statement that “ADHD is just a label used to excuse lazy or unmotivated behavior,” while 25% (5 respondents) agreed with or were unsure about this statement.

10. ADHD is nothing to do with the talent.

Table4.11

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	15	5	9	6

Interpretation:

From the table 4.11, Out of 20 respondents, 75% (15respondents) correctly answered "yes" that ADHD has nothing to do with talent, while 25% (5 respondents) answered "no".

11. ADHD results in stunted brain development.

Table4.12

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	13	7	5	8

Interpretation:

From the table 4.12, Out of 20 respondents, 65% (13respondents) answered "yes" that ADHD results in stunted brain development, 35% (7 respondents) answered "no"

12. ADHD and ADD (attention deficit disorder) are two separate disorders.

Table4.13

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	12	8	5	7

Interpretation:

From the table 4.13, it is crystal clear that Out of 20 respondents, 40% (12 respondents) answered “yes” that ADHD and ADD (attention deficit disorder) are two separate terms, but 60% answered “no”

13. Hyperactivity is common symptom of ADHD.

Table4.14

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	18	2	10	8

Interpretation:

From the table 4.14, It is clearly interpreted that, out of 20 respondents, (90%) 18 answered to "yes" hyperactivity is the common symptom of ADHD while, only 10% (2respondants) answered to "no".

14. One symptom of ADHD children is that they are cruel to each other people.

Table4.15

Total respondents	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	18	2	9	9

Interpretation:

From the table 4.15, out of 20 respondents 90% (18 responses) answered "No" and 10% (2 responses) answered to yes, they are cruel to other people.

15. ADHD child usually talks excessively.

Table4.16

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	16	4	10	6

Interpretation:

From the table 4.16, It can be analysed that out of 20 respondants 80% answered to "yes" ADHD child usually talks excessively, while only 20% answered to "No".

16. ADHD is often caused by food additives.

Table4.17

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	12	8	5	7

From the table 4.17, It is clearly visible that 40% respondents answered to "yes" ADHD is often caused by food additives, while 60% answered to "yes".

17. If a child play video games for hours, then she/he probably doesn't have ADHD.

Table4.18

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	9	11	3	6

Interpretation:

From the table 4.18, it is observed that 55% respondents answered to "yes" if a child play

Video games for hours, then she/he probably doesn't have ADHD.

18. ADHD children often fidget with hand or feet or squirms in seat.

Table4.19

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	16	4	9	7

Interpretation:

From the table 4.19, it is observed that Out of the 20 respondents, 80% (16respondents) answered to yes, ADHD children often fidget with hand or feet or squirms in seats.

19. ADHD children do not blurt out answer even before question is completed.

Table 4.20

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	12	8	6	6

Interpretation:

From the table 4.20, It can be reflected that 60% respondents answered to YES, ADHD children do not blurt out answer even before question is completed while 40% respondents answered to "NO".

20. ADHD can be inherited.

Table4.21

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	5	15	1	4

Interpretation

From the table 4.21, It is clearly analyzed that 25% answered to "yes" ADHD can be Inherited and 75% answered to "No".

21. ADHD children often have difficulties organizing tasks and activities.

Table4.22

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	14	6	6	8

Interpretation:

From the table 4.22, it is found that 70% (14respondents) answered "yes" that ADHD children often have difficulties organizing tasks and activities and 30% (6 respondents) answered "no".

22. ADHD is treatable condition.

Table4.23

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	12	8	4	8

Interpretation:

From the table 4.23, it is reflected that Out of 20 respondents, 60% (12respondents) answered "Yes" that ADHD is a treatable condition and 40% (8 respondents) answered "No".

23. Behaviour assessment system for children (BASC-3) is one of the most commonly used self-assessment tools for ADHD.

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	15	5	9	6

Interpretation:

From the table 4.24, Out of 20 respondents, 75% (15respondents) answered "yes" that the Behavior Assessment System for Children (BASC-3) is one of the most commonly used self- assessment tools for ADHD and 25% (5 respondents) answered "no" .

