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Perspectives Of Attention Deficit Hyperactivity Disorder (Adhd) Symptoms In School Children: Comprehensive Analysis

[1]Dr. Chitkala Venkareddy,[2]Dr. M Sivamoorthy

[1]Assistant Professor. Department of Social Work, Central University, Kadaganchi, Kalaburagi, 585 367 Karnataka - India.
[2]Assistant Professor. Department of Social Work, Central University, Kadaganchi, Kalaburagi, 585 367 Karnataka - India.

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ABSTRACT
In the present world, instruction is an essential need for humans, and schools play a role in the advancement of youthful personalities as they originate from different social sources, empower interest in them to new thoughts and impart amiable practices All infants and young children display some degree of emotional or behavioural disturbance at various stages but for families whose children have more extreme or pervasive emotional or behavioural problems support may be needed. Attention Deficit Hyperactivity Disorder (ADHD) is a prevalent emotional and behavioural disorder that can affect the scholastic and social functioning of school-age children, which is characterised by developmentally inappropriate inattention, impulsiveness and motor activity. It interferes with many areas of normal development, such as educational underachievement, social isolation, and antisocial behaviour. The present study stresses on the perception of Attention Deficit Hyperactivity Disorder Symptoms in school children by Parents, Teachers and children. A study was conducted from different Government, Private Aided and Private Unaided Schools in Dharwad City by taking a sample size of 500 children through a Random sampling method by adopting a descriptive design; the Conners scale was administered to teachers and parents to identify children exhibiting ADHD symptoms, and self-structured questionnaire was administered on children. Then, the data were analyzed by applying one-way ANOVA, followed by Tukeys multiple posthoc procedures for Pairwise comparison of children, teachers and parents of children and Correlation analysis among variables by applying the Karl Pearson's correlation coefficient method procedures were adopted. Results: The obtained ($F = 109.14$, $p<0.05$) is significant at 0.05 level. This implies that there is a significant difference in the perceived symptoms of inattention in children, their parents, and teachers. ($F=3.2459$, $p<0.05$) At a 5% level of significance, children, teachers, and parents of children have different hyperactivity scores. ($F = 98.22$, $p<0.05$) significant difference is observed between children, their parents and teachers on perceived symptoms of impulsivity symptoms of ADHD. Early detection of symptoms needs to be identified to prevent further problems and needs to be worked work on the Foundation of skills such as motor skills, modulation and self-awareness; there must be many opportunities for mental health promotion and responding to the well-being of students by selecting a model that responds to the needs of the individual.

KEYWORDS: ADHD Symptoms, School Children, Parents and Teachers.

INTRODUCTION

Education frames the establishment for the economic, social, and political growth and development of society, and school plays a role in the advancement of youthful personalities in shaping each student to her individual to reach maximum academic potential and is dedicated to helping children become expert problem solvers and solution-seekers. A child, after conception, experiences different physical advancements. While home gives a confined outlet, a youngster can channel his vitality in a friendlier way in school. Studies have stated that in well-known conditions, the child is furnished to manage sudden blasts of vitality when presented with same-age individuals. They are instructed to build up their very own thought with advancement in creative ability, but sometimes a *child's* overall growth and development *are hampered where the* problem-solving behaviour, creative, imaginative and inventive ability lead to subnormal intelligence child is found to be

overwhelmed by negative emotions like fear, anger, jealousy, etc. is adversely affected in his physical, mental, social, moral and language development. It has been found that the most commonly reported childhood psychiatric disorder in India is anxiety disorder (05%), followed by mood disorder (03%), hyperactivity (01-02 %), and autism and schizophrenia (01%) At National Institute of Mental Health and Neuroscience (NIMHANS) 09-10% of the children brought in are diagnosed with depression. Behaviour problems vary enormously, such as Tantrums, Inappropriate language or jokes, Poor hygiene, Fighting, Underachievement, Difficulty concentrating, and so on. Despite many attempts to understand and to know the severity of behavioural problems of schoolchildren, the problem is still not completely understood. Compared to the best research on behavioural problems of school children in India, it is at a low level. This paper highlights the perception of Attention Deficit Hyperactivity Disorder Symptoms in school children.

