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# GENDER DIFFERENCES AMONG ATTENSION DEFICIT HYPERACTIVITY DISORDER (ADHD) CHILDREN IN RELATION TO THEIR RESILIENCE BEHAVIOR

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#### **ABSTRACT**

Researches reveals that the most aversive problem among the school going population are inattention and distractibility, difficulties in concentration, restlessness, inability to sit still etc, Which is commonly constructed as **Attention Deficit Hyperactivity Disorder (ADHD)** and treatment of this disorder before the onset of formal education is of great help to mental health of families and society. In recent times, ADHD soon reaches unavoidable proportions and the treatment becomes complicated, if the problems of children are not taking care in time and their treatment is delayed it affects the development of personality of the child and impairs the growth of the child. Hence, the present study attempt to find out the difference in gender among ADHD children in relation to their resilience behavior in district Yamuna Nagar of Haryana. For this purpose, ADHD Symptom Check List-4 developed and standardized by Kenneth D. Gadow, Ph.D. and Joyce Sprafkin, Ph.D., ADAT rating scales developed & standardized by Richard Morris (1996) and ADAT rating scales developed & standardized by Richard Morris (1996) and ADAT rating scales developed & standardized by Richard Morris (1996) and ADAT rating scales developed & standardized by Richard Morris (1996) and ADAT rating scales developed & standardized by Richard Morris (1996) and ADAT rating scales developed & standardized by Richard Morris (1996) and ADAT rating scales developed & standardized by Richard Morris (1996) were administered. A sample of 53 elementary school children ranging in the age group of 7 to 11 was used. The results indicated that gender does not made any significant differences in Sense of Mastery, Sense of Relatedness and Emotional Reactivity resilient behavior among ADHD children.

KEY Words: Gender, Resilience behavior, ADHD and Elementary School Children

## INTRODUCTION

A child's mind is a blank slate when he comes into the world. Childhood is the most important stage in the lifetime of human beings. Gradually with the increasing age and interaction with environment, he is carefully nurtured to be able to develop his potentialities. If the behavioral traits and problems of children are not perceived in time and their treatment is delayed it affects the development of personality of the child and impairs the growth of the child. With the passage of time it soon reaches unavoidable proportions and the treatment becomes complicated. During this we come across with some children who are characterized by inattention and distractibility, restlessness, inability to sit still, and difficulty in concentrating on one thing for any period of time. Many children perform poor in academics inspire of having average or above average Intelligence, face difficulty in social adaptation in spite of sound psychophysical structure. The most commonly noticed problem among children in the recent times is **Attention Deficit Hyperactivity Disorder (ADHD)** and treatment of this disorder before the onset of formal education is of great help to mental health of families and society. Most parents ordinarily are not aware of the existence of such a problem like ADHD and as such they fail to give the treatment in the initial stages itself. One of the behavioral traits in children is the difference in ability to perceive and respond to the environmental stimuli. This makes it difficult to acquire basic skills and essential level of adaptability.

# ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Attention deficit hyperactivity disorder (ADHD) is a condition wherein it is a hard for children to control their behavior and pay attention and have problems of attention and of hyperactivity and impulsivity that are more acute and recurrent than those of typical children of the same developmental level. This disorder occurs in some children in the preschool and early school years. Today their diagnosis has increased so much that it is now one of the most commonly diagnosed disorders of childhood. It is estimated that nearly three to five percents of children have ADHD (Cohen, Becker, & Campbell 1900), and it has the potential to impact almost every classroom. Attention deficit hyperactivity disorder is one of the most common childhood disorders and continues through adolescence and adulthood. Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior and hyperactivity (over-activity).

Attention deficit hyperactivity disorder has three subtypes:

- a) Predominantly Inattentive
- b) Predominantly Hyperactive-Impulsive
- c) Combined-Impulsive and Inattentive

According to diagnostic and statistical manual, ADHD is a neurobehavioral disorder characterized by pervasive inattention and or hyperactivity-impulsivity and resulting in significant functional impairment.