24. Medication is only treatment option available for ADHD.

Table4.25

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	10	10	4	6

Interpretation:

From the table 4.25, it is clear that Out of 20 respondents, 50% (10 respondents) answered "yes" that medication is the only treatment option available for ADHD. 50% (10 respondents) answered "no" or were unsure about this statement.

25. Regular physical activities have been shown to be beneficial for individual with ADHD.

Table4.26

Total respondants	Total Number of correct responses	Total Number of incorrect response	Number of government teacher who give correct response	Number of private teacher who give correct response
20	17	3	7	10

Interpretation:

From the table 4.26, it can be observed that, 85% (17 respondents) answered "yes" that regular physical activities have been shown to be beneficial for individuals with ADHD and 15% (3 respondents) answered "no".

Assessment of level of awareness about ADHD in Pundri town

Level of awareness is calculated by percentage.

Total level of awareness= Number of correct responses/total response*100=321/520*100=61.73%

As from above calculation, it can be inferred that the level of awareness is 61.73%, which appears to be average.

To compare the awareness level of private and government primary school teacher in Pundri of District Kaithal.

Table4.3.1

Variable	Group	Number	Mean	Standard Deviation	t-value	Level of significance
Teacher's awareness	Private school teachers	10	16.1	3.8	0.0736	Not significant
	Government schoolteachers	10	16	2		

From the table 4.3.1, it is observed that the mean score of private and government primary school teachers were 16.1 and 16 respectively, standard deviation score of private and government primary school teachers were 3.8and 2. The calculated t-value was 0.0736, which is much less than the table value of "t" i.e.2.10 at 0.05 level and 2.88 at 0.01 level. It indicates that there exists no significance difference in the level of awareness of private and government primary school teachers of Pundri. Hence, the null hypothesis is accepted.

FINDINGS

- The data indicates a significant lack of consensus among primary school teachers in Pundri regarding the nature of ADHD. Exactly 50% of the respondents correctly identified ADHD as a neurodevelopmental disorder, while the remaining 50% did not. This split in responses suggests a gap in knowledge or understanding of ADHD among the teachers surveyed.
- The survey results reveal that only half of the primary school teachers in Pundri correctly identify ADHD as a real disorder. This indicates that there is a significant portion of respondents who do not believe or are unsure about the legitimacy of ADHD as a disorder.
- The findings show that 70% of respondents incorrectly believe that ADHD is a result of poor parenting. Only 30% of respondents correctly identified that ADHD is not caused by poor parenting. According to established medical and scientific consensus, ADHD is not caused by poor parenting. Therefore, "No" is the correct response.
- The data shows that only 30% of respondents correctly identified ADHD as a chronic disease. 70% of respondents incorrectly believe that ADHD is not a chronic disease. ADHD is indeed considered a chronic condition because it typically persists over time and affects daily functioning.
- The statement Inattention, impulsivity, and hyperactivity are the signs of ADHD" is correct. These symptoms are indeed characteristic features of ADHD according to clinical and diagnostic criteria. Therefore, the correct answer is "Yes." The data shows that 90% of respondents correctly identified inattention, impulsivity, and hyperactivity as signs of ADHD. Only 10% of respondents incorrectly answered this question.
- The findings show that 65% of primary school teachers correctly understand that ADHD is not limited to childhood and can affect adults as well. This indicates a moderate level of awareness about the lifelong nature of ADHD among the respondents.
- The survey results reveal that 75% of primary school teachers in Pundri correctly understand that ADHD is not a label used to excuse lazy or unmotivated behavior. This indicates a high level of

correct understanding among the majority. However, the fact that 25% of respondents hold a misconception about Children with ADHD.

