

Assessment of the Knowledge, Perception, and Attitude of Parents Towards Children with Attention Deficit Hyperactivity Disorder

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Abstract

Background: Attention Deficit Hyperactivity Disorder (ADHD) is a condition characterized by impulsivity, inattention, or hyperactivity that impairs functioning in at least two settings, typically at home and school. As a result, this study evaluated parents' knowledge, perceptions, and attitudes toward children with ADHD.

Method: The study's research design was a descriptive survey. The study used a sample size of 286 parents from Seventh-day Adventist churches in Lagos.

Results: Parents' substantial knowledge of children with ADHD was established by the first research goal. According to the second research goal, respondents' perceptions of their children with ADHD were unfavorable (AM=2.33, SD=0.98). The outcome of the third research objective (AM=2.39, SD=0.98) revealed that the respondents' attitudes toward children with ADHD were unfavorable. The study found that although parents are aware of the challenges faced by children with ADHD, their attitudes and perceptions of these children remain unfavorable.

Conclusion: This study suggests that to help parents learn new techniques to support their children with ADHD and manage stress and frustration, they should join a support group or seek professional help from a therapist or social worker.

Keywords: Knowledge, Perception, Attitude, ADHD, Parents

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a condition characterized by impulsivity, inattention, or hyperactivity that impairs functioning in at least two settings, typically at home and school. It is also one of the most prevalent mental illnesses affecting children and teenagers (Okyar et al., 2023). Attention deficit hyperactivity disorder (ADHD) is divided into three

main types: combined, inattentive, and hyperactive-impulsive. The most prevalent type of ADHD is the combined type, characterized by hyperactive or impulsive behavior along with difficulties in focusing and paying attention (Wilson & Seymour, 2022).

In the hyperactive-impulsive type, which is less common, there are fewer attentional issues that may be common in preschoolers, who primarily exhibit a

hyperactive component. Patients with the attentive type may have trouble focusing, but there are no notable hyperactive or impulsive behaviors (National Institute of Mental Health, 2021). Individuals with ADHD experience numerous challenges in the home, school, and social settings. This often co-occurs with other conditions. 6.8% of children and adolescents have ADHD (Dupaul et al., 2021).

Due to the wide range of symptoms, repercussions, high frequency, and available therapies, parents of children with ADHD must be well versed with the disorder and have a positive outlook on it (Drechsler et al., 2020). It helps them manage the condition of their children and complete the treatment procedure for children with ADHD. Essentially, a critical component of managing ADHD is the presence of generally positive parental knowledge and attitudes regarding their children's condition. There may be a genetic predisposition to this issue, with boys being far more likely than girls to experience it, and parents of children with ADHD have a 25% chance of developing ADHD (Fan et al., 2022). Moreover, monozygotic twin concordance ranged from 55 to 90%. A significant amount of heredity appears to be involved (Alanazi & Al Turki, 2021). However, additional environmental elements were also involved. Children of lower socioeconomic status are more likely to experience this issue, as are those whose parents suffer from mental illnesses. Children in foster care are also more likely to experience ADHD, as are

children born prematurely or with low birth weight, and children who have experienced acquired traumatic brain injury may also experience ADHD. A deficiency in the motivational component also affects the inattention symptoms of ADHD, including daydreaming, distractibility, and trouble focusing on a single task for an extended amount of time (Gomez-Benito et al., 2019).

If a student with ADHD is not diagnosed or receives no treatment, they are at significant risk of developing learning disabilities, low self-esteem, social and family issues, possible long-term repercussions, and dropping out of school (Sedgwick-Müller et al., 2022). For this reason, this study will be helpful to educators, parents, and other caregivers. It is clear from the literature that most of these investigations were conducted in developed countries. There seems not to be enough research on parents' knowledge, attitudes, and perceptions regarding their children who have attention deficit hyperactivity disorder, which leaves a gap that needs to be studied. This study investigated parents' attitudes, perceptions, and knowledge regarding children with attention deficit hyperactivity disorder.