ADHD addresses an arrangement of thought deficit issues, running from the milder condition without hyperactivity (ADD or ADHD without hyperactivity-fundamentally reckless sort) to the more genuine condition with hyperactivity (ADHD). Yet again, for brevity, a lone term, "ADHD", will be utilized as a general depiction of all consideration shortfall issues. Three subtypes are by and by (in DSM-IV) portrayed by three fundamental traits: (1) Inattention, (2) Hyperactivity, and (3) Impulsivity. Additionally, a gathering of related qualities may consolidate interruption, poor buddy, compelling behavior, poor self-thought/certainty, sensation-pursuing behavior, poor coordination, memory issues challenges with direction of feelings, inspiration, and excitement. For the analysis to be made, the condition must be obvious before the age of 07, displayed for >06 months, seen both at home and school and blocking the child's working (Wender, 2000). ADHD is the most common chronic (ongoing) psychiatric disorder of childhood. It is probably two to three times more frequent in boys than in girls, and ADHD very frequently persists into adolescence and adulthood (Robert, 2012). The following signs to watch for in infancy that may be symptomatic of possible future difficulties: Irritability, shrillness, frequent crying, Difficulty adapting well to changes in the environment, and difficulty establishing and maintaining a schedule.

Children frequently have issues hindering their enthusiastic responses to occasions. It is not that the feelings they encounter are improper; they will probably freely show the feelings; they appear to be less ready to "disguise" their emotions, to hush up about them, and even to direct them when they do as such as others may do. Consequently, they are likely to appear to others as less emotionally mature, more reactive with their feelings, and more hot-headed, quick-tempered, and easily frustrated by events. Coupled with this problem with emotion regulation is their difficulty in generating intrinsic motivation for tasks without immediate payoff or appeal.

This ability to make private inspiration, drive, or assurance frequently makes them seem to need determination or self-restraint as they can't remain with things that do not give them quick reward, incitement, or enthusiasm. Their inspiration stays subject to the quick condition for how hard and to what extent they will work, while others build up a limit with regards to characteristically rousing themselves without prompt prizes or different outcomes. They find it's hard to enact or stimulate themselves to start work that must be done and regularly grumble and does not remain ready and appear to be daydreaming or "in a haze" when they ought to be more ready, centred, and effectively occupied with an assignment. Conversely, some children are distracted by their internal thoughts and sensations rather than external stimuli.

Inattention Means a person wanders off task, lacks persistence, has difficulty sustaining focus, makes careless mistakes in schoolwork or during other activities, has problems sustaining attention in tasks or play, including conversations, lectures, or lengthy reading and does not seem to listen when spoken to directly. Wender (2000) states that young children, in comparison to adults, are relatively lacking in the ability to concentrate and follow through on long and tedious tasks. The ADHD child acts like a child younger than himself. He is the opposite of one who sits patiently in the corner painstakingly solving a puzzle and tolerating no interruptions Grand. (2000) the most basic characteristic is a lack of focused attention. It is not that children with ADHD attend to everything, all stimuli felt on their senses with equal potency. Such students appear to satiate quickly on tasks, but they are easily distracted by all stimuli and get off task.

Hyperactivity: This means a person seems to move about constantly in a situation in which it is not appropriate to excessively fidget, tap, or talk, squirm in their seats, or leave their seats in situations when staying seated is expected, such as in the classroom run around or climb in situations where it is inappropriate often feel restless, unable to play or engage in hobbies quietly.

Impulsivity: This Means a person makes hasty actions that occur at the moment without first thinking about them, which can harm or cause a desire for immediate rewards or an inability to delay gratification.

Gray (2014) Modern brain scans can now detect clear differences in the ADHD brain versus the non-ADHD brain. ADHD is not just laziness or an excuse for poor performance. It is not just in the "head", but it is literally in the brain. It is now proven to be a Measurable physical impairment of normal brain function caused by oxidative stress Stanley, I. and Greenspan, J (2009) prenatal exposure to drugs, alcohol and smoking. Babies born prematurely have a greater risk of symptoms associated with ADHD. Weathers (2001) ADHD children appear to be exposed to many and sometimes severe

early stresses; marital conflict, parental illness, divorce, economic strife, verbal or physical abuse, or one of many other things are often the stressors.