- The 75% of respondents who answered "Yes" correctly recognize that ADHD is a neurodevelopmental disorder affecting attention, impulsivity, and hyperactivity, rather than cognitive abilities or inherent talents.
- A minority of respondents (35%) believe that ADHD results in stunted brain development, indicating a misconception. ADHD does not cause stunted brain development, though it does involve differences in brain structure and function.
- Hyperactivity is common symptom of ADHD. Most respondents correctly identify hyperactivity as a common symptom of ADHD. This high correct response rate indicates good awareness of one of the core symptoms of ADHD.
- The low percentage of correct responses suggests that many teachers are unaware that excessive talking can be a symptom of ADHD. This lack of awareness could result from insufficient training or exposure to comprehensive information about the disorder.
- 40% of respondents incorrectly believe that ADHD is often caused by food additives. This indicates a significant misconception about the etiology of ADHD among the respondents.
- The majority correctly identify fidgeting and squirming as common symptoms of ADHD. This shows good awareness of the hyperactivity and impulsivity symptoms of ADHD. 80% of respondents correctly recognize fidgeting and squirming as symptoms of ADHD.
- One of the hallmark symptoms of ADHD, particularly in children, is impulsivity. This often manifests as blurting out answers before a question is completed, interrupting conversations, and having difficulty waiting for their turn. 60% of respondents incorrectly believe that ADHD children do not blurt out answers before a question is completed. This indicates a significant misconception about one of the common symptoms of ADHD, which includes impulsivity.
- A majority (80%) incorrectly believe ADHD cannot be inherited, though genetics play a significant role in ADHD. This highlights a lack of awareness of the hereditary nature of ADHD.
- Most respondents correctly recognize that difficulties with organization are a common symptom of ADHD. This shows a good understanding of executive function challenges in ADHD. 70% of respondents correctly recognize organizational difficulties as a symptom of ADHD.
- A majority correctly understand that ADHD is treatable. This reflects awareness that various treatment options, including medication and behavioral therapies, can help manage ADHD symptoms.
- Half of the respondents incorrectly believe that medication is the only treatment option for ADHD. This reflects a lack of awareness of other effective treatments, such as behavioral therapy, lifestyle changes, and educational interventions.
- A significant majority correctly understand that physical activity benefits individuals with ADHD. This shows strong awareness of the positive impact of exercise on ADHD symptoms.

EDUCATIONAL IMPLICATIONS

The educational implications of researching ADHD awareness among primary school teachers in Pundri, presented as bullet points:

- Educational organizations should develop specialized teacher training programs tailored to enhance ADHD awareness and knowledge among primary school teachers in Pundri.
- Teachers should adopt different strategies for effective classroom management that accommodates the learning needs of students with ADHD.
- A teacher should do early identification of ADHD symptoms among students, enabling timely support and interventions.

- A teacher should encourage inclusive education practices that cater to diverse learning needs, promoting a supportive environment for all students.
- Increase awareness among educators to reduce stigma and misconceptions about ADHD, fostering positive attitudes and acceptance in the school community.
- Facilitate collaboration between educators and healthcare professionals to ensure comprehensive support for students with ADHD.
- Health and/or Educational Ministry should promote a special course on ADHD for teachers and education should be part of the curriculum in faculty training. Providing these educational programs on television and radio may be highly effective as they were the most common source of information.

SUGGESTIONS FOR FURTHER RESEARCH

- Conduct a similar study on a larger sample covering all districts of Haryana.
- Perform comparative studies to analyze the differences in ADHD awareness and knowledge between male and female primary teachers.
- Conduct comparative studies to assess ADHD awareness and knowledge among preservice and in-service teachers.
- Investigate the impact of continuous professional development (CPD) programs on improving teachers' awareness and knowledge of ADHD.

DELIMITATIONS

- The study was limited to 40 primary school teachers.
- The study was limited to government and private schools of Pundri of district Kaithal, Haryana.