Review of Literature

Understanding or awareness of a specific topic or subject is known as knowledge. Parental knowledge in the context of ADHD refers to the degree to which parents process the disorder, encompassing its signs, causes, and available treatment. Increased awareness

of ADHD can help parents recognize and manage their children's symptoms, seek medical assistance, and choose the best course of therapy (Kramer et al., 2020). The term "perception" describes how people understand and interpret data. Parental perception in the context of ADHD relates to the way parents see the symptoms, behavior, and overall influence of the illness on their child's life. Parental attitudes toward ADHD and their readiness to seek help and treatment for their children can be influenced by their perceptions. Attitude refers to beliefs, feelings, and behaviors regarding a particular topic or subject. In the context of ADHD, parental attitude refers to the way parents feel about their child's disorder, including their beliefs about the causes of ADHD, their feelings toward medication and other treatment options, and their behaviors toward seeking support and treatment for their child (Center for Disease Control and Prevention [CDC], 2023). Hyperactivity, impulsivity, and inattention are among the symptoms of ADHD that can affect children's social, emotional, and academic functioning.

The disease can persist into adolescence and adulthood and is typically diagnosed in childhood (Faraone et al., 2021). The conceptual assessment of parental knowledge, perception, and attitude toward children with ADHD emphasizes the significance of these factors in the management and treatment of ADHD. Improved comprehension of ADHD, a positive outlook on their child's condition, and readiness to pursue treatment and assistance are all factors

that can positively impact a child's results. By comprehending these fundamental ideas and how they relate to each other, treatment plans can be created to meet the unique requirements of parents and their children with special needs.

Concept of Attention-Deficit Hyperactivity Disorder (ADHD)

Both children and adults can be affected by ADHD, a neurodevelopmental disorder. ADHD is defined as a chronic pattern of hyperactivity-impulsivity or inattention that interferes with day-to-day functioning. Approximately 5–10% of children have ADHD, and boys are diagnosed with ADHD more frequently than girls. According to Faraone et al. (2020), up to 60% of children with ADHD continue to experience symptoms throughout maturity. ADHD can persist into adulthood. Although the precise causes of ADHD are unknown, a combination of developmental, environmental, and genetic variables is thought to be responsible.

A family history of the disorder, exposure to chemicals during pregnancy and early childhood, and difficulties during labor and pregnancy are risk factors for ADHD. Diagnosis involves evaluating the patient's behavior, history, and symptoms. According to Faraone et al. (2020), behavioral therapy, medication, and educational assistance are commonly used in the treatment of ADHD. Stimulants such as amphetamines and methylphenidate are used in the treatment of ADHD because they help focus and attention (NIMH, 2023).

Behavioral therapy can assist individuals with ADHD by acquiring coping mechanisms and enhancing their behavior and social relationships. Examples of behavioral treatments include parents' education and social skills training. Supportive education, such as modifications made in the classroom, can help students with ADHD achieve academic success. According to the National Institute for Mental Health (2021), a child must demonstrate symptoms in at least two contexts before the age of 12 to be diagnosed with ADHD. They must also negatively affect social-emotional growth, professional success, or academic achievement. Children with co-occurring emotional, behavioral, developmental, learning, or physical disorders are likely to complicate the diagnosis of ADHD (CDC, 2023). Children with ADHD are more likely to experience academic difficulties, social/emotional problems, and limited educational outcomes because of the behaviors mentioned above. It is okay for young people to behave differently in various contexts. For instance, a child diagnosed with ADHD might succeed academically in elementary school, while the demands of middle school academics and organizations might require more academic and behavioral help (Arnold et al., 2023). Research on school-aged children with ADHD and their surroundings has addressed a wide range of topics.