**Kaufmann** (2000) define ADHD as a "syndrome," i.e., a grouping of symptoms that typically occurs together. The core symptoms are impulsiveness, inattention, and hyperactivity (American psychiatric Association, 1944).

#### RESILIENCE BEHAVIOUR

Psychological **Resilience** is an individual's tendency to cope with stress and adversity. In other words, we can say that the capacity to weathering adversity. This coping may result in the individual "bouncing back" to a previous state of normal functioning, or simply not showing negative effects.

Functions: According to Oxford dictionary (2010):- 1: the capacity of a strained body to recover its size and shape after deformation caused especially by compressive stress. 2: an ability to recover from or adjust easily to misfortune or change.

The following potent resilience behavior has been given by Lance D Clawson (2006):

- Resilient individuals have skills and feeling in common.
- ➤ They have a Resilient Mindset.
- > They view the world in an optimistic and hopeful way.
- Feel special and appreciated in the eyes of significant others.
- ➤ Have the learned to set realistic goals and expectations for themselves.
- They believe they have the ability to solve problems and make decisions.

#### JUSTIFICATION OF THE STUDY

In the present changing scenario, one has to adapt to difficulties, which may arise from many behavioral problems such as lack growth, lack of nutrition, stress, anxiety, frustration, disappointment and emotional imbalance in day to day life. Moreover, when there is an intellectually disabled child in the family, it forms a significant problem affecting the personality and adjustment of the family members especially the mother and her psychological behavior. It is difficult for the mothers of intellectually disabled children to cope with these challenges of life. World is ever changing and each change makes new demands of one's ability to adopt, thus adjustment plays an important role to determine the success or failure of a person. The adaptation to an individual to his physical and social environment helps them to be better adjusted.

In the past, the majority of research has focused on conditions of intellectually disabled children and their families. But now researchers attention has begun to shift from looking at the difficulties and problems that caregivers face who have children with disabilities, towards focusing on family strengths and successful, adaptive functioning. The constant change in medical treatment, adaptive technology and equipment, and the

structure of the family, makes it imperative that professionals stay updated on psychological well being of parents and how families are coping. Multifaceted problems associated with ADHD, increasing prevalence and lack of holistic multimodal therapies and effective interventions have been the basic motivations behind the conceptualization of the present study. The students in the class room faced many kinds of problems like mental emotional, social and all kind of behavior. Attention Deficit Hyperactivity Disorder children are those who faced many problems in daily life. Researcher wants to study in our research the resilience behavior of attention deficit hyperactivity disorder children. By knowing this type of behavior of child researcher will suggest precaution about this type of disordered behavior. The problem under the present study is to find out the gender difference among ADHD children in relation to their resilience behavior.

## OPERATIONAL DEFINITIONS OF KEY TERMS USED

**ADHD:** According to the Diagnostic and Statistical Manual of Mental Disorder, ADHD is a disruptive behavior disorder characterized by the presence of a set of chronic and impairing behavior patterns that display abnormal levels of inattention, hyperactivity or their combination (DSM-4, 2008). In order to screen the sample of ADHD children, the rated scores obtained in ADHD Symptom Checklist IV and ADAT rating scales developed and standardized by Richard Morriss (1996) are used.

**RESILIENT BEHAVIOR:** Resiliency is an individual's tendency to cope with stress and adversity. In other words, we can say that the capacity to weathering adversity. In the present study the scores obtained from Resiliency Scale developed and standardized by Sandra Prince (2007) was used to assess the resilient behavior of children with ADHD.

#### **OBJECTIVES OF THE STUDY**

- 1. To identify children with ADHD of age 7 to 11 years.
- 2. To study the Resilient Behavior of children with ADHD.
- 3. To study the significant difference between the Resilient Behavior of male and female children with ADHD.