REFERENCES

1. Greenhill, L. L., Pliszka, S., Dulcan, M. K., Bernet, W., Arnold, V., Beitchman, J., et al. (2002). Practice parameter for the use of stimulant medications in the treatment of children, adolescents, and adults. *Journal of the American Academy of Child & Adolescent Psychiatry, 41*(2 Suppl), 26S–49S. https://doi.org/10.1097/00004583-200202001-00003
2. American Academy of Pediatrics. (2001). Clinical practice guideline: Treatment of the school-aged child with attention-deficit/hyperactivity disorder. *Pediatrics, 108*(4), 1033–1044. https://doi.org/10.1542/peds.108.4.1033
3. Biederman, J., Monuteaux, M. C., Mick, E., Spencer, T., Wilens, T. E., Silva, J. M., et al. (2006). Young adult outcome of attention deficit hyperactivity disorder: A controlled 10-year follow-up study. *Psychological Medicine, 36*(2), 167–179. https://doi.org/10.1017/S0033291705006410
4. Franke, B., Faraone, S. V., Asherson, P., Buitelaar, J. K., Bau, C. H. D., Ramos-Quiroga, J. A., et al. (2012). The genetics of attention deficit/hyperactivity disorder in adults, a review. *Molecular Psychiatry, 17*(10), 960–987. https://doi.org/10.1038/mp.2011.138
5. Chou, I.-C., Lin, C.-C., & Kao, C.-H. (2015). Enterovirus encephalitis increases the risk of attention deficit hyperactivity disorder: A Taiwanese population-based case-control study. *Medicine, 94*(16), e707. https://doi.org/10.1097/MD.0000000000000707
6. Hadžić, E., Sinanović, O., &Memišević, H. (2017). Is bacterial meningitis a risk factor for developing attention deficit hyperactivity disorder? *Israel Journal of Psychiatry and Related Sciences, 54*(1), 54–57.
7. Adeyemo, B. O., Biederman, J., Zafonte, R., Kagan, E., Spencer, T. J., Uchida, M., et al. (2014). Mild traumatic brain injury and ADHD: A systematic review of the literature and meta-analysis. *Journal of Attention Disorders, 18*(7), 576–584. https://doi.org/10.1177/1087054714543371
8. Donzelli, G., Carducci, A., Llopis-González, A., Verani, M., Llopis-Morales, A., &Cioni, L. (2019). The association between lead and attention-deficit/hyperactivity disorder: A systematic review. *International Journal of Environmental Research and Public Health, 16*(3), 382. https://doi.org/10.3390/ijerph16030382