What are the typical consequences of ADHD in Grade School?

Long-term research has shown that more than half of children with ADHD will end up failing at least one grade of school. The disruptive behaviour sometimes makes students to suspensions and expulsions more failed grades and a lower rate of college undergraduate. (Stanley, 2009) These children with ADHD have difficulty with visualizing Planning and sequencing motor actions are yet another problem area for many children. Children with ADHD often have difficulties in understanding the social situations. without realizing the effect which it has on others and have difficulty predicting the consequences of their actions Gray, J. (2014) cannot not read facial expressions and may be unaware to whether someone is angry or upset with them because they fail to develop as normal children and are not appropriate for children their age.

Grand, L. F. (2000) are very emotionally and neurologically sensitive to their difficulties and failures. Often, they experience severe criticism and considerable negative feedback from peers, siblings, and adults. Hinshaw's (1957) research shows that self-esteem starts dwindling after childhood as failures and rejections accumulate. Mccloud's (2014) sleep problems have also been noted as these infants may show only brief periods of quiet sleep. Later in the preschool years, such children exhibit greater motoric restless behaviour and rapid mood changes.

Objective: To study the perception of attention deficit hyperactivity disorder symptoms of primary and upper primary grades from different government, privately aided, and privately aided schools by parents, teachers, and children.

Hypothesis: There is no significant difference between the perception of Attention Deficit Hyperactivity disorder symptoms of primary and upper primary grades from different Government, Private Aided and Private Unaided Schools by Parents, Teachers and children.

METHODOLOGY

This study was conducted in 37 (primary/upper primary schools of Dharwad city, which includes Government schools (17) Private Aided schools (12) Private Unaided schools (08) Children from 01st to 07th std both in Kannada and English medium Schools with sample size of 500 children were taken. The research was conducted using a descriptive design and random sampling method. Based on the academic records (report cards) and daily learning, the teacher identified children initially. The teacher rated each subject using Conner's Teacher Rating Scale revised (L), which covers a broad range of ADHD-related symptoms; even the children were asked if they have any ADHD symptoms through a structured questionnaire. Contact numbers of the parents of these children were collected to meet at their respective places, such as their residence/school/parents who took part in the research process. Conner's Parent Rating Scale-Revised (L) was administered to identify if ADHD symptoms persist in their children. After the data had been collected on different variables related to behavioural aspects, it was processed and tabulated using Microsoft Excel - 2007 Software. Then, the data were analyzed according to the objectives and hypothesis by applying one-way ANOVA, followed by Tukeys multiple posthoc procedures for Pairwise comparison of children, teachers and parents of children and Correlation analysis among variables by applying Karl Pearson's correlation coefficient method procedures were adopted. By using SPSS 20.0 statistical software, the results obtained were interpreted according to the hypothesis.

RESULTS AND DISCUSSIONS

In this section, a comparison of the perceived symptoms of ADHD (i.e. inattention, hyperactivity, impulsivity by parents and teachers are studied by applying one-way ANOVA, followed by Tukey's multiple posthoc procedures presented in the following section.

Table No-01: Results of ANOVA test on Perceived Symptoms of ADHD on Inattention between Children, their Parents and Teachers.

Sources of Variation	Degrees of Freedom	Sum of Squares	Mean sum of Squares	F-value	p-value
Between groups	02	1522.08	761.04		
Within groups	1118	7795.34	06.97	109.1473	0.0001*
Total	1120	9317.42			

*p<0.05

From the results of the above table, it can be observed that a significant difference is found between ADHD children, their parents and teachers on perceived symptoms of inattention. The obtained F value of 109.14, p<0.05 is significant at 0.05 level. This implies that there is a significant difference in the perceived inattention symptoms in the children, their parents and teachers.

Table No-02: Pair wise Comparison between Children, their Parents and Teachers on perceived symptoms of ADHD on inattention by Tukeys Multiple Post hoc Procedures.