#### HYPOTHESIS OF THE STUDY

On the basis of objectives and researches the following statistical hypothesis are formulated:

- 1. There exists no significant difference between the Resilient Behavior of male and female children with ADHD with respect to:
  - a) Sense of Mastery
  - b) Sense of Relatedness
  - c) Emotional Reactivity

#### RESEARCH METHOD

Descriptive survey method was used to collect the data.

# POPULATION AND SAMPLE

For the present study initially two elementary schools of District Yamuna Nagar was taken purposively. After that, two tools i.e ADHD Symptom Check List-4 developed and standardized by Kenneth D. Gadow, Ph.D. and Joyce Sprafkin, Ph.D. were administered to a sample of 150 children (ranges in the age group of 7 to 11). Further, the responses given by 150 respondents was scored and tabulated by using appropriate statistical techniques. Finally, 53 elementary school students were screened out as ADHD children and included for the present study.

# **TOOLS USED**

Taking all these factors in the consideration, the investigator was used the following tools:

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- 1. ADHD Symptom Check List-4 developed and standardized by Kenneth D. Gadow, Ph.D. and Joyce Sprafkin, Ph.D.
- 2. ADAT rating scales developed & standardized by Richard Morris (1996).
- 3. The Resilience Scale developed & standardized by Sandra Prince (2006).

# STATISTICAL TECHNIQUES USED

After the collection of requisite data from the sample with the help of tools, the next task is to analyze the data. For this the statistical techniques like descriptive statistic for studying the nature the data and 't'- test to see the significant difference in the means' scores of resilience behaviour among children with Attention Deficit Hyperactivity Disorder children was employed.

## RESULTS AND DISCUSSIONS

# **Analysis and Interpretation Based On Descriptive Statistics**

The calculated values of the measure of Central tendency (mean, Median and Mode), Standard Deviation and Variance, Skewness, Kurtosis of Sense of Mastery, Sense of Relatedness and Emotional Reactivity resilient Behavior of children with ADHD of the total sample has been given in Table 1

Table 1
Showing the descriptive statistics Results of Resilient Behavior Scores of children with ADHD

Variables	Mean	Mdn.	Mode	S.D.	Variance	Sk.	Ku.	Range
MAS	39.15	40	41.00	7.609	57.90	-0.230	-0.349	29.00
REL	44.17	45	40.00	8.28	68.605	0.089	-0.377	34.00
REA	36.75	37	37.00	5.65	31.919	-0.315	-0.063	25.00
Total Resilient behavior	120	123	133	17.53	307.26	-0.488	-0.477	

# **INTERPRETATION:**

**Table1** shows that the mean, median, mode and standard deviation, variance of sense of mastery resilient behavior. The mean is 39.15, median is 40.00, mode is 41.00, standard deviation is 7.609 and variance is 57.90. That represents the scattered scores from the mean position. Value of skewness is -0.230 which shows the distribution is negatively skewed. The value of kurtosis is -0.349 which is higher than the normal distribution i.e. 0.263. Thus, the curve is plytokurtic.

**Table1** shows that the mean, median, mode and standard deviation, variance of sense of relatedness resilient behavior. The mean is 44.17, median is 45.00, mode is 40.00, standard deviation is 8.28 and variance is 68.60. That represents the scattered scores from the mean position. Value of skewness is 0.089 which shows the distribution is positively skewed. The value of kurtosis is -0.377 which is higher than the normal distribution i.e. 0.263. Thus, the curve is plytokurtic.

**Table1** shows that the mean, median, mode and standard deviation, variance of emotional reactivity resilient behavior. The mean is 36.75, median is 37.00, mode is 37.00, standard deviation is 5.65 and variance is 31.91. That represents the scattered scores from the mean position. Value of skewness is -0. 315 which shows the distribution is negatively skewed. The value of kurtosis is -0.063 which is higher than the normal distribution i.e. 0.263. Thus, the curve is leptokurtic.

