ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

DEPARTMENT OF NURSING AND MIDWIFERY

Teachers' Knowledge and Attitude Towards Attention deficit hyperactivity disorder (ADHD) in Nifas Silk Lafto Primary Schools, Addis Ababa, Ethiopia, 2019 GC

By: - Feven Mulugeta (Bsc)

A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING AND MIDWIFERY, DEPARTMENT OF NURSING AND MIDWIFERY IN PARTIAL FULLFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER IN CHILD HEALTH NURSING.

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APPROVAL BY THE BOARD OF EXAMINATION

This thesis by Feven Mulugeta is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in Child Health Nursing.

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ACCRONYMS AND ABBREVIATIONS

AAU	Addis Ababa University
ADHD	Attention Deficit Hyperactivity Disorder
ADHD – C	Combined Attention Deficit Hyperactivity Disorder
ADHD – HI/H	Attention Deficit Hyperactivity Disorder Predominantly Hyperactive Impulsive
ADHD – I / PI	Attention Deficit Hyperactivity Disorder Predominantly Inattentive
AOR	Adjusted Odds Ratio
CI	Confidence Interval
DC	Data Collectors
KADDS	Knowledge of Attention Deficit Disorder Scale
K-ADHD	Knowledge of Attention Deficit Hyperactivity Disorder
OR	Odds Ratio
PI	Principal Investigator

ABSTRACT

Background: Attention-deficit/hyperactivity disorder is the most common neurobehavioral disorder and one of the most prevalent chronic health conditions of childhood. Symptoms of the disorder affects school performance and disrupt class. So, teachers are often the first ones to recognize it. Despite the irreplaceable role of teachers for the diagnosis and treatment of ADHD studies done on teachers' knowledge and attitude towards ADHD are rare. Thus, the aim of this study was to assess primary school teachers' knowledge and attitude towards ADHD and factors affecting them at selected primary schools in Addis Ababa, Ethiopia, 2019 G.C.

Methods: Institution based cross-sectional study was conducted from March11 to April 19, 2019 in Addis Ababa, Ethiopia. Simple random sampling technique was used to select 416 primary school teachers from 28 schools. Self-administered questionnaire was used to collect the data. And data was entered using Epidata 4.3 and analyzed using SPSS version 25. Bivariate and multivariate logistic regressions were used for analysis applied at 95% CI.

Result: Total of 387 questionnaires were replied with a response rate of 93%. Overall teachers' mean knowledge score was 13.83 ± 6.03. Around 58.7% of study participants had scored above the mean value. The respondents age [AOR=1.06 (1.012, 1.122)], receiving courses about ADHD in college [AOR=2.57 (1.485, 4.446)] and receiving information through any media about ADHD [AOR=1.71 (1.059, 2.787)] were found to be the important predictors of scoring above the mean value. Around 56.1% of study participants had scored above the mean attitude score. Plus only receiving information through a media about ADHD was found to be the important predictor of scoring above the mean attitude score [AOR=1.529].

Conclusion: Teachers' age, receiving courses about ADHD in college and receiving information through any media about ADHD were the important predictors of scoring above the mean knowledge score. And only receiving information through a media about ADHD was found to be the important predictor of scoring above the mean attitude score.

Recommendations: Ministry of Education, school officials and health professionals should work to enhance teachers' knowledge and attitude by giving courses towards ADHD, prepare in service trainings and raise awareness through media.

Key terms: ADHD, Knowledge, Attitude, Primary school teachers, Ethiopia

1. INTRODUCTION

1.1. Background

Attention deficit hyperactivity disorder (ADHD) is defined as a persistent pattern of inattention and/or hyperactivity-impulsivity for at least 6 months. It interferes with functioning or development, and negatively impacts directly on social and academic/occupational activities. The symptoms are present in different settings to a degree that is inconsistent with developmental level (1).

The three main sub categories of the disorder are the predominantly inattentive (ADHD-PI/I), predominantly hyperactive impulsive (ADHD-HI /H), or the combination of the two sub categories (ADHD-C) (1).

It is the most prevailing condition affecting the health of school-age children chronically (2). Some of these children will continue to have the disorder through adolescence and adulthood even with elevated symptoms of ADHD (3). Mostly children with the disorder are vulnerable to face difficulties in academics, social relationships with friends and family members , and low self-confidence (2).

If children with ADHD have the chance to be identified and get referral to psychiatric clinics they can be treated with pharmacotherapy and as well as with behavioral interventions which will intern benefit them (2). Since children in this age group spend most of their time in schools, teachers can be used as a valuable referral source.

Symptoms of ADHD affect children's behavior in classrooms in a way that is easily noticeable. So, if teachers have the knowledge that these symptoms are caused by the disorder, they can identify these students and make a timely referral to psychiatric clinics. Additionally knowing and being familiar with the treatment options will enable the teachers to participate in the evaluation and implementation of treatment process (4) and to notice side effects of the drugs if any and report it to the responsible person.

Having a positive attitude for these children could also encourage teachers to be motivated and involve in the treatment plan and help these children.

1.2. Statement of the Problem

Attention deficit hyperactivity disorder (ADHD) is the most common neurobehavioral disorder and one of among the most prevailing chronic health conditions affecting school-age children (2). Worldwide the pooled prevalence estimate of the disorder was 7.2% in children aged 18 and under (5). And in Africa it's prevalence rate among children varied from 12.8% (in Ghana) up to 3.2% (in Nigeria) (6, 7).

As it's mentioned by a study done in Ethiopia (Jimma zone) the prevalence of ADHD was estimated as 13.7% which is greater than the worldwide pooled prevalence and it's also high when compared with other African countries (8). Even though the research was done in one restricted region and doesn't represent the prevalence in the whole country, it implies that the disorder needs emphasis.

The impact of the disorder is manifested in all aspects of the child. Some of the problems that are faced by primary school children are under achievement in academics, difficulty in being along with their peers and reduced self-confidence. And also parents face problems at home or in outgoings like shopping and visiting other family members (9).

Additionally when some of these children continue to have ADHD symptoms through their adolescence and adulthood they will be exposed to various health problems physically and mentally, and also they will face difficulties financially and on their work performance (10). This will in turn have a huge effect on the society especially in countries like Ethiopia in which the majority of the population is young.

Studies done in New Zealand, Saudi Arabia, Egypt and Ethiopia revealed that teachers have limited knowledge about ADHD.(11) (12) (13) (14) And having limited knowledge among teachers can result in failure to identify those children with the disorder which could hinder them from being assessed and get treatment. In the contrary teachers having greater knowledge are most likely to recommend the need of seeking professional assessment services(4).

Another effect of teacher factors such as their view on treatment options, and types of approaches used in the classroom can have significant influence on the educational outcome of children with ADHD(15). Teachers with higher and average knowledge are most likely to

perceive the benefit of treatment options for children with ADHD than teachers having low knowledge level(4).

Having negative attitude towards children with ADHD can put a teacher in to a position to take harsh and unjust punitive actions against the affected child who is unable to complete school tasks and has apparent disruptive behavior in the classroom(16). This could result in negative outcomes and consequences. And also it may result in discouragement and self-deprecation on students affected by ADHD (17).

Despite all these impacts of ADHD and the irreplaceable role of teachers for the diagnosis, and treatment of ADHD, studies done on teachers knowledge and attitude towards ADHD in Ethiopia are rare. So this study is aiming to fill this gap by studying the knowledge and attitude of primary school teachers towards ADHD.

1.3. Significance of the Study

The results of this study will help to know teachers knowledge and attitude towards ADHD by revealing the burden of the problem.

And this can be used as a reference for other researchers to do further study on the topic area. And also it can assist curriculum designers of primary school teachers to design curriculum that can address the problem area.

Additionally school officials can use this study to address their teachers' need of in service trainings about ADHD. It will also aid teachers to know their status towards understanding ADHD and update themselves accordingly.

2. LITERATURE REVIEW

2.1. Prevalence

In a systematic review the world wide pooled prevalence of ADHD was stated as 7.2% (5) which showed an increment from the systematic review done 8 years back which estimated the world wide pooled prevalence as 5.29%(18). And in Africa according to studies done in school children it's prevalence ranged between 5.4 and 8.7 percent. And the prevalence becomes 1.5% among children in general population and 45.5% to 100% among children with possible organic brain pathology (19).

The prevalence of ADHD in Africa is somehow similar with the prevalence in the world amongst school children but the prevalence in special populations of children with organic brain pathology is very escalated. And other different studies in Africa revealed different prevalence rates such as in Uganda 11%, in Nigeria 3.2% and in Ghana 12.8% respectively(6, 7, 20).

There are very few studies done in Ethiopia about the prevalence of ADHD. One of them that was done to explore the prevalence of mental and behavioral disorders among children in Southern Ethiopia, Butajira district revealed that, ADHD was among the most frequent disorders which accounted for 1.5% prevalence(21). But another recent study done in Southwest Ethiopia, Jimma Zone stated that the prevalence of the disorder to be 13.7%, with male to female ratio of nearly 1.3: 1(8). This showed high prevalence that the disorder needs attention.

2.2. Teachers Knowledge and Attitude towards ADHD

2.2.1. Teachers knowledge about ADHD and affecting factors

Worldwide different studies have studied knowledge about ADHD through different scales and one of the most commonly used scale is the Knowledge of Attention Deficit Disorder Scale (KADDS). Here we are going to review studies done using this scale.

A non-experimental descriptive study done in New Zealand among primary school teachers stated that teachers average correct response from the KAADS question to be 48%. And the teachers scored significantly higher on the symptoms/ diagnosis sub scale compared to the

other sub scales. Most teachers indicated that they have not received any pre-service or in service trainings about ADHD and 90% of them wanted more training about the disorder (11).

In the above study most of the teachers demographics assessed weakly related or did not relate at all with the teachers' knowledge of ADHD. However the number of students with ADHD that the teachers had taught and participation in behavioral and educational planning was significantly and moderately related to higher KADDS total and symptom / diagnosis scores. (11).