Groups	Children	Teachers	Parents of Children

Mean	12.20	14.65	13.89
SD	02.74	02.60	02.40
Children	-		
Teachers	P=0.0001*	-	
Parents of children	P=0.0001*	P=0.0135*	-

*p<0.05

The above table reveals that a significant difference is observed between children and their teachers with respect to perceived inattention symptoms of ADHD. The difference between these groups is highly significant at 0.05 level. The mean values (14.65) show that the teachers perceive higher inattention symptoms of ADHD in children than the children themselves. The mean value (13.89) ascertains that the parents of children perceive higher inattention symptoms of ADHD in children than the children themselves. The mean value (14.65) ascertains that the teachers perceive significantly higher inattention symptoms in children than parents of children.

Table No-03: Results of ANOVA test in perceived symptoms of Hyperactivity of ADHD Children, their Parents and Teachers

Sources of variation	Degrees of freedom	Sum of squares	Mean sum of squares	F-value	p-value
Between groups	02	38.77	19.38		
Within groups	1118	6670.38	05.97	03.2459	0.0393*
Total	1120	6709.14			

*p<0.05

The results of the above table depict that a significant difference is perceived between children, teachers and parents of children concerning hyperactivity behavioural patterns where F=3.2459, p<0.05 at 05% level of significance. Hence, the null hypothesis is rejected. It means that, the children, teachers and parents of children perceive different hyperactivity symptoms of ADHD in children. Further, Tukey's multiple posthoc tests were applied to determine the difference in perceived symptoms between the three groups.

Table No-04: Results of ANOVA test on Perceived Symptoms of Hyperactivity of ADHD in Children, their Parents and Teachers

Sources of Variation	Degrees of Freedom	Sum of Squares	Mean sum of Squares	F-value	p-value
Between groups	02	38.77	19.38		
Within groups	1118	6670.38	05.97	03.2459	0.0393*
Total	1120	6709.14			

*p<0.05

From the results of the above table, it can be observed that, a significant difference is observed between ADHD children, their parents and teachers on perceived symptoms of hyperactivity. The obtained F value (F=3.2459, p<0.05) at 5% level of significance. It means that, the children, teachers and parents of children have different hyperactivity scores further, to know the difference in perceived symptoms between the three groups Tukeys multiple posthoc test was applied.

Table No-05: Pairwise comparison between Children, their Parents and Teachers on Perceived Symptoms of Hyperactivity of ADHD by Tukeys Multiple post hoc Procedures

Groups	Children	Teachers	Parents of Children
Mean	07.53	07.18	07.64
SD	02.45	02.53	02.00
Children	-		
Teachers	P=0.0500*	-	
Parents of children	P=0.8998	P=0.1562	-

*p<0.05

The above table analyses show that a significant difference is perceived between children and their teachers concerning perceived symptoms of hyperactivity of ADHD. The mean values (07.18) show that the teachers perceive higher inattention symptoms of ADHD in children than the children themselves. The mean value is (07.53), which shows that the children have significantly higher hyperactivity symptoms of ADHD as compared to teachers. The mean value (07.53) ascertains that the children perceive similar hyperactivity symptoms of ADHD when compared to their parents. The above

table also depicts that there is no significant difference observed between teachers and parents of children on perceived hyperactivity symptoms of ADHD in children. The mean value ascertains that the teachers perceive similar hyperactivity symptoms of ADHD as compared to parents' children.

Table No-06: Results of ANOVA test between Children, their Parents and Teachers on Perceived Symptoms of Impulsivity of ADHD

Sources of Variation	Degrees of Freedom	Sum of Squares	Mean sum of Squares	F-value	p-value
Between groups	02	411.31	205.65	98.2249	0.0001*
Within groups	1118	2340.76	02.09		
Total	1120	2752.06			

*p<0.05

The above table explains that a significant difference is observed between children, their parents and teachers in perceived symptoms of impulsivity symptoms of ADHD. The obtained F value of 98.22 is significant at a 0.05 level. This implies that there is a significant difference in the perceived impulsivity symptoms of ADHD in children themselves, their parents and teachers. Further, Tukey's multiple posthoc test was applied to determine the difference in perceived symptoms between the three groups. The results are depicted in the following table.

Table No-07: Pair-wise Comparison between Children, Their Parents, and Teachers on Perceived Symptoms of Impulsivity of ADHD in Children by Tukeys Multiple Post hoc Procedures.