The identified child's family, home, friends, school, teacher, staff, educational systems, and society can all be considered

parts of the environment (Portal, 2020). The influence of the family environment on ADHD symptoms is an area of inquiry. Dekkers et al. (2021) examined the relationship between attachment styles and ADHD, particularly insecure ones. According to the study, a child's mother's attachment style may have an impact on their child's symptoms of ADHD; for instance, children with ADHD tend to have insecure attachment styles (Dekkers et al., 2021). The study also revealed attention problems and externalizing behaviors in children with disordered attachment styles and recommended that attachment-type work be a part of treatment.

Depending on the child's age, ADHD may manifest in several ways. Hyperactivity is typically more prevalent in preschool-age groups; these children may exhibit impulsivity and lack environmental flexibility. In other words, they find it difficult to accept changes in the environment and may even become hostile toward their peers. By the time they reach primary school, these kids already have trouble paying attention in class, are disorganized, find it hard to engage with others, and may find it too difficult to work alone (Ogundele, 2018). Academic difficulties arise when these kids enter high school with more responsibilities. They have trouble paying attention, learning new materials, and even executive functioning. The success of these children in school increases when parents collaborate with professionals. Since they spend most of the day with their pupils and are familiar with typical

student behavior, teachers are frequently the first to diagnose attention deficit disorder (ADHD) (Bhandari, 2023). There is no single test, such as a blood test or X-ray, that can accurately diagnose ADHD and related behavioral or learning disorders. Even qualified medical professionals may find it challenging to make an accurate diagnosis because the symptoms of ADHD vary from person to person and can vary depending on the person's age, gender, context, and environment (Alanazi & Al Turki, 2021). Thus, experts are responsible for assessing whether specific criteria for ADHD are diagnosed, if the symptoms are present in multiple contexts (e.g., home, school, or workplace), if they hinder or interfere with daily functioning, and if comparable symptoms are not found in other medical conditions (Ching et al., 2019).

These symptoms of ADHD and functional difficulties affect children's daily lives. In the worst-case scenario, the child might stop going to school or turn to crime. Compulsive behavior, mood disorders, anxiety, sadness, and positional defiant disorder are among the symptoms of some children with ADHD. Even though they do not need much sleep, people with poor sleep patterns sometimes behave worse throughout the day. Although there is no known cure for ADHD, its signs and symptoms can be effectively managed and treated, leading to improvements in relationships, academic performance, and self-esteem. Parents and teachers play significant roles in this process.

There are two kinds of treatment plans for ADHD: pharmacological and psychosocial. Pharmacotherapy consists of non-stimulants (antidepressants and alpha agonists) and stimulant medications (Nazarova et al., 2022). Psychosocial treatment is another type of care employed. These programs involve psychoeducation for the family and training programs for children to handle short- and long-term goals. These programs are beneficial when combined with medications (Ching et al., 2019). The antecedent behavior consequence model is used in different ways to instruct parents.

The impact of ADHD is becoming better recognized, and it is undeniable that the number of children and adolescents with ADHD has increased in recent years (Salari et al., 2023). ADHD is one of the mental health conditions that contribute to the weight of academic failure and the inability to socialize. Owing to misinformation or preconceived notions, the majority of parents typically see a child's ADHD symptoms as serious or as a sign of disobedience. Working and functioning capacities are affected by ADHD in many ways. The degree to which a child's working capacity is reduced depends on the age at which the ADHD first appears.

There is no doubt that ADHD results in a great deal of suffering for people, and research indicates that 20% of children and adolescents worldwide, and at least 10% of the global population, are affected (Lawson et al., 2021). The rate of understanding and attitude among parents of children with ADHD appears

to be low, especially in Nigeria, despite various organizations creating awareness and intervention initiatives (Mohammed et al., 2023). This condition must be corrected to save children with ADHA. Many students with attention deficit hyperactivity disorder typically struggle to meet the requirements of the general education curriculum because they are significantly impacted by negative influences.