Another descriptive and comparative research done in South Texas done on middle school teachers revealed that teachers' mean scores ranged from 46% to 66% and that there were statistically significant differences in teachers' knowledge scores between each of the three subscales. In this study the symptom/diagnosis sub-scale mean score was higher (66.70%) than the treatment knowledge mean score (56.92%) and the general knowledge mean score 46.49% (22).

And in Asia a descriptive research done in Saudi Arabia to investigate teachers' knowledge and misconceptions of ADHD using the same scale indicated that the overall teachers' percentage who scored the correct responses was 17.2% which was very low when compared with the other literatures stated here. And misperception (incorrect responses) percentage was 23% and don't know responses percentage was 59.8% (12). This study showed that the teachers' knowledge score of ADHD in Saudi Arabia is low when compared with the above studies.

When we see the scores between the sub scales, the correct response percentage for symptoms/diagnosis of ADHD (18.1%) is slightly higher than the general knowledge score (16.8%), and the treatment knowledge score (16.6%). Additionally courses taken in college and in service workshops were positively related to the teachers' level of knowledge. And also teachers level of confidence was positively related to the teachers' level of knowledge towards ADHD (12).

In Africa a cross sectional analytic study was done in Egypt to assess the knowledge of primary school teachers about ADHD at primary schools in two villages with the same scale by taking 500 teachers using simple random technique. Even though the exact percentage of

teachers who scored correctly on the scale was not mentioned, it was reported that 59% of teachers had poor knowledge (scored correctly <50% of the items) compared to only 10.2% who had good knowledge (scored correctly >75% of the items) about attention deficit hyperactivity disorder. And also 81.4% of teachers stated that they haven't received any training courses during college about ADHD (13).

In the above study it was also found that there was significant relation between mean score of total teachers' knowledge about ADHD and their age that teachers above 40 years had significantly higher score and marital status that the widow and divorced got significantly higher score and education qualification in which doctorate following the masters holders got higher mean score (13).

And also teaching experience more than fifteen years followed by ten to fifteen years had significant higher scores plus receiving training courses during college and attending an in-service workshop about attention deficit hyperactivity disorder had the same effect. Additionally other information sources such as watched watching a television programs, reading scientific articles or books and also internet use had resulted for higher score on the scale (13).

Another cross-sectional descriptive study was done in South Africa to evaluate Primary school teachers' knowledge of symptoms, treatment and managing classroom behavior. It involved 200 South African primary school teachers using a self-administered questionnaire, the KADDS (23).

In this study teachers identified 45% of the correct responses and 31% of them choose the "don't know responses", while 22% of the responses were incorrectly identified. In contrary to the above studies this study reported teachers had higher scores on the general associated features of disorder than of symptoms/ diagnosis and treatment subscales. Even though the study did not investigate the relation between knowledge score and receiving training, the majority of the teachers indicated that they had received training about ADHD (82.2%) (23).

Teachers' knowledge about ADHD was also studied in Nekemte Town, Ethiopia and it revealed that teaches' mean knowledge score on the KADDS scale was 15.4 i.e. Teachers identified 39.48% of the items correctly. And 56% of the participants scored above the mean

value. Even though these 56% of the teachers were categorized as having good knowledge when we compare the correct score percentage with the other studies stated in this review it's not satisfactory.(14)

2.4.2. Teachers attitude towards ADHD and affecting factors

A study was done to assess teachers' attitudes towards students who exhibit ADHD-type behaviors involving 111 public school teachers in Australia. On the results teachers revealed some negative feelings towards teaching students with ADHD, that 78% of the teachers find the behaviors associated with ADHD irritating and 69.8% of them find that stressing to them (24).

On the other hand the majority (91.5%) of the teachers believed that ADHD is a valid diagnosis and 60% of them thought a child with ADHD will face difficulty in concentrating in his/her school work. When we see attitudes towards training about ADHD, 75% of them don't think they have received adequate training and greater than 90% of them wanted more trainings related to ADHD (24).

Another cross-sectional descriptive survey was done in Trinidad & Tobago to study knowledge of and attitudes towards ADHD among primary and secondary school teachers with a sample size of 277. Even though the total attitude score was not analyzed it was stated on the results that the attitudes toward children with ADHD were generally positive although most teachers felt children with ADHD should be taught by specialist teachers. Similar to the previous study these teachers also believed that ADHD is a valid diagnosis and that ADHD is a real educational issue (25).

When we come to Africa, a descriptive cross sectional study done in Egypt to assess knowledge and attitude of teachers toward ADHD involving 360 primary school teachers revealed that more than half (55.0%) of the teachers had positive attitude toward ADHD. Also there was statistical significant correlation between total score of teachers' knowledge and attitude toward ADHD (26).

When seeing the factors affecting attitudes of teachers towards ADHD, a descriptive research involving 160 primary school teachers that was done in India revealed that there were no significant differences in primary school teachers' positive attitudes towards attention deficit

and hyperactivity disorder due to variation in gender, educational qualification, teaching experience and locality even though there were difference in their mean values (27).

A randomized controlled trial done in Nigeria to identify the effect of ADHD training program on knowledge and attitude of primary school teachers in Nigeria involving 84 teachers in the intervention group and 75 teachers in the control group revealed that, controlling for baseline scores, the intervention group had less negative attitudes (28) which shows the effect of the training.

On the contrary to this a study done in Australia including 119 primary school female teachers stated that even though teachers with high and to some extent average knowledge about ADHD reported further supportive behaviors and perceived more the benefits of treatment, however, these teachers also anticipated that these children would be more disruptive in the classroom, and reported having less confidence in their ability to manage these children (4).

2.4.3. Summary

This review of literatures indicated that teachers' knowledge towards ADHD varied among different countries and most of them indicated limited knowledge. Teachers' age (13), educational qualification (13), years of teaching experience (13), marital status (13), in-service trainings (12, 13), courses taken in college/ University about ADHD (12), other information sources like articles (12) and previous teaching exposure to a child with ADHD symptoms (11) were found to be contributing factors for having more knowledge about ADHD.

And regarding attitude teachers revealed some negative feelings towards teaching students with ADHD as irritating and stressing to them (24) and thought children with ADHD should be taught by specialist teachers (25). But the majority them believed that ADHD is a valid diagnosis (24, 25) and a real educational issue (25). And it was found that teachers with more knowledge had more positive attitude (4, 26), however, these teachers also anticipated children with ADHD would be more disruptive in the classroom, and reported having less confidence in their ability to manage these children (4). And teachers who received an in-service training had less negative attitudes (28). And most teachers don't think they have received adequate training and wanted more trainings related to the disorder (24).

Conceptual Frame Work

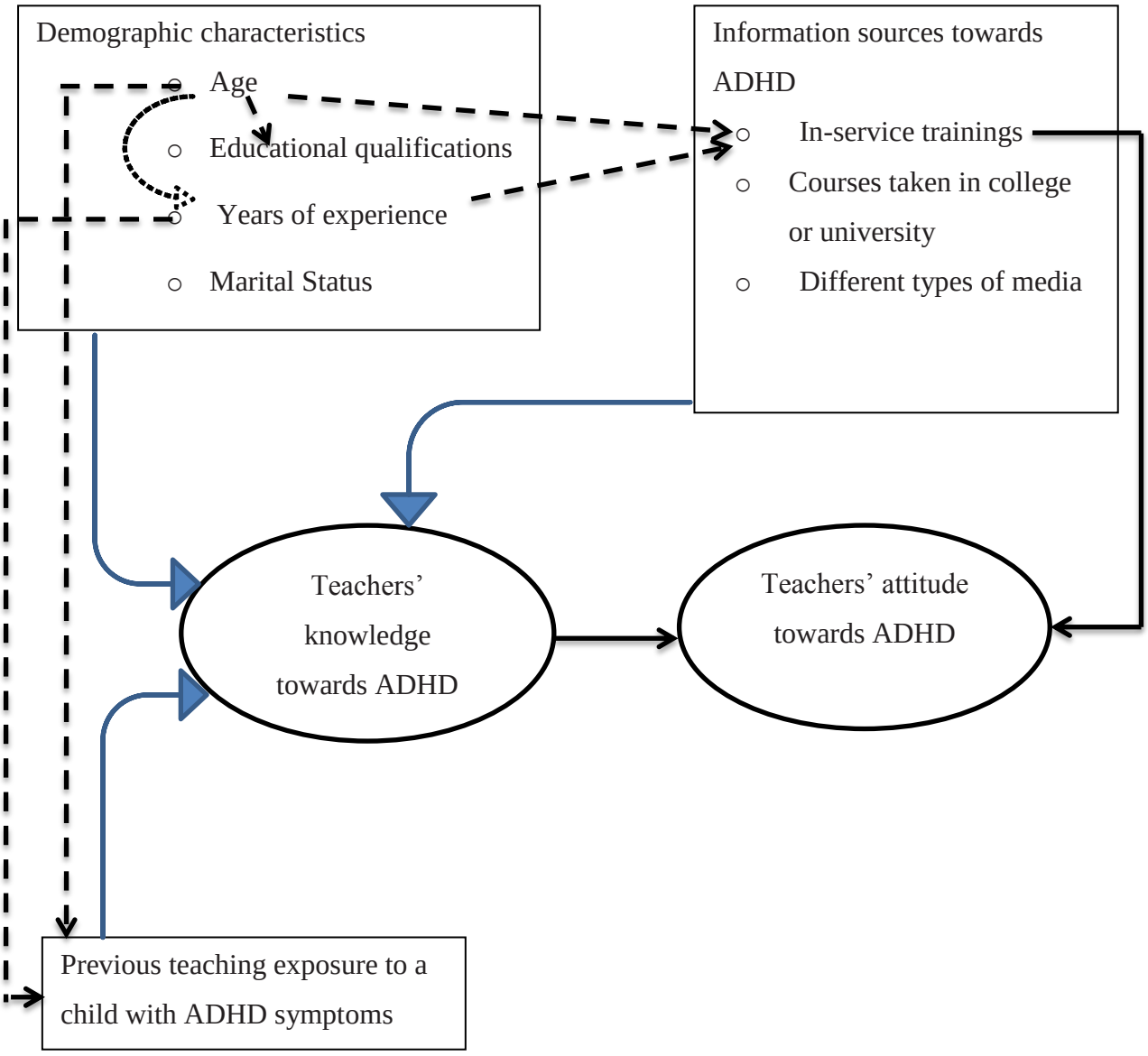

Figure 1 Conceptual framework showing factors affecting knowledge and attitude of primary school teachers (11-13, 28)

3. OBJECTIVES

3.1. General Objective

- To assess primary school teachers' knowledge and attitude towards ADHD in Addis Ababa , Nifas-Silk Lafto sub city, 2019 G.C.