Groups	Children	Teachers	Parents of children
Mean	03.84	05.06	05.02
SD	01.55	01.36	01.36
Children	-		
Teachers	P=0.0001*	-	
Parents of children	P=0.0001*	P=0.9613	-

*p<0.05

From the results of the above table, it can be analyzed that a significant difference is perceived between children and their teachers with respect to perceived impulsivity symptoms of ADHD in children. The difference between these groups is highly significant at 0.05 level. The mean of 05.06 values shows that the teachers perceive higher impulsivity symptoms of ADHD in children than the children themselves. The Tukey post hoc value is 05.02, which is significant at 0.05. The mean value ascertains that the parents of children have higher impulsivity symptoms of ADHD in children than the children themselves. There is no significant difference observed between teachers and parents of children concerning impulsivity symptoms of ADHD in children at a 05% level of significance, which means that the teachers and parents of children have similar impulsivity symptoms of ADHD.

Correlation Analysis among Variables of Behavioral Pattern

In this section, we established relationships among inattention, hyperactivity and impulsivity scores of the behavioural patterns of a whole, children, teachers and parents of children groups by applying Karl Pearson's correlation coefficient method and the results are presented in the following section.

Table No - 08: Results of Correlation Coefficient test between Perceived Inattention, Hyperactivity and Impulsivity Symptoms of ADHD as a whole

Variables	r-value	t-value	p-value
Inattention and Hyperactivity	0.3346	13.7426	0.0001*
Inattention and Impulsivity	0.3756	15.6850	0.0001*
Hyperactivity and Impulsivity	0.3516	14.5382	0.0001*

*p<0.05

The results of the above table clearly show that there is a significant and positive relationship perceived between inattention and hyperactivity symptoms of ADHD. The obtained r value is 0.3346, which is at 0.05 level. Hence, the null hypothesis is rejected. It means that the inattention and hyperactivity symptoms of ADHD are dependent on each other as a whole. The above table also reveals that there is a significant and positive relationship observed between perceived inattention and impulsivity symptoms of ADHD ($r=0.3756$, $p<0.05$) at a 05% level of significance. Hence, the null hypothesis is rejected. It means that the inattention and impulsivity symptoms of ADHD are dependent on each other as a whole. A significant and positive relationship is observed between inattention and impulsivity symptoms of behavioural pattern $r=0.3756$, $p<0.05$ at 05% significance level. This means that the symptoms of inattention and impulsivity depend on each other. A positive relationship is perceived between hyperactivity and impulsivity symptoms ($r=0.3516$, $p<0.05$)

at a 05% level of significance. This means that hyperactivity and impulsivity symptoms are dependent on each other as a whole.

Table No - 09: Results of Correlation Coefficient test between perceived Symptoms of Inattention, Hyperactivity and Impulsivity Symptoms of ADHD Children

Variables	r-value	t-value	p-value
Inattention and Hyperactivity	0.4600	11.5608	0.0001*
Inattention and Impulsivity	0.3634	8.7047	0.0001*
Hyperactivity and Impulsivity	0.4570	11.4672	0.0001*

*p<0.05

The results of the above table clearly show that there is a significant and positive relationship perceived between inattention and hyperactivity symptoms of ADHD in children The obtained r value of 0.46 is significant at 0.05level. Hence, the null hypothesis is rejected. This implies that the perceived inattention and hyperactivity symptoms of ADHD in children are dependent on each other. Positive relationship perceived between inattention and impulsivity symptoms of ADHD in children, where the value of r is 0.36 at 05% level of significance. Hence, the null hypothesis is rejected. It means that the perceived symptoms of inattention and impulsivity of ADHD in children are dependent on each other. The results of the above table reveals that there is a significant and positive relationship perceived between hyperactivity and impulsivity symptoms of ADHD in children The obtained r value of 0.45 is significant 0.05 level which means that the perceived hyperactivity and impulsivity symptoms of ADHD in children are dependent on each other.