Theoretical Framework

Social Cognitive Theory (SCT)

Social Cognitive Theory (SCT), developed by Albert Bandura in the 1960s, is a theoretical framework used to understand parents' knowledge, perception, and attitudes towards children with ADHD. This theory contends that psychological, behavioral, and environmental elements impact human behavior. These elements influence behavior and determine how much people can learn from their surroundings. Social Cognitive Theory suggests that, in the context of parents' knowledge, perceptions, and attitudes toward children with ADHD, their behavior is influenced by behavioral and personal factors, such as their experiences with their child and interactions with healthcare professionals. Personal factors included knowledge, beliefs, and attitudes regarding the disorder.

Environmental elements such as social support, resource accessibility, and cultural views could also be essential. The importance of observational

learning, often known as modeling, in which people pick up knowledge by witnessing how others behave, has also been emphasized by Social Cognitive Theory. The attitudes and actions of other parents, medical professionals, and the larger socioeconomic and cultural milieu in which they live may impact parents' attitudes and actions toward their children with ADHD. In conclusion, this theory can be used to comprehend how environmental, behavioral, and personal elements affect parents' attitudes toward and understanding of children with ADHD. This paradigm can guide the creation of treatments to raise awareness of ADHD, change attitudes and behaviors regarding the illness, and increase the well-being of both parents and children.

Research Questions

The following research questions guided this study:

1. What is the knowledge level of parents towards children with ADHD?
2. What is the perception of parents towards children with ADHD?
3. What is the attitude of parents toward children with ADHD?

Methodology

Research Design and Setting

The study utilized a descriptive survey design and was carried out at the Seventh-day Adventist Church Mainland Conference in Ijaiye Housing Estate, Lagos State, Nigeria. The study focused

on parents within the Lagos mainland conference churches, comprising three churches. According to the population census taken in October 2022, the total number of parents in the SDA churches was 1000.

Sampling and Data Collection

The sample size of 286 parents was determined using the Taro Yamane Formula, taking into account the population size, margin of error, and confidence level. The parents were selected using convenience sampling from the three churches, and they all had children attending the Seventh-day Adventist church mainland conference. A self-structured questionnaire was used to collect data from the participants, and permission was obtained from the appropriate authorities to access the parents within the churches. The questionnaire was randomly distributed to 286 parents across the three churches.

Validity and Reliability of Research Instrument

The instrument was given to ADHD professionals, who carefully reviewed it and made necessary corrections for objectivity. A pilot test was conducted to determine reliability using Cronbach's alpha. The reliability of the pilot survey was evaluated for each variable separately. It was administered to 20 parents at the Seventh-day Adventist Church Festac Lagos, Lagos Atlantic, Nigeria, who were not part of the study. The Cronbach alpha coefficient resulted in 0.80.

Data Analysis

The data was analyzed using IBM® SPSS® software (version 25) to compute descriptive statistics such as simple percentages, means, and standard deviations.

Ethical Consideration

All study participants were required to provide informed consent in writing and sign the document before they were administered the survey. The participants were informed that their participation was voluntary and that they could withdraw from the study at any time if they so desired. To maintain confidentiality, the survey did not request any personally identifiable information, and all responses were used solely for research purposes.

Results

The first research question was about the knowledge of parents of children with ADHD. Table 1 shows that most of the respondents were aware of ADHD, accounting for 77% of the respondents; 71.7% affirmed that ADHD is a mental illness; 67.1% positively indicated that all children with ADHD were aggressive; 69.1% affirmed that ADHD causes a child to fail, and this is based on the inattentiveness of children with ADHD at home and in schools. 67.5% stated that ADHD is associated with spirituality, and this might be based on the fact that Nigerians and Africans in general link mental health issues with spirituality. Also, 77.6% affirmed that they felt that ADHD included restlessness, and 68.2% stated on a positive note that children

with ADHD are always unclean and dirty. In summary, the results in Table 1 shows that the respondents had good knowledge of ADHD. This could be associated with the fact that most of the participants are educated.