3.2. Specific Objectives

- To assess primary school teachers' knowledge about ADHD
- To assess primary school teachers' attitude towards ADHD
- To assess factors associated with primary school teachers' knowledge about ADHD
- To assess factors associated with primary school teachers' attitude towards ADHD

4. METHODS AND MATERIALS

4.1. Study Area

This study was conducted in Addis Ababa which is the capital city of Ethiopia and the seat of African Union. Addis Ababa's estimated population in 2018 is around 7.178 million(29). The city is divided into ten sub cities and 328 kebeles (Lowest level administrative unit in the city) (30). And this study was conducted in Nifas-Silk Sub-City which is the third most populated sub-city of Addis Ababa (31).

In 2015/16 Ministry of Education stated on its Education Statistics Annual Abstract that the number of students enrolled to primary schools in Addis Ababa was 519,870. And the number of primary schools in the city account for 804 in which majority of them (73%) were non-governmental which account for 583 and 221 were governmental (32). As the data obtained from Nifas-Silk Lafto Sub-City Education Bureau, there were 135 primary schools and 4157 primary school teachers in the sub-city.

4.2. Study Design and Period

Institution based cross-sectional study design was employed to collect data from March 11 to April 19, 2019 G.C.

4.3. Source of Population

All primary school teachers that were working in primary schools in Nifas-Silk Lafto Sub-City, Addis Ababa.

4.4. Study Population

Primary school teachers who were teaching in the selected primary schools in Nifas-Silk Lafto Sub-City, Addis Ababa.

4.5. Eligibility Criteria

4.5.1. Inclusion criteria

Selected teachers who were teaching in the selected primary schools in Nifas-Silk Lafto sub city, Addis Ababa.

4.5.2. Exclusion criteria

Teachers who were newly employed (had less that 6 month working experience) were excluded.

4.6. Sample Size Determination

Sample size was calculated by using single population proportion formula. Therefore, the sample size was determined by the formula as follows;

$$n = \frac{(Z\alpha/2)^2 \times p\,(1-P)}{d^2}$$

With assumption of;

- The desired precision (d) = 0.05
- The estimate of the proportion of our target population who were knowledgeable was taken as 56.4% which was taken from the study done in Nekemte (14) and since there was no similar study conducted in the study setting addressing attitude the same estimate of the proportion was taken for both variables, (p = 0.564)
- Z α\2 at 95% confidence interval = 1.96

Based on the above assumption, the calculated sample size was (n) = 378

Adding 10 % for non-response rate during the actual study then the sample size became 416.

4.7. Sampling Procedure

There were 135 primary schools in Nifas-Silk Sub-city. It was planned to select 25% of the schools (33 schools) by lottery method from the Sub-city. But due to unwillingness of one school and time constraint for data collection only 28 schools participated in the study. Then the total sample size was proportionally allocated to those primary schools. And after wards teachers were selected using simple random sampling technique by lottery method from each school.

Table 1: Proportional allocation of sample size among selected schools in Nifas-Silk Lafto Sub-city

There are 135 primary schools in Nifas Silk Sub City	The selected 28 primary schools		
	Name of the schools	Total no of teachers	No of samples taken
	Gofa primary school	39	23
	Veronica Academy	5	3
	Alexander Academy	5	3
	Tiruwork No.1	8	5
	Strivers Academy	25	15
	Destiny Future	20	10
	Nationwide Academy	14	12
	Zikre Tewoflos	29	17
	Merkoriwos	7	4
	Kids flower(1-4)	9	5
	Alfa Blen Academy	11	6
	Eldra	17	10
	Kordova	19	11
	Tiru work No.2	15	9
	Sun coast	15	9
	Bisrate Gabriel	20	10
	Hawariyaw Petros	57	34
	Atse Zerayakob	70	41
	Netsanet Chora	57	34
	Donbosko	38	22
	Kore Birhane Wongel	11	6
	Kids Flower (1-8)	21	12
	Future Academy	28	17
	Roman Academy	12	7
	Champions Academy	23	14
	Liza	15	9
	Mount Olive	14	8
	South West	104	60

4.8. Data Collection Tool

A self-administered questionnaire was used to collect information from study participants. The questionnaire had three parts. Part I involves 10 questions about socio-demographic characteristics and experience of participants towards ADHD and was adopted from a literature with some modification (33).

Part II involves 39 questions concerning knowledge of teachers about ADHD from the Knowledge of Attention Deficit Disorders Scale (KADDS) with True, false and don't know responses. This scale was developed by Sciutto, Terjesen and Bender Frank's (34) and the questionnaire was requested and obtained from Professor Mark Sciutto, through email (Annex VII) to be used in this study. The scale includes three subscales. The first subscale measures general information of teachers related to ADHD, using 15 items. The second subscale measures teachers' knowledge about symptoms/diagnosis of ADHD using 9 items. And the third subscale measures teachers' knowledge about treatment of ADHD, using 12 items. The KADDS's internal consistency result ranged from $.80 < r < .90$ and the test-retest correlations for the scale scored moderate to high ($.59<r<.76$) (34). And with regard to validity, prior researches suggested that KADDS scores were sensitive to educational interventions and the amount of exposure to research or courses on ADHD (35).

And Part III involves 21 questions related to attitude of teachers towards ADHD. This scale was adopted from different literatures (24, 25, 33, 36) and it used a 5-point Likert-scale ranging from strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree.

4.9. Data Collection Procedure

Data was collected from teachers that were teaching in the selected primary schools. And it was guided by data collectors. Five Bachelor of Science (BSc) student nurses were recruited for data collection and were trained for one day and also the sampling procedures were explained to them. The questionnaire was distributed for teachers in the break or lunch time with explanations of the purpose of the study and how to fill them. The questionnaire was left with the teachers in order to fill it during their free time and it was collected back after a day by the data collectors. Data was checked for completeness and entered in to computer.

4.10. Data Quality Control Management

To ensure the consistency of the questionnaire, the English version was translated into Amharic and again back to English. The questionnaire was pretested in 5% of subjects other than the study population and corrections for spelling errors were done accordingly prior to the actual data collection period. Training on the importance of disclosing the possible benefits and purposes of the study to the study participants; the procedures of data collection and the mechanisms of maintaining the confidentiality of the participants were given to data collectors for one day prior to the study.

4.11. Data Analysis

The data was checked, coded and entered into statistical software Epidata 4.3 then exported to SPSS version 25 by the principal investigator. Descriptive statistics were computed and overall level of knowledge was determined by summing up the items that were correctly identified. And to asses factors associated with teachers' knowledge, the mean of teachers' correct response score was calculated and categorized as above and below the mean value.

And misconception was determined by summing up items that were answered "true" when the correct response was "false", and also items answered "false" when the correct answer was "true". And items answered as "don't know" were added together to know the overall don't know responses

And the overall attitude was determined by summing the scores on the ADHD Attitude Scale where higher scores indicated more positive attitude. Positive items were scored by reversing the score. To asses factors associated with teachers' attitude, the mean of teachers' attitude score was calculated and categorized as above and below the mean value. Mean scores closer to 1 indicated that participants strongly agreed with the statement and mean scores closer to 5 indicated that participants strongly disagreed and mean scores closer to 3 indicated that teachers had neither agreed nor disagreed with the statement.

To ensure conscious completion of the questionnaire the positive and negative statements were used interchangeably. For each question, the mean and standard deviation were calculated to identify to which of the statements teachers mostly agreed and mostly disagreed.

Teachers' knowledge and attitude were considered as dependent variables. To assess the association of different independent variables with the outcome variables bivariate analysis was carried out. In addition, multivariate analysis was performed to identify the most important factors affecting teachers' knowledge and attitude.

4.12. Variables

Dependent variables

- Knowledge of primary school teachers about ADHD
- Attitude of primary school teachers towards ADHD

Independent variables

- Demographic characteristics
  - Age
  - Gender
  - Educational qualifications
  - Years of experience
- Trainings or courses towards ADHD
  - In-service
  - Pre-service
- Previous teaching exposure to a child with ADHD symptoms
- Other sources
  - Different types of media

4.13. Ethical Considerations

Ethical clearance for the start of the study was obtained from Research Ethical Committee of Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery, Department of Nursing and Midwifery. Official letters of cooperation was obtained from Nifas-Silk Lafto Sub-City Education Bureau. At each of the selected study site, school officials were contacted for consent and necessary information before the beginning of the study.

Before conducting the study the purpose, general content and nature of the investigation were explained to each respondent. Protection of the rights of individuals were ensured by giving due freedom to participate in the study or not and also to withdraw from the study at any time. Confidentiality was maintained throughout the data collection period.

The subjects were informed that any information they provide would be kept confidential and their names would not be stated on the data collection tool. Additionally, the study subjects were informed that their responses would not bring any harm to them and will not affect their job. Written consent was obtained from the participants.

4.14. Dissemination of the Result

The result of this study will be presented to Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery, Department of Nursing and Midwifery. And copy of the study publication will be distributed to the Ministry of Education, Addis Ababa Regional Education Bureau, for Nifas-Silk Lafto Sub-City Education Bureau and for the schools that participated in the study and other concerned bodies through reports and publication on an appropriate journal.