9. Polanczyk, G., de Lima, M. S., Horta, B. L., Biederman, J., & Rohde, L. A. (2007). The worldwide prevalence of ADHD: A systematic review and metaregression analysis. *American Journal of Psychiatry, 164*(6), 942–948. https://doi.org/10.1176/ajp.2007.164.6.942
10. Salvi, V., Migliarese, G., Venturi, V., Rossi, F., Torriero, S., Viganò, V., et al. (2019). ADHD in adults: Clinical subtypes and associated characteristics. *Rivista di Psichiatria, 54*(2), 84–89. https://doi.org/10.1708/3142.31249
11. Kates, N. (2005). Attention deficit disorder in adults: Management in primary care. *Canadian Family Physician, 51*, 53–59.
12. Matas, M. (2006). Approach to attention deficit disorder in adults. *Canadian Family Physician, 52*, 961–964.
13. Pary, R., Lewis, S., Matuschka, P. R., Rudzinskiy, P., Safi, M., & Lippmann, S. (2002). Attention deficit disorder in adults. *Annals of Clinical Psychiatry, 14*(2), 105–111.
14. Wilens, T. E., & Spencer, T. J. (2010). Understanding attention-deficit/hyperactivity disorder from childhood to adulthood. *Postgraduate Medicine, 122*(5), 97–109. https://doi.org/10.3810/pgm.2010.09.2206
15. Weiss, M., & Murray, C. (2003). Assessment and management of attention-deficit hyperactivity disorder in adults. *CMAJ: Canadian Medical Association Journal, 168*(6), 715–722.
16. Advokat, C., &Scheithauer, M. (2013). Attention-deficit hyperactivity disorder (ADHD) stimulant medications as cognitive enhancers. *Frontiers in Neuroscience, 7*, Article 82. https://doi.org/10.3389/fnins.2013.00082
17.Han, D. H., McDuff, D., Thompson, D., Hitchcock, M. E., Reardon, C. L., &Hainline, B. (2019). Attention-deficit/hyperactivity disorder in elite athletes: A narrative review. *British Journal of Sports Medicine, 53*(12), 741–745. https://doi.org/10.1136/bjsports-2019-100713
18. Ching, C., Eslick, G. D., &Poulton, A. S. (2019). Evaluation of methylphenidate safety and maximum-dose titration rationale in attention-deficit/hyperactivity disorder: A meta-analysis. *JAMA Pediatrics, 173*(7), 630–639. https://doi.org/10.1001/jamapediatrics.2019.0903
19. Pelham, W., Wheeler, T., & Chronis, A. (1998). Empirically supported psychosocial treatments for attention deficit hyperactivity disorder. *Journal of Clinical Child Psychology, 27*(2), 190–205. https://doi.org/10.1207/s15374424jccp2702_6
20. van den Hoofdakker, B. J., van der Veen-Mulders, L., Sytema, S., Emmelkamp, P. M., Minderaa, R. B., &Nauta, M. H. (2007). Effectiveness of behavioral parent training for children with ADHD in routine clinical practice: A randomized controlled study. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*(10), 1263–1271. https://doi.org/10.1097/chi.0b013e3181354bc2
21.Stevens, J., Quittner, A. L., &Abikoff, H. (1998). Factors influencing elementary school teachers' ratings of ADHD and ODD behaviors. *Journal of Clinical Child Psychology, 27*(4), 406–414. https://doi.org/10.1207/s15374424jccp2704_2
22. Sciutto, M. J., Terjesen, M. D., & Bender-Frank, A. S. (2000). Teachers' knowledge and misperceptions of attention-deficit/hyperactivity disorder. *Psychology in the Schools, 37*(2), 115–122. https://doi.org/10.1002/(SICI)1520-6807(200003)37:2<115::AID-PITS3>3.0.CO;2-5
23. Chronis, A. M., Jones, H. A., &Raggi, V. L. (2006). Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder. *Clinical Psychology Review, 26*, 486–502. https://doi.org/xxxx
24.DuPaul, G. J., & Eckert, T. L. (1997). Interventions for students with ADHD: One size does not fit all. *School Psychology Review, 26*(3), 369–382. https://doi.org/xxxx
25. Fabiano, G. A., & Pelham, W. E. (2003). Improving the effectiveness of behavioral classroom interventions for attention-deficit/hyperactivity disorder: A case study. *Journal of Emotional and Behavioral Disorders, 11*(2), 122–128. https://doi.org/xxxx
26. Francis, G. (1993). A prevalence study: ADHD in elementary school children. *Canadian Journal of School Psychology, 9*(1), 1–27. https://doi.org/xxxx
27. Hartnett, D. N., Nelson, J. M., &Rinn, A. N. (2004). Gifted or ADHD? The possibilities of misdiagnosis. *Roeper Review, 26*(2), 73–77. https://doi.org/xxxx
28. Holz, T., & Lessing, A. (2002). Reflections of attention-deficit/hyperactivity disorder (ADHD) in an inclusive education system. *Perspectives in Education, 20*(3), 103–110. https://doi.org/xxxx
29. Jensen, P. S., Martin, D., & Cantwell, D. P. (1997). Comorbidity in ADHD: Implications for research, practice, and DSM-V. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*, 1065–1079. https://doi.org/xxxx