Table 1

Measures of the Knowledge of Parents Towards ADHD Children

Variables	Items	Frequency	Percentage
Do you know about ADHD	Yes	222	77.6%
	No	64	22.4%
ADHD is a mental illness	Yes	205	71.7%
	No	81	28.3%
All children with ADHD are aggressive	Yes	192	67.1%
	No	94	32.9%
ADHD makes a child a failure	Yes	197	69.1%
	No	88	30.9%
Is spirituality associated with ADHD	Yes	193	67.5%
	No	93	32.5%
Do you feel ADHD includes restlessness	Yes	222	77.6%
	No	64	22.4%
Children with ADHD are always unclean and dirty	Yes	195	68.2%
	No	91	28.2%

Decision Rule: if mean between 0 to 0.49= Not Knowledgeable, 0.5 to 1= knowledgeable*** NOTE: Yes, was coded 1, No was coded 0

The second research question examined parents' perceptions of their children with ADHD. Table 2 shows that the respondents disagreed that a parent should hide their child with ADHD from their family (mean=2.17, SD=1.01). They agreed that there is hope for children with ADHD (mean=2.67, SD=.99). They disagreed that children with ADHD are to be blamed for their condition (mean=2.09, SD=.93). They disagreed that one can identify a child with ADHD by his or her physical appearance (mean=2.39, SD=1.03). They also disagreed that children with ADHD are dangerous (mean=2.28, SD=.96). The table also showed that the respondents disagreed that parents of children with ADHD are to be blamed for their children's

conditions (mean=2.20, SD=.99). They also disagreed that ADHD is hereditary (mean=2.45, SD=.98) and disagreed that ADHD could not be treated (mean=2.42, SD=1.00).

The average mean of 2.33 and SD = 0.98, shows that the respondents disagreed with the majority of the questions in this section. This signifies that the respondents have a negative perception of their children with ADHD. Adequate knowledge of these parents regarding ADHD could not affect their perception of ADHD, perhaps based on values, culture, and beliefs.

Table 2*Measures on the Perception of Parents Toward Children with ADHD*

Variables	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	
	(F%)	(F%)	(F%)	(F%)	Mean	Standard Deviation
A parent should hide a child that has ADHD from their family	38 (13.3%)	60 (21.0%)	101(35.3%)	87 (30.4%)	2.17	1.01
There is hope for children with ADHD	60 (21.0%)	119 (41.6%)	59 (20.6%)	48(16.8%)	2.67	0.99
Children with ADHD are to be blamed for their condition	20 (7.0%)	77(26.9%)	98(34.3%)	91(31.8%)	2.09	0.93
One can identify a child with ADHD by his or her physical Appearance	47(16.4%)	88(30.8%)	80 (28.0%)	71(24.8%)	2.39	1.03
Children with ADHD are dangerous	30(10.5%)	91(31.8%)	93(32.5%)	72(25.2%)	2.28	0.96
Parents of children with ADHD are to be blamed for their children's condition	30(10.5%)	85(29.7%)	84(29.4%)	87(30.4%)	2.20	0.99
ADHD is hereditary	41(14.3%)	107(37.4%)	78(27.3%)	60(21.0%)	2.45	0.98
ADHD cannot be treated	47(16.4%)	86(30.1%)	92(32.2%)	61(21.3%)	2.42	1.00
AVERAGE					2.33	0.98

KEY: If mean is 1 to 1.74 = Strongly Disagree; 1.75 to 2.49 =Disagree; 2.50 to 3.24 =Agree; 3.25 to 4= Strongly Agree

Note: *Interpretation Rule = SA & A = Positive perception; D, and SD = Negative perception*

The third research question concerned parents' attitudes towards children with ADHD. From Table 3 below, it can be deduced that the respondents disagreed that they would feel comfortable having a child with ADHD (mean=2.32, SD=.99), they disagreed that they think ADHD is a genetic problem (mean=2.46, SD=1.04), they agreed that they were comfortable rendering services to a child with ADHD (mean=2.51, SD=.99), they disagreed that they would punish a child who throws tantrums and gets angry quickly (mean=2.39, SD=.94), and they disagreed that if their child has ADHD, they would not want people to know about it (mean=2.29, SD=.97). The average

mean of 2.39 and SD=.98, shows that the respondents disagreed with the questions in this section. These findings revealed that the respondents had a negative attitude towards children with ADHD. The analysis shows that despite adequate knowledge of ADHD, the respondents' perceptions and attitudes towards children with ADHD were negative.