5. RESULT

5.1. Socio Demographic Characteristics of the Respondents

Out of the 416 questionnaires that were administered, a total of 387 were replied with a response rate of 93%. The mean age of the participants was 31.90 ± 7.32 years and majority of them (89.1%) were aged less than 40 years. About half of the teachers were male (52.5%). Most of participants were single (54.8%), followed by married (42.6%). Regarding education, more than half of them (58.9%) had bachelor's degree, followed by diploma (35.2%). Concerning years of teaching experience, participants reported an average of 7.5 years of teaching experience and half (50.1%) of them had 1-5 years, and 29.2% had 6-10 years of teaching experience. (Table 2)

Teachers who had the experience of teaching a student with ADHD were two thirds of the participants (66. 9%). And 58.4% of the teachers had reported that they had not taken classes/had coursework at the college/university level about ADHD. And most of the teachers (72. 2%) did not attend an in-service training on ADHD. Regarding acquiring information about ADHD from any media, more than half of them (55. 3%) had received information through a media about ADHD. (Table 3)

Table 2: Demographic characteristics of participants (n=387)

		Frequency (n)	Percentage (%)
Sex	Male	201	52.5
	Female	182	47.5
Age	20-29	179	46.3
	30-39	166	42.9
	40-49	27	7.0
	50-59	14	3.6
	>60	1	0.2
Marital Status	Single	210	54.8
	Married	163	42.6
	Other	10	2.6
Teaching	1-5	194	50.1
Experience	6-10	113	29.2
	11-15	44	11.4
	>16	36	9.3
Teachers	Certificate	12	3.1
Educational	Diploma	135	35.2
Level	Bachelor's Degree	226	58.8
	Master’s Degree	11	2.9

Table 3: Distribution of experience of primary school teachers towards ADHD (n=387)

		Frequency (n)	Percentage (%)
Have you ever taught students you believed to have ADHD?	Yes	253	66.9%
	No	125	33.1%
Have you taken classes/had coursework at the college/university level about ADHD?	Yes	156	41.6%
	No	219	58.4%
Have you ever received training about (ADHD)?	Yes	105	27.3%
	No	279	72.7%
Have you ever received any information through media?	Yes	214	55.3%
	No	173	44.7%

5.2. Knowledge Scores of the Participants

Teachers' overall mean score (items answered correctly) is 13.83 ± 6.03 and 58.7% of them scored above the mean value. The overall correct, misconception and don't know responses in percentage were 36%, 24% and 40% respectively. The percentage of items that were answered correctly from the three sub scales were; (51%) from the symptom subscale (the highest), (34%) from the general associated features subscale and the last (31%) from the treatment subscale. (Table 4)

To identify weather the differences between these groups were significant Friedman test was done and it was found that there was a significant difference among the three subscales ($\chi^2(2)= 270.610$, $p = 0.000$). And to examine the nature of the differences, Post hoc analysis with A Wilcoxon signed-rank test was conducted with a Bonferroni correction applied, resulting in a significance level set at $p < 0.017$. And the result showed significant differences between the general and symptom subscale scores ($Z = -14.299$, $p = 0.000$), between the general and treatment subscale scores ($Z = -3.372$, $p = 0.001$), and between symptom and treatment subscale scores ($Z = -13.664$, $p = 0.000$).

Table 4. Percentage of teachers' scores on the overall scale and the sub-scales

	Percentage of items correctly answered	Percentage of items misperceived	Percentage of don't know responses
From the overall scale	36%	24%	40%
From symptom sub-scale	51%	19%	30%
From general features sub-scale	34%	25%	41%
From treatment sub-scale	31%	22%	47%

5.3. Factors Associated with Knowledge Scores Towards ADHD

In order to identify factors associated with the teachers' knowledge scores, binary logistic regression was done for each of the independent variable. And it was found that age, years of teaching experience, in service training, receiving courses about ADHD in college, previous teaching exposure to a child with ADHD and receiving information through a media about ADHD were found to be significantly associated with the knowledge score on crude analysis ($P<0.05$). And to be able to adjust the effects of any confounders these variables were run in to multivariate analysis.

The respondents' age [AOR=1.06 (1.010, 1.119)], taking class/coursework at the college/university level about ADHD [AOR=2.68 (1.559, 4.624)] and receiving any information through books, magazines, research journals or any media about ADHD [AOR=1.7 (1.055, 2.757)] were found to be the most important factors predicting scoring above the mean value. The model explained 17.5% (Nagelkerke R^2) of the variance in knowledge score and correctly classified 65.6% of the scores.

Table 5: Bivariate and Multivariate Logistic Regression Analysis of Knowledge Score with Demographic Characteristics and Experience towards ADHD Among Primary School Teachers in Nifas-Silk Lafto Sub city Addis Ababa, Ethiopia.

Variables	Over all knowledge		COR (CI)	AOR (CI)
	Good n (%)	Poor n (%)		
Age	-	-	**1.05 (1.02, 1.09)***	**1.063 (1.010, 1.119)***
Teaching experience				
Up to 10 Years	171 (55.7)	136 (44.3)	**0.5 (0.3, 0.9)***	1.323 (0.567, 3.088)
Above 10 Years	56 (70)	24 (30)	1	1
Teaching a student with ADHD				
Yes	167 (66)	86 (34)	**2.5 (1.6, 3.9)***	1.535 (0.923, 2.555)
No	54 (43.2)	71 (56.8)	1	1
Receiving course in college				
Yes	117 (75)	39 (25)	**3.3 (2.1, 5.2)***	**2.685 (1.559, 4.624)****
No	103 (47)	116 (53)	1	1
Receiving in-service training				
Yes	78 (74.3)	27 (25.7)	**2.5 (1.5, 4.2)***	1.006 (0.539, 1.876)
No	147 (52.7)	132 (47.3)	1	1
Receiving information through media				
Yes	147 (68.7)	67 (31.3)	**2.5 (1.6, 3.8)***	**1.706 (1.055, 2.757)***
No	80 (46.2)	93 (53.8)	1	1

Note * statistically significant at 95% CI, P< 0.05

**** statistically significant at 99% CI, P< 0.01**

1= reference

COR= Crude odds ratio

AOR= Adjusted odds ratio

CI= Confidence interval

For every year increase in age the odds of scoring above the mean value is multiplied by 1.063 ($p<0.05$). Teachers who had reported that they had taken courses about ADHD in college were 2.68 times more likely to score above the mean value than those who haven't had taken the course ($p < 0.01$). And teachers who had received information through any media about ADHD were 1.7 times more likely to score above the mean value than those who didn't receive the information ($p < 0.05$).

5.4. Attitude Scores of the Participants

These results represent teachers' responses to the items in Part III of the questionnaire. Mean scores and standard deviations were calculated for each of the 21 items, and were then tabulated. In table 6 below, low mean score (i.e. a score closer to 1) indicates that on average, participants agreed with that item, whereas a high mean score (i.e. a score closer to 5) indicates that participants tended to disagree with the particular item, and a mean score around 3 indicates that teachers did not have a strong belief for or against that particular item. Teachers' overall mean attitude score percentage was 72.09 ± 9.12 and 56.1% of them scored above this value.

From the table (Table 6) below we can observe that the most strongly agreed items were "I would like to know more about ADHD and its associated behaviors." And "I would like to have more information about classroom interventions to assist me with educating students who display ADHD-type behaviors." And it suggests that teachers had the interest to know about the disorder and help those students having it. On the other side the most disagreed items were "Students who display behaviors associated with ADHD do not need assistance with their academic work, they need more structure and discipline." And "I find students who exhibit ADHD-type behaviors rude."

Lastly, teachers did not appear to have a particularly positive or negative attitude toward items stating "Children who exhibit behaviors associated with ADHD misbehave because they don't want to follow the set rules." And "Some children develop ADHD because they want attention."

Table 6: Teachers Attitude Scores on the attitude scale from the most agreed to the most disagreed

	Mean	SD
I would like to know more about ADHD and its associated behaviors.	1.48	.733
I would like to have more information about classroom interventions to assist me with educating students who display ADHD-type behaviors.	1.51	.847
ADHD is a legitimate educational problem.	1.68	.846
If students with ADHD receive appropriate treatment, they can achieve well in their academics like any other student.	1.84	.936
It is rewarding to see the accomplishments of students who display ADHD-type behavior.	1.89	1.049
I believe ADHD is a valid diagnosis.	2.15	1.066
Having an ADHD child in my class would disrupt my teaching.	2.23	1.102
I change my teaching styles and differentiate my lessons for students who exhibit ADHD-type behavior.	2.28	.943
Children who exhibit behaviors associated with ADHD can perform well in some subjects and not in others.	2.45	.968
Students with ADHD-type behaviors bring new perspectives to the topics I am teaching.	2.48	1.071
Students who exhibit behaviors associated with ADHD interfere with my ability to effectively teach my class.	2.91	1.165
Some children develop ADHD because they want attention.	3.22	1.162
Children who exhibit behaviors associated with ADHD misbehave because they don't want to follow the set rules.	3.25	1.152
I believe ADHD is an excuse for poor parenting.	3.33	1.059
You cannot expect as much from an ADHD child as you can from other children.	3.41	1.121
I don't have the lesson time to differentiate curricula and create activities that are engaging for students who exhibit ADHD behaviors.	3.47	1.086
I dislike teaching classes that contain students who display ADHD-type behavior.	3.48	1.139
ADHD can be the result of the child not trying hard enough to control his/her behavior.	3.49	1.077
I believe children who exhibit ADHD-type behaviors are deliberately misbehaving.	3.66	1.274
I find students who exhibit ADHD-type behaviors rude.	3.93	1.135
Students who display behaviors associated with ADHD do not need assistance with their academic work, they need more structure and discipline.	4.02	1.028

5.5. Factors Affecting Attitude Scores of the Participants

In order to identify factors associated with the teachers' attitude scores, bivariate analysis was done for each of the independent variables. And it was found that only receiving information through a media about ADHD was found to be significantly associated with the attitude score on crude analysis ($P<0.05$) [COR=1.5 (1.06, 2.3)].

The model explained 3.4% (Nagelkerke R^2) of the variance in attitude score and correctly classified 58.5% of the scores. And teachers who had received information through any media about ADHD were 1.5 times more likely to score above the mean attitude score than those who haven't received the information.

6. DISCUSSION

This study was held on primary school teachers that worked both at private and governmental primary schools in Nifas-Silk Lafto Sub-city, Addis Ababa, Ethiopia. It was mainly focused to asses primary school teachers' knowledge and attitude towards ADHD and to identify factors affecting them. As teachers' contribution is high for early diagnosis and referral of these students and also to participate and help the students through their treatment and care having a good knowledge and a positive attitude would contribute a lot.