Table No - 10: Results of Correlation Coefficient test between Perceived Symptoms of Inattention, Hyperactivity and Impulsivity Symptoms of ADHD Children with respect to Teachers

Variables	r-value	t-value	p-value
Inattention and Hyperactivity	0.3479	08.2735	0.0001*
Inattention and Impulsivity	0.2732	06.3322	0.0001*
Hyperactivity and Impulsivity	0.3422	08.1180	0.0001*

*p<0.05

From the results of the above table, it is clear that a significant and positive relationship was perceived between the inattention and hyperactivity symptoms of ADHD children from teachers, with the obtained r value of 0.3479 at 0.05 significance level. This shows that the perceived inattention and hyperactivity symptoms of ADHD in children with respect to teachers are dependent on each other. Positive relationship perceived between inattention and impulsivity symptoms of ADHD in children with respect to teacher. Value of r is 0.2732, p<0.05 at 05% level of significance. Hence, the null hypothesis is rejected. It ascertains that the perceived inattention and impulsivity symptoms of ADHD in Children with respect of teachers are dependent on each other. Positive relationship perceived between hyperactivity and impulsivity symptoms of ADHD in children with respect to teachers, value of r is 0.3422 at 05% level of significance. It shows that the perceived hyperactivity and impulsivity symptoms of ADHD in children with respect to teachers are dependent on each other.

Table No - 11: Results of Correlation Coefficient test between Inattention, Hyperactivity and Impulsivity Symptoms of ADHD Children with respect to Parents of ADHD Children

Variables	r-value	t-value	p-value
Inattention and Hyperactivity	0.3248	7.6637	0.0001*
Inattention and Impulsivity	0.2131	4.8665	0.0001*
Hyperactivity and Impulsivity	0.3707	8.9079	0.0001*

*p<0.05

From the results of the above table, it can be perceived that there is a significant and positive relationship between inattention and hyperactivity symptoms of ADHD in children with respect to parents of children. Value of r is 0.32 at 05% level of significance. Hence the null hypothesis is rejected. It means that, the inattention and hyperactivity symptoms of ADHD in children with respect to parents of children are dependent on each other. There is a significant and positive relationship perceived between inattention and impulsivity symptoms of ADHD in Children by parents, value of r is 0.21 at 05% level of significance. It depicts that the perceived inattention and impulsivity symptoms of ADHD in children by parents are dependent on each other. A significant and positive relationship perceived between hyperactivity and impulsivity symptoms of ADHD in children from parents of children where r=0.3707, p<0.05 at 05% level of significance. Hence the null hypothesis is rejected. It means that the perceived hyperactivity and impulsivity symptoms of ADHD in children with respect to parents of children are dependent on each other.

DISCUSSIONS

Taylor (1999) in his work had stated that Students who have Attention Deficit Hyperactivity Disorder often struggle in the classroom with issues pertaining to organization, distractibility, impatience and restlessness. Pham et.al. (2015) studied the prevalence of ADHD in primary school children in South Vietnam, especially Vinh Long province. Children were chosen randomly from primary schools in Vinh Long from February to March in 2009 in a cross-sectional study to determine the prevalence of ADHD using the ADHD Rating Scale-IV for parents/caregivers and teachers. ADHD Rating Scale-IV was based on DSM-IV for diagnosis of ADHD.A total of 600 children were chosen and 1200 reports were collected from parents/caregivers and teachers. The prevalence rate of ADHD was 07.07%. The rates of the predominantly inattentive type, predominantly hyperactive type and combined type were 01.07%, 05% and 01%, respectively. The difference in sex was not significant across all subtypes. The prevalence of ADHD in urban children was 2.2-fold that in rural children.