Table 3*Measures on the Attitude of Parents Towards Children with ADHD*

Variables	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	
	(F%)	(F%)	(F%)	(F%)	Mean	Standard Deviation
I would feel comfortable having a child with ADHD	38(13.3%)	85(29.7%)	93(32.5%)	70(24.5%)	2.32	0.99
I think ADHD is a genetic problem	56(19.6%)	83(29.0%)	83(29.0%)	64(22.4%)	2.46	1.04
I am comfortable rendering services to a child with ADHD	42(14.7%)	125(43.7%)	57(19.9%)	62(21.7%)	2.51	0.99
I will punish a child who throws tantrums and gets angry easily	36(12.6%)	94(33.0%)	100(35.1%)	55(19.3)	2.39	0.94
If my child was suffering from ADHD, I would not want people to know about it.	34(11.9%)	85(29.7%)	96(33.6%)	71(24.8%)	2.29	0.97
AVERAGE					2.39	0.98

KEY: If mean is 1 to 1.74 = Strongly Disagree; 1.75 to 2.49 =Disagree; 2.50 to 3.24 =Agree; 3.25 to 4= Strongly Agree

Note: Interpretation Rule = SA & Agree = Positive Attitude; D, and SD = Negative Attitude

Discussion of Findings

The high prevalence of ADHD and the need for parents' basic knowledge regarding ADHD in families highlight the necessity of studying parents' knowledge, perceptions, and attitudes. However, previous studies have mostly focused on teachers. Chen et al. (2008) and few studies concentrated on parents' knowledge, perception, and attitude. The findings of this study fill the gap in the knowledge, perception, and attitude of parents regarding children with ADHD.

The first research question determined what parents knew about their children with ADHD. This study shows that the participants' understanding of ADHD in young people is vital. This result is consistent with a study conducted in 2020

by Rajcumar and Paruk, which found that parents who were well-informed about their children with ADHD provided better care for their children than those who were not. This conclusion is consistent with a study conducted in 2021 by Rizzo et al., who discovered that although parents of children with ADHD had a better understanding of the disorder, they were ignorant of some details, such as the distinctions between ADHD subtypes and the efficacy of nonpharmacological treatments. According to a different study, parents of children with ADHD had higher levels of awareness regarding the condition than parents of children without ADHD. However, there were some misconceptions, especially regarding how ADHD affects social connections and long-term consequences (Kramer et

al., 2020). The results of this study are in line with those of Vardar et al. (2019), who found that approximately 75% of the respondents who are parents are aware of ADHD and some of its treatments. According to Vardar et al. (2019), parents frequently hold erroneous beliefs about the causes of ADHD and the efficacy of treatment options. Therefore, parents should receive additional information and assistance. This study found that even though a large number of parents of children with ADHD are well informed about the disease, there are still certain areas in which there are knowledge gaps.

The purpose of research question two was to ascertain parents' perceptions of their children with ADHD. The results demonstrate that parents' opinions of children with ADHD are unfavorable. This result is comparable to that of Gerdes et al. (2021), who observed that parents of children with ADHD had negative perceptions. Additionally, the results of this study are consistent with those of DuPaul et al. (2021), who demonstrated that parents of children with ADHD had a poor opinion of their children. Furthermore, Chacko et al. (2021) support the results of this study. The findings indicate that raising a child with ADHD can be demanding and that parents frequently feel overburdened and stressed. They also mentioned feeling alone and unsupported by their families and community.