6.1. Knowledge Score of the Participants

The findings of this study according to the responses on the KAADS scale were interpreted as follows. The mean knowledge score of the participants was found to be 13.83 with standard deviation of 6.03 and 58.7% of study participants had scored above the mean value. In average teachers answered only around one third of the items correctly and misperception was 23.1% and don't know responses which showed lack of knowledge were about 40%.

This result was supported by another study done in Nekemte, (14) Ethiopia in which teachers mean score was found to be 15.4 and accordingly 56.6% of them were categorized as having good knowledge. This similarity might be due to likenesses in their socio demographic characteristics i.e. teachers had somehow similar educational level that teachers holding bachelors degree were 60% in Nekemte and 58.8% in the present study.

On the other hand, in New Zealand (11) and South Africa (23), teachers got somehow higher scores that is 48% and 45% items respectively. The average knowledge score differences between teachers of the present study and those studies might be accounted to the presence of awareness programs between the populations under study. In which in New Zealand 92% of the teachers indicated that they have read articles about ADHD and 82% of the respondents in South Africa reported that they have had in-service training towards ADHD.

The finding in the current study that stated significant difference between the KADDS subscales and significant higher result in symptom subscale was in agreement with the studies done in New Zealand (11) and South Texas (22) which found the scores from the symptom subscale significantly higher than the other two subscales. This might be because teachers

spend most of their time with children and this could expose them for all kinds of behaviors their students show. So this might have helped them to be familiar with the symptoms children with ADHD showed. On the other side on a study done in South Africa (23) the scores from the general associated features were significantly higher than the two other subscales. These differences seen could be due to the kind of training that the South African teachers had received towards ADHD. i.e. the south African teachers indicated that (82.2% of them) had received a training towards ADHD (23).

6.2. Factors Associated with Knowledge Towards ADHD

Three variables were found to be the important predictors of scoring above the mean value. Age is one of the variables that was found as a predictor [AOR=1.06 (1.010, 1.119)]. This result was in line with a study done in Egypt (13) which implied that there was significant relation between the mean score of total teachers' knowledge and their age; those who were above 40 years had significantly higher score than those who are below. This could be due to that as teachers' age increase their experience and exposure to lots of students increases. And this could have helped them to know more about ADHD and score higher. In the opposite, this finding was inconsistent with the study done in New Zealand (11), which revealed lack of association between teachers' overall knowledge of ADHD and their age. This difference might be explained by the variations between the demographic characteristics of study participants in which the majority of the participants in New Zealand were above 40 years but in the present study only about 11% of the participants were above 40 years.

The other variable that was found to be significantly related was receiving courses about ADHD in college [AOR=2.68 (1.559, 4.624)]. This finding was supported by the results from a study done in Saudi Arabia (12) which found a strong significant relationship between teachers training courses and teachers' knowledge of ADHD. Also, on a cross-national (37) study done on teachers' knowledge and misconceptions about ADHD it was implied that taking at least one course about ADHD was found to be one of the predictors of overall ADHD knowledge. This could be explained by that receiving the courses about ADHD in college, i.e. learning in institutions as it's one of the formal ways of acquiring knowledge, it could have induced having good knowledge about the disorder. On the contrary in New Zealand (11) it was found that training courses dealing with ADHD were unrelated to

teachers' knowledge of ADHD. The difference between these results might be due to the differences in the way of delivery and the contents of their training course programs given.

Receiving an information through any media about ADHD was also one of the predictors [AOR=1.7 (1.055, 2.757)]. This was in line with the studies done in Egypt (13) that stated statistically significant higher score among teachers who read books or articles, searched the internet for information and watched any television programs about ADHD and in Saudi Arabia (12) that reported the number of ADHD courses taken in college or graduate level and teachers' level of knowledge of ADHD positively related. Additionally, on the cross-national study (37) done across countries it was stated that reading at least one article about ADHD was found to be one of the predictors of overall ADHD knowledge. This might confirm the fact that media is one of the means in which people are influenced and informed. Thus it might have induced the higher score on teachers who had received the information through it.

6.3. Attitude Score of the participants

The percentage of the mean attitude score of the participants was found to be 72.09 $\pm$ 6.03 and depending on that 56.1% of study participants had scored above the mean attitude score. This finding was in line with the result stated by a study done in Egypt(26) who found 55% of teachers as having a positive attitude and the rest as having negative attitude that used 60% percent score as a cut point to categorize teachers as having a positive or negative attitude. This similarity might be due to socio demographic and cultural similarities existing between the study areas.

In the present study teachers mostly agreed for wanting to know more about ADHD and its associated behaviors and to have more information about classroom interventions to assist them with educating students who display these behaviors. This finding was supported by the study done in Australia (24) in which great majority of the teachers indicated their desire for more information and training about ADHD.

On the other hand teachers disagreed with the statement declaring that students who display behaviors associated with ADHD do not need assistance with their academic work but they need more structure and discipline and also with the statement stating students who exhibit

ADHD-type behaviors as rude. This showed that they perceive students having ADHD as children who need academic assistance and not rude.

6.4. Factors Associated with Attitude Towards ADHD

Receiving information through a media about ADHD was found to be the predictor of the outcome variable [COR=1.5 (1.06, 2.3)]. The other demographic characteristics were not associated significantly with the outcome variable. This finding was in line with a study done in India (27) which revealed that there were no significant differences in primary school teachers' positive attitudes towards attention deficit and hyperactivity disorder due to variation in gender, educational qualification, teaching experience and locality.

7. STRENGTHS AND LIMITATIONS OF THE STUDY

7.1. Strengths of the Study

- The study involved both private and governmental primary schools in the sub city

7.2. Limitations of the Study

- The study was done only in one geographical region (Nifas-Silk Sub city)
- The study didn’t address the practice aspect

8. CONCLUSION AND RECOMMENDATIONS

8.1. Conclusion

This cross sectional study revealed that teachers' correct response percentage was 36% with mean score of 13.83 and 58.7% of study participants had scored above the mean value. And regarding attitude, teachers' percentage of overall mean attitude score was 72.09 and 56.1% of the study participants had scored above the mean attitude score. Plus the respondents' age, receiving courses about ADHD in college and receiving information through any media about ADHD were found to be the important predictors of scoring above the mean knowledge score. And receiving information through a media about ADHD was found to be the important predictor of scoring above the mean attitude score.

8.2 Recommendations

Based on the result of this study, the following recommendations were suggested:

For ministry of education

- As it's seen in the result teachers who were taught about ADHD in college or university were more likely to have good knowledge than who didn't receive the courses. So giving courses which address ADHD for those who are trained to be teachers is one of the ways to enhance teachers' knowledge. Thus Ministry of Education should give emphasis on giving those courses that address common childhood neurobehavioral disorders like ADHD by incorporating the courses in the curriculum for all trainees who will be the future teachers.

For school officials

- School officials who are responsible for the professional development of teachers should prepare trainings towards ADHD to increase teachers awareness according to their staff needs.

For health professionals

- As it's indicated in the current study teachers who had received an information about ADHD through any media i.e. books, magazines, research journals were more likely to

have a good knowledge and a positive attitude than those who didn't. Thus we can see that media is one of the ways that can be used to enhance teachers knowledge and to influence their attitude towards ADHD. As it's one of the health professionals role to teach the society about such conditions, they can use the media as a tool to deliver their message.

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10. ANNEXES

10.1. Annex I

English Version Information Sheet

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF NURSING
DEPARTMENT OF NURSING AND MIDWIFERY

Here, I the undersigned, at Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery, Department of Nursing and Midwifery Post Graduate Pediatrics Nursing student, currently will be undertaking research on a topic entitled " Knowledge and Attitude of Primary School Teachers towards ADHD" in primary schools in Nifas-Silk lafto Sub-City, Addis Ababa, Ethiopia.

For this study, you are selected as a participant and before getting your consent to participate in the study, all the necessary information that you need to know related to the study is stated as follows;

Objective: To assess knowledge and attitude of primary school teachers towards ADHD among primary school teachers in Nifas-Silk Lafto sub-city, Addis Ababa, Ethiopia.

Significance of the study: This study can be used as a reference for other researchers to do further study on the topic area.

And also it can assist curriculum designers of primary school teachers to design curriculum that can address the issue.

Additionally school officials can use this study to address their teachers need of in service trainings towards ADHD.

Plus it will also aid teachers to know their status towards understanding ADHD and update themselves accordingly.

This questionnaire might take 20 - 30 minutes. Your name will not be written anywhere in the study and all the information you give us is confidential except for the purposes of this study and it will never be disclosed for the third parity. In addition, I would like to inform you that by participating in this study, you will get no short term or long term risk or benefit. I also would like to inform you that you have a full right to withdraw from the study at any time. Your cooperation and willingness to participate for the study is very helpful.

Name of principal investigator: Feven Mulugeta

Date: _____ Signature_____

Address of PI:

Mobile: +251910712396

E-Mail: fevishome@gmail.com

10.2. Annex II

Consent Form

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF NURSING
DEPARTMENT OF NURSING AND MIDWIFERY

QUESTIONNAIRE PREPARED TO ASSESS KNOWLEDGE AND ATTITUDE OF PRIMARY SCHOOL TEACHERS TOWARDS ADHD IN NIFAS-SILK LAFTO SUB-CITY, ADDIS ABABA, ETHIOPIA.

Consent

My name is ----------. I am MSc student in Addis Ababa University, College of Health Sciences, School of Nursing, Department of Nursing and Midwifery. I am conducting a study to determine knowledge and attitude of primary school teachers towards ADHD. If you decide to participate in the study, you will be asked some questions on the questionnaire you are going to fill relating to the disorder.

Any information you provide will be kept confidential. Your name will not appear on the questionnaire. Any information you provide will not be used against you. Your responses will not bring any harm to you and will not affect your job.

You are free to choose whether or not you to participate in the study.

Do you agree to participate in this study?

Yes ☐ No ☐

Thank you for Your Cooperation!