30. Jerome, L., Gordon, M., & Hustler, P. (1994). A comparison of American and Canadian teachers' knowledge and attitudes towards attention-deficit hyperactivity disorder. *Canadian Journal of Psychiatry, 39*, 563–567. https://doi.org/xxxx
31. DuPaul, G. J., & Stoner, G. (2003). *ADHD in the schools: Assessment and instructional strategies* (2nd ed.). Guilford Press.
32. Gall, M. D., Gall, J. P., & Borg, W. R. (2007). *Educational research: An introduction* (8th ed.). Pearson Education.
33. Gay, L. R., &Airasian, P. W. (2003). *Educational research: Competencies for analysis and applications* (7th ed.). Prentice Hall.
34. JAMA and Archives Journals. (2007, September 3). *Nine percent of U.S. children age 8 to 15 meet criteria for having ADHD, study suggests*. ScienceDaily. https://www.sciencedaily.com/releases/2007/09/070903204843.htm
35. Kleynhans, S. E. (2005). *Primary school teachers' knowledge and misperceptions of attention deficit hyperactivity disorder* [Unpublished master's thesis]. University of Stellenbosch.
36. Kos, J. M., Richdale, A. L., & Jackson, M. S. (2004). Knowledge about attention deficit hyperactivity disorder: A comparison of in-service and pre-service teachers. *Psychology in the Schools, 41*(5), 517–526. https://doi.org/10.1002/pits.10178
37. Lawson, W. (2004). Who's diagnosis? *Psychology Today, 37*(1), 25.
38. Miranda, A., Presentación, M. J., & Soriano, M. (2002). Effectiveness of a school-based multi-component program for the treatment of children with ADHD. *Journal of Learning Disabilities, 35*(6), 546–563. https://doi.org/10.1177/002221940203500604
39. Montague, M., Enders, C. K., & Castro, M. (2005). Academic and behavioral outcomes for students at risk for emotional and behavioral disorders. *Behavioral Disorders, 31*(1), 87–96. https://doi.org/10.1177/019874290503100105
40. Pelham, W. E., Jr., & Evans, S. W. (1992). Teacher ratings of DSM-III-R symptoms for the disruptive behavior disorders: Prevalence, factor analysis, and conditional probabilities in a special education sample. *School Psychology Review, 21*(2), 285–299.
41. Pfiffner, L. J., & Barkley, R. A. (1998). Treatment of ADHD in school settings. In R. A. Barkley (Ed.), *Attention deficit hyperactivity disorder: A handbook for diagnosis and treatment* (3rd ed., pp. 608–647). Guilford Press.
42. Sciutto, M. J., Terjesen, M. D., & Bender Frank, A. S. (2000). Teachers' knowledge and misperceptions of attention deficit hyperactivity disorder. *Psychology in the Schools, 37*(2), 115–122. https://doi.org/10.1002/(SICI)1520-6807(200003)37:2<115::AID-PITS3>3.0.CO;2-5
43. Wolfe, D. A., & Mash, E. J. (Eds.). (2006). *Behavioral and emotional disorders in adolescents: Nature, assessment, and treatment*. Guilford Press.
44.Wolraich, M. L., Lambert, W. E., Baumgaertel, A., Garcia-Tornel, S., Feurer, I. D., Bickman, L., & Doffing, M. A. (2003). Teachers' screening for attention deficit hyperactivity disorder: Comparing multinational samples of teacher ratings of ADHD. *Journal of Abnormal Child Psychology, 31*(4), 445–455. https://doi.org/10.1023/A:1023847719796

Questionnaire about ADHD awareness

1. ADHD stands for Attention deficit hyperactivity disorder = yes
2. ADHD is neurodevelopment disorder. = yes
3. ADHD is not a real disorder.= No
4. ADHD is a result of poor parenting.. = Yes
5. ADHD is chronic disease..= Yes
6. Inattention, impulsivity and hyperactivity are the signs of ADHD. = Yes
7. The ADHD awareness month is October.= Yes
8. The prevalence of ADHD in India is 2% to 17%= Yes
9. ADHD affects adult also. Yes
10. ADHD is just a label used to excuse lazy or unmotivated behaviour. = No
11. ADHD has nothing to do with intelligence and talent. Yes
12. ADHD results is stunted brain development= No
13. ADHD and ADD (Attention deficit disorder) are two separate disorders. = No
14. Hyperactivity is common symptom of ADHD. = yes
15. One symptom of ADHD children is that they are cruel to other people. No
16. ADHD child usually talks excessively. Yes
17. ADHD is often caused by food additives= No
18. If a child can play video games for hours, then she/he probably doesn't have ADHD. =No
19. ADHD children often fidgets with hand or feet or squirms in seat = Yes
20. ADHD children do not blurt out answer even before question is completed. No
21. ADHD can be inherited.= Yes
22. ADHD children often have difficulties organizing tasks and activities. Yes
23. ADHD is treatable condition. Yes
24. Behaviour Assessment System for Children (BASC-3) is one of the most commonly used self-assessment tools for ADHD. Yes
25. Medication is only treatment option available for ADHD. No
26. Regular physical activity have been shown to be beneficial for individual with ADHD= Yes

Scoring Statement{ 1,2,4,5,6,7,8,11,14,16,19,21,22,23,26 } are correct about ADHD , rest are incorrect. One mark is given to each correct answer. One mark is deducted to incorrect answer.