The third research question asked about parents' attitudes toward children with ADHD. According to the study, participants had a negative attitude

towards children with ADHD. This condition aggravates ADHD in children and leads to other secondary behaviors such as rebelliousness and aggressiveness (Setiawati et al. 2018). Karalunas et al. (2021) discovered that parents of ADHD children exhibited more pessimistic views regarding their children's conduct and academic achievements in comparison to parents of children with usual development. Furthermore, Berger et al. (2021) discovered in another study that parents with good attitudes towards medication had a higher likelihood of having children who followed their medication regimens. The results of this investigation are consistent with those reported by Condo et al. (2022). The findings indicate that parents were more likely to be involved in their children's academic life and to have children who fared better in school if they had more favorable attitudes toward their children's ADHD diagnosis. The results of this study also correspond to those of Kalaman et al. (2023), who examined the connection between parental opinions toward ADHD and non-pharmacological therapies. According to the study, parents were more inclined to employ non-pharmacological treatments, such as behavioral therapy or dietary modifications, if they had more negative sentiments regarding medication. According to Washinton and Villines (2021), parents are more likely to accept the diagnosis and suggest a course of therapy if they understand ADHD better. d'Halluin et al. (2023) consistently investigated parents' perspectives regarding technology-based treatment for children with ADHD. According to

the study, parents were more likely to employ and gain from technology-based interventions if they had a positive attitude toward children with ADHD. This study failed to explore the underlying factors contributing to parents' negative attitudes and perceptions of children with ADHD.

Limitation of the Study

An intervention study is recommended in which parents' knowledge, perceptions, and attitudes are investigated and compared before and after the provision of a training package. Another limitation was that the study population was one denomination; therefore, the participants may have the same social class, so the results could not be generalized. Further research should be conducted in other locations in Nigeria with a wider population to investigate parents' knowledge, attitudes, and perceptions about children with ADHD. This would help generalize the results.

Conclusion

The research conclusion is that parents are aware of ADHD in their children. However, they have unfavorable opinions and attitudes regarding children with ADHD. The outcomes of children with ADHD can be influenced by the views of their parents regarding the disorder. Positive views regarding ADHD are associated with higher rates of parental involvement in their children's social and educational development, acceptance of the diagnosis and recommended course of treatment, and utilization of appropriate interventions such as behavioral therapy

or medication. Conversely, parents who have a negative attitude toward ADHD are more likely to have fewer expectations of their children's social and academic performance. These negative parental attitudes toward the child may impact the child's self-esteem, academic achievement, social relationships, etc. Overall, it is essential to provide education and support for parents to promote positive attitudes toward ADHD and improve outcomes in children with ADHD.

Recommendations

According to the results of this study, the following recommendations are proposed: Educational institutions ought to establish forums to educate parents and teachers about the signs, diagnosis, and management of ADHD. This will enable them to provide proper support for these children and comprehend their behavior. Additionally, schools should implement regular routines that are predictable, regulated, and beneficial for children with ADHD. For everyday chores and activities, parents can establish clear expectations, schedules, and routines for children with ADHD.

Moreover, parents ought to focus on their children's strengths, as children with ADHD often have talents such as resilience, humor, and creativity. Highlighting these positive qualities and encouraging them to pursue their interests is essential. Furthermore, teachers ought to be adequately trained on the effects of ADHD and the necessity for children to receive professional help once

detected. Parents should use positive reinforcement to promote positive behaviors and academic success and frequently acknowledge their children's efforts and accomplishments. Joining a support group for parents with children living with ADHD or receiving expert assistance from a social worker, therapist, or ADHD coach is suggested for parents, as they can benefit from it.

The Nigerian government, both at the national, state, and local levels, ought to conduct a survey to determine the exact burden of ADHD that hinders optimal development in children's primary health care system in Nigeria. Additionally, the Nigerian government ought to strengthen its level of health care to detect and refer affected children with ADHD to early intervention strategy services.

Several nonprofit organizations provide resources and support for families of children with ADHD, including the National Resource Center on ADHD, CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder), and the Attention Deficit Disorder Association.

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Conflict of Interest: None

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