10.3. Annex III

Questionnaire

Questions on Knowledge and Attitude of Primary School Teachers Towards Attention Deficit Hyperactivity Disorder (ADHD) in Selected Primary Schools in Addis Ababa, Ethiopia.

01. Questionnaire identification number----------

02. Date of data collection ---------- 03. School code ----------

Part one : - Socio-demographic characteristics of the participants

No	Questions	Response
101	Age (in years)	
102	Sex	1. Male 2. Female
103	Marital status	1. Single 2. Married 3. Divorced 4. Widowed 5. Separated
104	Years of teaching experience (in years)	
105	Educational level	1. Certificate 2. Diploma 3. Bachelor's degree 4. Master's degree Other: _____
106	Grade at which you are teaching (in number)	
107	Have you ever taught students you believed to have ADHD?	1. Yes 2. No
108	Have you taken classes/had coursework at the college/university level about ADHD?	1. Yes 2. No
109	Have you ever received training about (ADHD)?	1. Yes 2. No
110	Have you ever received any information through books, magazines, research journals or any media about ADHD?	1. Yes 2. No

Part Two : - Questions towards knowledge of ADHD

KADDS Items

Please answer the following questions regarding Attention-Deficit/Hyperactivity Disorders (ADHD). If you are unsure of an answer, respond Don't Know (DK), DO NOT GUESS.

True (T), False (F), or Don't Know (DK) (circle one):

201	T	F	DK	Most estimates suggest that ADHD occurs in approximately 15% of school age children.
202	T	F	DK	Current research suggests that ADHD is largely the result of ineffective parenting skills.
203	T	F	DK	ADHD children are frequently distracted by extraneous stimuli.
204	T	F	DK	ADHD children are typically more compliant with their fathers than with their mothers.
205	T	F	DK	In order to be diagnosed with ADHD, the child's symptoms must have been present before age 7.
206	T	F	DK	ADHD is more common in the 1st degree biological relatives (i.e. mother, father) of children with ADHD than in the general
207	T	F	DK	One symptom of ADHD children is that they have been physically cruel to other people.
208	T	F	DK	Antidepressant drugs have been effective in reducing symptoms for many ADHD
209	T	F	DK	ADHD children often fidget or squirm in their seats.
210	T	F	DK	Parent and teacher training in managing an ADHD child are generally effective when combined with medication treatment.
211	T	F	DK	It is common for ADHD children to have an inflated sense of self-esteem or grandiosity.

212	T	F	DK	When treatment of an ADHD child is terminated, it is rare for the child's symptoms to return.
213	T	F	DK	It is possible for an adult to be diagnosed with ADHD.
214	T	F	DK	ADHD children often have a history of stealing or destroying other people's things .
215	T	F	DK	Side effects of stimulant drugs used for treatment of ADHD may include mild insomnia and appetite reduction.
216	T	F	DK	Current wisdom about ADHD suggests two clusters of symptoms: One of inattention and another consisting of hyperactivity/impulsivity.
217	T	F	DK	Symptoms of depression are found more frequently in ADHD children than in non- ADHD children.
218	T	F	DK	Individual psychotherapy is usually sufficient for the treatment of most ADHD children.
219	T	F	DK	Most ADHD children "outgrow" their symptoms by the onset of puberty and subsequently function normally in adulthood.
220	T	F	DK	In severe cases of ADHD, medication is often used before other behavior modification techniques are attempted.
221	T	F	DK	In order to be diagnosed as ADHD, a child must exhibit relevant symptoms in two or more settings (e.g., home, school).
222	T	F	DK	If an ADHD child is able to demonstrate sustained attention to video games or TV for over an hour, that child is also able to sustain attention for at least an hour of class or homework.
223	T	F	DK	Reducing dietary intake of sugar or food additives is generally effective in reducing the symptoms of ADHD.
224	T	F	DK	A diagnosis of ADHD by itself makes a child eligible for placement in special education.

225	T	F	DK	Stimulant drugs are the most common type of drug used to treat children with ADHD
226	T	F	DK	ADHD children often have difficulties organizing tasks and activities.
227	T	F	DK	ADHD children generally experience more problems in novel situations than in familiar situations.
228	T	F	DK	There are specific physical features which can be identified by medical doctors (e.g. pediatrician) in making a definitive diagnosis of ADHD.
229	T	F	DK	In school age children, the prevalence of ADHD in males and females is equivalent.
230	T	F	DK	In very young children (less than 4 years old), the problem behaviors of ADHD children (e.g. hyperactivity, inattention) are distinctly different from age- appropriate behaviors of non-ADHD children.
231	T	F	DK	Children with ADHD are more distinguishable from normal children in a classroom setting than in a free play situation.
232	T	F	DK	The majority of ADHD children evidence some degree of poor school performance in the elementary school years.
233	T	F	DK	Symptoms of ADHD are often seen in non-ADHD children who come from inadequate and chaotic home environments.
234	T	F	DK	Behavioral/Psychological interventions for children with ADHD focus primarily on the child's problems with inattention.
235	T	F	DK	Electroconvulsive Therapy (i.e. shock treatment) has been found to be an effective treatment for severe cases of ADHD.
236	T	F	DK	Treatments for ADHD which focus primarily on punishment have been found to be the most effective in reducing the symptoms of ADHD.
237	T	F	DK	Research has shown that prolonged use of stimulant medications leads to increased addiction (i.e., drug, alcohol) in adulthood.

238	T	F	DK	If a child responds to stimulant medications (e.g., Ritalin), then they probably have ADHD.
239	T	F	DK	Children with ADHD generally display an inflexible adherence to specific routines or rituals.

Part Three : - Questions towards attitude of ADHD

No	Question	Response
301	I believe ADHD is a valid diagnosis.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
302	I believe ADHD is an excuse for poor parenting.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
303	ADHD is a legitimate educational problem .	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
304	Some children develop ADHD because they want attention.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
305	Having an ADHD child in my class would disrupt my teaching.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
306	Students with ADHD-type behaviours bring new perspectives to the topics I am teaching.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

307	It is rewarding to see the accomplishments of students who display ADHD-type behaviours.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
308	I dislike teaching classes that contain students who display ADHD-type behaviours.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
309	I find students who exhibit ADHD-type behaviours rude.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
310	Students who exhibit behaviours associated with ADHD interfere with my ability to effectively teach my class.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
311	Children who exhibit behaviours associated with ADHD can perform well in some subjects and not in others.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
312	I change my teaching styles and differentiate my lessons for students who exhibit ADHD-type behaviours.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
313	Children who exhibit behaviours associated with ADHD misbehave because they don't want to follow the set rules.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
314	Students who display behaviours associated with ADHD do not need assistance with their academic work, they need more structure and discipline.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

315	If students with ADHD receive appropriate treatment, they can achieve well in their academics like any other student.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
316	I don't have the lesson time to differentiate curricula and create activities that are engaging for students who exhibit ADHD behaviours.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
317	You cannot expect as much from an ADHD child as you can from other children.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
318	ADHD can be the result of the child not trying hard enough to control his/her behavior.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
319	I would like to know more about ADHD and its associated behaviours.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
320	I would like to have more information about classroom interventions to assist me with educating students who display ADHD-type behaviours.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
321	I believe children who exhibit ADHD-type behaviours are deliberately misbehaving.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

10.4. Annex IV

Amharic Version Information Sheet

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

የነርስ እና ሚድዋይፈሪ ት/ቤት

ነርስ እና ሚድዋይፈሪ ት/ት ክፍል

እኔ ከዚህ በታች ስሜ የተጠቀሰው በአዲስ አበባ ዩኒቨርሲቲ ፣ጤና ሳይንስ ኮሌጅ ፣የነርስ እና ሚድዋይፈሪ ት/ቤት፣ በነርስ እና ሚድዋይፈሪ ት/ት ክፍል በ “child Health Nursing” ድህረ ምረቃ ተማሪ ስሆን “ Knowledge and Attitude of Primary School Teachers towards ADHD” በሚል ርዕስ በአዲስ አበባ ከተማ በ ን/ላ/ክ/ከ ባሉ የመጀመሪያ ደረጃ ት/ቤቶች መምህራን ላይ ጥናት እያካሄድኩ እገኛለሁ ። ለዚህም ጥናት እርስዎ እንዲሳተፉ ተመርጠዋል። በጥናቱ ላይ ለመሳተፍ ፍቃደኛነትዎን ከመግለፅዎ በፊት ከጥናቱ ጋር በተገናኘ የሚያስፈልጎትን መረጃ ከስር እንደሚከለው ተገልጧል።

የጥናቱ አላማ፡- በአዲስ አበባ ከተማ በን/ላ/ክ/ከ የሚገኙ የመጀመሪያ ደረጃ መምህራን " በአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር" ላይ ያላቸውን እውቀት እና አመለካከት ለማጥናት።

የጥናቱ ጠቀሜታ፡- ይህ ጥናት ሌሎች አጥኚዎች በዚህ ርዕስ ዙሪያ ጥናታቸውን እንዲያካሄዱ እንደ ማጣቀሻ ሊጠቀሙበት ይችላሉ። ብሎም የመጀመሪያ ደረጃ መምህራንን ለማሰልጠን ስርአተ ትምህቱን ለሚያዘጋጁ ሰዎች ይህንን ጉዳይ የሚያካትት ስርአተ ትምህርት እንዲያዘጋጁ ሊያግዝ ይችላል። በተጨማሪም የትምህርት ቤት አመራሮች ይህንን ጥናት በመመርኮዝ በ "በአቴንሽን ዴፊሲት ሀይፐርአክቲቪቲ ዲስኦርደር" ዙሪያ መምህራኖቻቸውን የሚያስፈልጋቸውን የስራ ላይ ስልጠና ለመስጠት ሊያግዛቸው ይችላል። እንዲሁም መምህራን ራሳቸው "አቴንሽን ዴፊሲት ሀይፐርአክቲቪቲ ዲስኦርደር" ን ከመረዳት አንፃር ያሉበትን ደረጃ በማወቅ ራሳቸውን እንዲያበቁ ሊያግዛቸው ይችላል ።