When compared to the previous studies in this study also similar results could be obtained that the teachers perceive significant higher inattention symptoms for ADHD in children as compared to children and parent as they find them difficult in sustaining their attention as concepts have to be repeated again and again, When the child is asked to revise the lesson he often fails to do that and they get easily distracted by the changes in the surroundings. The parents of children perceive to have significant higher inattention symptoms for ADHD in children as compared to children. In terms of hyperactivity, children perceive to have significant higher hyperactivity symptoms of ADHD as compared to teachers as they expressed they had difficulty in engaging activities quietly and talk excessively and feel restless often when they have to talk to their teachers, On the other hand Parents of children and teachers perceive to have similar hyperactivity scores of children exhibiting symptoms of ADHD as teachers reported that they talk much and some children leave the seats and keep playing in the class as well parents reported that they are overactive sometimes. Children, teachers and parents of children perceive to have different impulsivity scores by children exhibiting symptoms of ADHD. The teachers perceive to have significant higher impulsivity symptoms as compared to children exhibiting symptoms of ADHD. As any question is asked without understanding the concept the child blurts out answers still when the question has to be completed, and keeps interrupting others in the classroom. The parents of children perceive to have significant higher impulsivity symptoms of ADHD compared to children exhibiting symptoms of ADHD as it seen that they have low tolerance in all activities and keeps interrupting in their conversations and even the children agree that they blurt out answers immediately and lose patience to wait for their turn and are restless many a times. Thus, the teachers and parents of children have similar impulsivity symptoms for ADHD in children

SUGGESTIONS

Shetty, A. B and Rai, S (2014) the predominance of Attention hyperactivity issue (ADHD) in kids ranges from 05-10% yet has not got sufficient consideration in nations like India. There are also several misconceptions and stigmas associated with ADHD.

The first step in the treatment of ADHD is making the correct diagnosis. Early detection of symptoms need to identifies to prevent from further problems and need to be worked work on the Foundation skills such as motor skills, modulation and self-awareness. Thus early training on social skills to understand one's self, to accept responsibility for one's self, to make decisions, to solve one's own problems, setting goals to understand human relations, to live happily with others, by creating among the students a sense of social responsibility is a major task of make them responsible at early stage.

Students with ADHD need powerful reinforces that are frequently delivered in close proximity to the behavior, teachers need to rotate reinforces or provide a number of options by Monitoring students frequently and provide them with feedback on their behavior. The methods and techniques adopted for imparting instruction should be quite clear, uncomplicated, and interesting so that the interest level is retained by becoming more creative.

Parents who are very anxious about their child may be harsh with her or may be afraid to set limits. Thus appropriate limits set in a supportive and constructive way are important such as praise and rewards and need to be equipped with new skills and insight for better family structure. Parent-Training Programmes increase parental competence and confidence in raising children.

Counseling must be introduced in all schools where School counsellors may create study skills, and social skills groups in dealing with how to communicate with parents, teachers and peers. Some other methods such as Yoga/Massage/Green Settings will be helpful to overcome hyperactivity. Exposure to Computer Aided Instruction, E-libraries, Smart Classes is effective. Training students to monitor and evaluate their own behaviour without constant feedback from the teacher. School social workers also should be conversant in Parent training seems to reduce stress for parents and increase their perceptions of parenting competence.

CONCLUSION

In spite of the fact that the investigations have been done in knowing the sorts of issues yet the early recognition is fundamental as they hurt a child's capacity to function socially, academically, and at home maintaining friendships and conflictual relations with parents. George et.al. (2006) stated that if a child gets poor marks, we brand him lazy or stupid

no child wants to be lazy or careless. Every child on the contrary, loves to stand up and be counted. If he gets poor marks, it is only because he suffers from a learning problem. The child as a human being cannot deal with his academic problems compartmentally there is need to resolve his Emotional and Behavioural problems for his overall well-being since many of these students have not developed adequate social skills by the time they enter school. Schools have become recognized as important locations for addressing student wellbeing with advantages including their reach and familiarity to students and families and there must be many opportunities for mental health promotion and in responding to the wellbeing of students by selecting a model that responds to the needs of individual The challenge is to provide the upcoming generation with the awareness, abilities and mental strength they need to take responsibility for their own lives, and to make their contribution to society.

India today (2011) It's a problem which is increasing gradually and posing a serious challenge for parent and child are desperate to find solutions for far more Indian children suffer from ADHD than a decade ago. Sharma, R (2007) states India is scanty in counseling and guidance activity and the changing pattern of socio economic, socio-educational, socio-cultural system is changing and also the changing nature of human. Thus, social workers along with joint collaboration of mental health professionals can educate the parents and teachers to develop new skills, attitudes; the research has to build awareness regarding ADHD so that some fresh perspectives on management of these children can be undertaken.

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