መጠይቁ ከ25 - 30 ደቂቃ ሊፈጅ ይችላል፡፡ በጥናቱ ላይ የእርሶ ስምና አድራሻ አይጠቀስም፡፡ የሚሰጡትም መረጃ ከዚህ ጥናት አላማ ውጭ ለሌላ አካል ተላልፎ አይሰጥም ሚስጥራዊነቱም የተጠበቀ ይሆናል፡፡ በዚህ ጥናት ላይ በመሳተፍዎ የሚደርስቦት ጉዳት ወይም የተለየ ጥቅም አይኖርም፡፡ በዚህ ጥናት ለመሳተፍ ፈቃደኛ ካልሆኑ ወይም በመሀል ማቋረጥ ከፈለጉ የማቋዋረጥ ሙሉ መብት እንዳሎት ልገልጽሎት እወዳለሁ፡፡ በጥናቱ ላይ ለመሳተፍ የእርሶ ትብብር እና ፈቃደኝነት

እጅግ ጠቃሚ ነው፡፡

የጥናት አድራጊዋ ስም፡- ፌቨን ሙሉጌታ

ቀን ---------- ፊርማ ----------

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10.5. Annex V

Amharic Version Consent Form

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

የነርስ እና ሚድዋይፈሪ ት/ቤት

ነርስ እና ሚድዋይፈሪ ት/ት ክፍል

በአዲስ አበባ ከተማ በን/ላ/ክ/ከ የሚገኙ የመጀመሪያ ደረጃ መምህራን " በአቴንሽን ዴፊሲት ሀይፐርአክቲቪቲ ዲስኦርደር" ላይ ያላቸውን እውቀት እና አመለካከት ለማጥናት የተዘጋጀ መጠይቅ

ፈቃደኝነት መግለጫ ቅፅ

ስሜ ሲ/ር ፌቨን ሙሉጌታ ይባላል፡፡ በአዲስ አበባ ዩኒቨርሲቲ ፣ጤና ሳይንስ ኮሌጅ ፣የነርስ እና ሚድዋይፈሪ ት/ቤት፣ በነርስ እና ሚድዋይፈሪ ት/ት ክፍል በ “child Health Nursing” ድህረ ምረቃ ተማሪ ስሆን “ Knowledge and Attitude of Primary School Teachers towards ADHD” በሚል ርዕስ በአዲስ አበባ ከተማ በ ን/ላ/ክ/ከ ባሉ የመጀመሪያ ደረጃ ት/ቤቶች መምህራን ላይ ጥናት እያካሄድኩ እገኛለሁ ፡፡ በዚህም ጥናት ለመሳተፍ ፈቃደኛ ከሆኑ እንዲሞሉ በሚሰጦት መጠይቅ ላይ ከ ህመሙ ጋር የተያያዙ አንዳንድ ጥያቄዎችን እንዲመልሱ ይጠየቃሉ፡፡

ማንኛውም የሚሰጡን መረጃ በሚስጥር ይጠበቃል፡፡ የእርሶ ስም በመጠይቁ ላይ አይገለፅም ፡፡ የሚሰጡን መረጃ በእርሶ ላይ እንደ መረጃ አይወሰድም ፡፡ ምላሾ በእርሶ ላይም ሆነ በስራዎት ላይ ምንም አይነት ጉዳትም አይፈጥርም ፡፡ በጥናቱ ላይ ለመሳተፍም ሆነ ላለመሳተፍ ነፃ ነዎት፡፡

በዚህ ጥናት ለመሳተፍ ፍቃደኛ ነዎት?

አዎ ☐ **አይደለሁም** ☐

ስለ ትብብርዎ እናመሰግናለን !

10.6 Annex VI

መጠይቅ

በአዲስ አበባ ከተማ በ ን/ላ/ክ/ከ ያሉ የመጀመሪያ ደረጃ ት/ቤቶች ውስጥ ያሉ መምህራን ስለ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸውን እውቀት እና አመለካከት ለማጥናት የተዘጋጀ መጠይቅ፡፡

01. የመጠይቅ መለያ ቁጥር----------

02. መጠይቁ የተሞላበት ቀን---------- 03. የት/ቤቱ ኮድ----------

ክፍል 1፡የተጠያቂው ማህበራዊ እና ዲሞግራፊያዊ ነባራዊ ሁኔታ

ተ.ቁ	ጥያቄ	መልስ
101	እድሜ (በቁጥር ይገለፅ)	
102	ፆታ	1. ወንድ 2. ሴት
103	የጋብቻ ሁኔታ	1. ያላገባ 2. ያገባ 3. የተፋታ 4. የሞተበት 5. የተለያየ
104	የአስተማሩበት የስራ ልምድ (በአመት)	
105	የትምህርት ደረጃ	1. ሰርተፊኬት 2. ዲፕሎማ 3. የመጀመሪያ ዲግሪ 4. ሁለተኛ ዲግሪ
106	የሚያስተምሩበት የክፍል ደረጃ (በቁጥር የገለፅ)	
107	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር አለው ብለው የሚያምኑት ተማሪ አስተምረው ያውቃሉ?	1. አዎ 2. አላውቅም
108	በኮሌጅ ወይም ዩኒቨርሲቲ ደረጃ ስለ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ኮርሶች ወስደዋል?	1. አዎ 2. አላውቅም
109	ስለ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ስልጠና ወስደው ያውቃሉ ?	1. አዎ 2. አላውቅም
110	ስለ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር በተለያዩ መንገዶች ማለትም በመፅሀፍት ፣ ጋዜጦች ፣ ጥናታዊ ፅሁፎች ወይም በማንኛውም የመገናኛ ብዙሀን መረጃ አጊኝተው ያውቃሉ ?	1. አዎ 2. አላውቅም

ክፍል ሁለት ፡ ስለ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለውን እውቀት ለማጥናት የተዘጋጀ መጠይቅ

የካድስ መጠይቅ

እባክዎን ከስር ስለ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር የተዘረዘሩትን ጥያቄዎች ይመልሱ፡፡ የጥያቄውን መልስ እርግጠኛ ካልሆኑ "አላውቀውም " የሚለውን ይምረጡ፡፡ እባክዎን በግምት አይመልሱ፡፡

እውነት (እ) ፣ ሀሰት (ሐ) ወይም አላውቀውም (አላ) ከሚሉት ውስጥ አንዱን ይምረጡ

201	እ	ሐ	አላ	አብዛኞቹ ጥናቶች እንደሚሉት አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ወደ 15% የሚጠጉ የልጅነት እድሜ ላይ ያሉ ልጆች ላይ ይከሰታል፡፡
202	እ	ሐ	አላ	በቅርብ ጊዜ የተሰሩ ጥናቶች እንደሚያመለክቱት በአብዛኛው አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር የሚከሰተው በወላጆች ልጆችን በአግባብ ለማሳደግ አለመቻል ነው፡፡
203	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች በቀላሉ በውጪ ባለ እንቅስቃሴ ትኩረታቸው ይወሰዳል/ይረበሻል፡፡
204	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች በአብዛኛው ከእናታቸው ይልቅ ከአባታቸው ጋር ይስማማሉ፡፡
205	እ	ሐ	አላ	አንድ ልጅ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር አለበት ለመባል ምልክቶቹ ከ 7 አመቱ በፊት ጀምሮ መታየት አለባቸው፡፡
206	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ከጠቅላላው ህብረተሰብ ይልቅ ህመሙ ባለባቸው ልጆች የመጀመሪያ ደረጃ ቤተሰቦች (ለምሳሌ ፡- እናት፣ አባት) ላይ በአብዛኛው ይታያል፡፡
207	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች አንዱ ምልክት ሌላ ሰው ላይ አካላዊ ጉዳት ማድረሳቸው ነው፡፡
208	እ	ሐ	አላ	ፀረ-ድባቴ መድሀኒቶች አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ላላቸው ብዙ ልጆች የህመሙን ምልክቶች ለመቀነስ ውጤታማ ናቸው፡፡
209	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች በአብዛኛው በተቀመጡበት ይቁነጠነጣሉ፡፡

210	እ	ሐ	አላ	ወላጆችን እና መምህራንን ስለ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ህክምና ማሰልጠን እና የመድሀኒት ህክምናውን አንድላይ መጠቀም ውጤታማ ነው፡፡
211	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች ላይ ከልክ በላይ ወይም የተጋነነ ስለራስ ያለ አመለካከት የተለመደ ነው፡፡
212	እ	ሐ	አላ	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር መድሀኒት በሚቆምበት ጊዜ የህመሙ ምልክት ተመልሶ የመምጣት ዕድሉ በጣም ትንሽ ነው፡፡
213	እ	ሐ	አላ	አንድ በእድሜ ትልቅ/አዋቂ ሰው አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ሊኖርበት ይችላል፡፡
214	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች በአብዛኛው የሌሎች ሰዎችን እቃ የመስረቅ ወይም የማበላሸት ታሪክ አላቸው ፡፡
215	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደርን ለማከም የሚሰጡ አነቃቂ መድሀኒቶች መጠነኛ የሆነ የእንቅፍ አለመውሰድ እና የምግብ ፍልጎት መቀነስ የመሰሉ የጎንዮሽ ጉዳቶች ያስከትላሉ፡፡
216	እ	ሐ	አላ	አሁን ባለንበት ደረጃ የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ሁለት አይነት ምልክቶች አሉት አንደኛው ሀሳብን መሰብሰብ አለመቻል/የሀሳብ መበታተን ሲሆን ሁለተኛው ከመጠን ያለፈ ያለመረጋጋት/ መንቀሻቀሻ ናቸው፡፡
217	እ	ሐ	አላ	በአብዛኛው የድባቴ ምልክቶች አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባላቸው ልጆች ላይ ከሌላቸው ልጆች ይልቅ ይታያሉ፡፡
218	እ	ሐ	አላ	በአብዛኛው አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ላለባቸው ልጆች የግል የስነልቦና ህክምና በቂ ህክምና ነው፡፡
219	እ	ሐ	አላ	አብዛኞቹ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች በጉርምስና እድሜ መጀመሪያ ላይ ሲደርሱ የህመመሙ ምልክቶች እየጠፉ ከዚያም በአዋቂነት የእድሜ ክልላቸው በአግባቡ ስራቸውን ማከናወን ይችላሉ፡፡
220	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር በጣም በተባባሰ ደረጃ ላይ ከሆነ የመድሀት ህክምናው ከሌሎች የህክምና አይነቶች አስቀድሞ ጥቅም ላይ ይውላል፡፡

221	እ	ሐ	አላ	አንድ ልጅ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር አለበት ለማለት የህመሙ ምልክቶች በሁለት ወይም ከዚያ በላይ በሆኑ ቦታዎች መታየት አለባቸው፡፡ ለምሳሌ፡- በቤት ፣ በት/ቤት
222	እ	ሐ	አላ	አንድ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለበት ልጅ ለቪዲዮ ጌሞች ወይም ለቲቪ ለአንድ ሰአት ያክል ቀጣይነት ያለው ትኩረት መስጠት ከቻለ በአንፃሩ ያንኑ ሰአት እና ትኩረት በክፍል ውስጥ ወይም በቤት ስራው ላይ ማድረግ ይችላል፡፡
223	እ	ሐ	አላ	ጣፋጭ ምግቦችን ወይም ተጨማሪ ማጣፈጫዎችን ከምግብ ውስጥ መቀነስ የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ምልክቶችን ለመቀነስ ያስችላል፡፡
224	እ	ሐ	አላ	አንድ ልጅ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር እናዳለበት በህክምና መረጋገጡ ብቻ ልጁን በልዩ የትምህርት መርሀግብር መስጫ እንዲካተት ያደርገዋል፡፡
225	እ	ሐ	አላ	በአብዛኛው አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸውን ልጆች ለማከም የምንጠቀመው አነቃቂ መድሀኒቶችን ነው፡፡
226	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች በአብዛኛው ተግባራትን እና እንቅስቃሴዎችን በአግባቡ ማደራጀት ያስቸግቸዋል፡፡
227	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች ችግር የሚያጋጥማቸው ሁልጊዜ/ በእለት ተእለት ባሉ ሁኔታዎች ሳይሆን አልፎ አልፎ ባሉ ሁኔታዎች ነው፡፡
228	እ	ሐ	አላ	አንድ ልጅ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር እንዳለበት ለማረጋገጥ የሚያስችሉ በአንድ የህክምና ባለሙያ ለምሳሌ፡-በህፃናት ሀኪም ተለይተው ሊታወቁ የሚችሉ አካላዊ ምልክቶች አሉት፡፡
229	እ	ሐ	አላ	በልጅነት የእድሜ ክልል ላይ የሚገኙ ልጆች ላይ የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ስርጭት በወንዶች እና በሴቶች ላይ እኩል ነው፡፡
230	እ	ሐ	አላ	በጣም ልጆች በሆኑት ላይ (እድሜያቸው ከ 4 አመት በታች) የ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር መገለጫ ምልክቶች (ለምሳሌ ፡- ከመጠን ያለፈ አለመረጋጋት/ መቁነጥነጥ እና ትኩረት መስጠት አለመቻል) በእድሜ አኳያ ከሚታየው ባህሪ በፍፁም የተለየ ነው፡፡
231	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች ከነፃ የጨዋታ ሰአት ይልቅ በክፍል ውስጥ ባላቸለው ሁኔታ ህመሙ ከሌለባቸው ልጆች ለየት ያሉ ናቸው፡፡

232	እ	ሐ	አላ	አብዛኛዎቹ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች በአንደኛ ደረጃ የትምህርታቸው ጊዜያቸው የተወሰነ ዝቅተኛ የትምህርት ውጤት ያሳያሉ፡፡
233	እ	ሐ	አላ	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ምልክቶች በአብዛኛው ህመሙ በሌለባቸው ነገር ግን ከተረነሸ የቤተሰብ ሁኔታ ወይም አካባቢ በሚመጡ ልጆች ላይ ይታያል፡፡
234	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ላለባቸው ልጆች የሚሰጡት የባህሪ ወይም የስነልቦና ህክምናዎች በዋነኛነት ልጁ/ልጅቷ ባለበት/ባለባት ትኩረት መስጠት ያለመቻል ችግር ላይ ትኩረት ያደርጋል፡፡
235	እ	ሐ	አላ	በኤሌክትሪክ ከረንት የሚደረግ ህክምና ለተባባሰ የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ህመም ውጤታማ የህክምና መንገድ ነው ፡፡
236	እ	ሐ	አላ	በዋነኝነት ቅጣት ላይ ትኩረት ያደረጉ የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር የህክምና መንገዶች የህመሙን ምልክቶች ለመቀነስ በጣም ውጤታማ ናቸው፡፡
237	እ	ሐ	አላ	ጥናቶች እንደሚያመለክቱት አነቃቂ መድሀኒቶችን ለረዥም ጊዜ መጠቀም በአዋቂነት የእድሜ ክልል ላይ ለሱሰኝነት (ለምሳሌ የአልኮል ፣ የዕፅ) ያጋልጣል፡፡
238	እ	ሐ	አላ	የአንድ ልጅ ታሞ ህመሙ ለአነቃቂ መድሀኒቶች ምላሽ ከሰጠ/ ለውጥ ካሳየ ያልጅ የታመመው በአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ነው ማለት እንችላለን፡፡
239	እ	ሐ	አላ	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች አንዳንድ እንቅስቃሴዎችን በተለየ ሁኔታ በተደጋጋሚ የማድረግ ዝንባሌ ያሳያሉ፡፡

ክፍል ሶስት ፡- ስለ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለውን አመለካከት ለማጥናት የተዘጋጀ መጠይቅ

ተ.ቁ	ጥያቄ	መልስ
301	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር አንድ የበሽታ/የህመም አይነት ነው ፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
302	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ለወላጆች ያላግባብ አስተዳደግ ማስተባበያ ነው ፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
303	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር በእርግጥ ትምህርት ላይ ችግር ያስከትላል ፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
304	አንዳንድ ልጆች አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር የሚይዛቸው ተሰሚነትን ስለሚፈልጉ ነው፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
305	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለበት ልጅ በክፍሌ ውስጥ ካለ የመማር ማርተማር ሂደቴን ይረብሸዋል፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
306	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ተማሪዎች ለማስተምረው ትምህርት አዲስ እይታ ይፈጥሩልኛል፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
307	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ ያላቸውን ልጆች ስኬት ማየት የሚከስ ወይም የሚያስደስት ነው፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
308	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ ያላቸው ልጆች ያሉበት ክፍል ማስተማር አያስደስተኝም፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
309	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ የሚያሳዩ ልጆች እንደ ባሌን እቆጥራቸዋለው፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም

310	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ ያላቸው ልጆች የምሰጠውን ትምህርት በሚገባ ማስተላለፍ እንዳልችል እንቅፋት ይሆኑብኛል፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
311	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ ያላቸው ልጆች በአንዳንድ የትምህርት አይነቶች በደንብ ውጤታማ ሲሆኑ በሌሎቹ ደግሞ አይደሉም፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
312	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ ላላቸው ልጆች በተለየ መልኩ የማስተምረውን ትምህርት እና የትምህርት አሰጣጤን ቀይሬ አዘጋጃለሁ፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
313	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ ያላቸው ልጆች እንደዚህ አይነት ፀባይ የሚያሳዩት የተሰጣቸውን *መመሪያ* መከተል ስለማይፈልጉ ነው፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
314	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች የሚያስፈልጋቸው የትምህርት እገዛ ሳይሆን ስርአት ማስያዝ እና ቅጣት ነው፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
315	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ ያላቸው ልጆች ተገቢ የሆነ ህክምና ካገኙ እንደ ማንኛውም ተማሪ በትምህርታቸው ውጤታማ ይሆናሉ፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
316	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ላላቸው ልጆች የተለየ ትምህርት አዘጋጅቼ እነርሱን የሚያሳትፉ እንቅስቃሴዎችን ለማዘጋጀት ጊዜ የለኝም፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
317	ከሌሎች ተማሪዎች እንደምንጠብቀው አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ካላቸው ተማሪዎች ብዙም መጠበቅ አይቻልም፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም

318	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር የሚከሰተው ልጆቹ የራሳቸውን ባህሪ ለመቆጣጠር በደንብ ስለማይጥሩ ሊሆን ይችላል፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
319	ስለ አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር እና ስለ ተያያዥ ባህሪዎቹ የበለጠ ማወቅ እፈልጋለሁ፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
320	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ ያላቸውን ልጆች በክፍሌ ውስጥ መርዳት እና ማስተማር የሚያስችለኝን መረጃ የበለጠ ማግኘት እፈልጋለሁ፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም
321	የአቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባህሪ ያላቸው ልጆች ሆንብለው ያልተገባ ባህሪ እንደሚያሳዩ አምናለሁ፡፡	1. በጣም እስማማለሁ 2. እስማማለሁ 3. ገለልተኛ 4. አልስማማም 5. በጣም አልስማማም

10.7. Annex VII

Request for questionnaire

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Feven Ashagre Mulugeta Jul 9, 2018

Hello Dr. Mark J. Sciutto this is Feven from Ethiopia , I'm working my thesis on the title " Assessment of teacher's knowledge and attitude towards ADHD " If you're willing I wanted to use the questionnaire you developed "KADDS" for my thesis.
Thanks in advance!

Mark J. Sciutto to you Jul 9, 2018

Dear Feven,

Thank you for your interest in the Knowledge of Attention Deficit Disorders Scale (KADDS). I have attached a brief test manual, which contains information on the scale. It is not quite up to date, but it should give you some idea of the properties of the scale. Several recent studies have used the KADDS and we recently finished a cross-cultural study of teacher knowledge in 9 countries. I have attached a copy of that article. If you would like to use the KADDS, I only ask that you forward a copy of the results when available. I also ask that you do not reproduce the scale in its entirety in any published document.

Best regards and good luck with your research!

Mark

KADDS_Manual.pdf

Sciutto_et_al_2016.pdf