**Table1** shows that the measures of central tendency, SD and Variance,  $S_k$ ,  $K_u$  of Resilient behavior of ADHD children. The Mean is 120, Median is 123, and mode is 133, standard deviation is 17.5, variance is 307.26 which represent the variation of scores from central tendency. The value of skewness is -.488 which shows the distribution is negatively skewed. The value of kurtosis is .470 which is higher than the normal value .263 so the curve is plytokurtic.

## ANALYSIS AND INTERPRETATION ON THE BASIS OF t-TEST

In order to determine the significance difference in the mean scores of Sense of Mastery, Sense of Relatedness and Emotional Reactivity resilient Behavior among male and female children with ADHD, t-test was applied. The detail analysis and interpretation have been given in the table 2.

Table 2
Significance Difference in the means scores of Resilient Behavior and its components among male and female children with ADHD

Variable	Gender	N	Mean	S.D.	SED	t-ratio	Level of significance	
MAS	Male	26	37.88	7.86	2.08	1.194*	P<0.01	
	Female	27	40.37	7.3	2.08			
REL	Male	26	42.73	8.64	2.26	1.230*	P<0.01	
	Female	27	45.56	7.83	2.20			
REA	Male	26	35.27	6.54	1.51	1.927*	P<0.01	
	Female	27	38.19	4.29	1.31			
TOTAL	Male	26	115.88	19.57	4.73	1.740*	P<0.01	
	Female	27	124.11	14.55				

<sup>\*</sup>Not significant at 0.01 level with df/51 of Table Value - 2.68.

# Interpretation

It is concluded from table 2 that difference between the in Sense of Mastery resilient behavior of male and female ADHD children is not significant at level 0.01, therefore there exist no significant difference in Sense of Mastery resilient behavior of male and female ADHD children. Hence the hypothesis there exist no significant difference in Sense of Mastery resilient behavior of male and female ADHD children is retained.

It is concluded from table 2 that difference between the in Sense of Relatedness resilient behavior of male and female ADHD children is not significant at level 0.01, therefore there exist no significant difference in Sense of Relatedness resilient behavior of male and female ADHD children. Hence the hypothesis there exist no significant difference in Sense of Relatedness resilient behavior of male and female ADHD children is retained.

It is concluded from table 2 that difference between the in Emotional Reactivity resilient behavior of male and female ADHD children is not significant at level 0.01, therefore there exist no significant difference in Emotional Reactivity resilient behavior of male and female ADHD children. Hence the hypothesis there exist no significant difference in Emotional Reactivity resilient behavior of male and female ADHD children is retained.

It is concluded from table 2 that difference between the in Sense of Relatedness resilient behavior of male and female ADHD children is not significant at level 0.01, therefore there exist no significant difference resilient behavior of male and female ADHD children. Hence the hypothesis there exist no significant difference in resilient behavior of male and female ADHD children is retained.

## FINDINGS OF THE STUDY

- a) There exists no significant difference in Sense of Mastery resilient behavior of male and female ADHD children. It means male and female ADHD children shows similar Sense of Mastery resilient behavior. Hence the hypothesis is accepted and retained.
- b) There exists no significant difference in Sense of Relatedness resilient behavior of male and female ADHD children. It means male and female ADHD children shows similar Sense of Relatedness resilient behavior. Hence the hypothesis is accepted and retained.
- c) There exists no significant difference in Emotional Reactivity resilient behavior of male and female ADHD children. It means male and female ADHD children shows similar Emotional Reactivity resilient behavior. Hence the hypothesis is accepted and retained.
- **d**) There exists no significant difference in Resilient Behavior of male and female ADHD children. It means male and female ADHD children show similar Resilient Behavior. Hence the hypothesis is accepted and retained.

## **EDUCATIONAL IMPLICATIONS**

Every scientific investigation contributes either to theory or practice or both. The most outstanding characteristic of any research is that it must contribute something new to the development of the areas concerned. So the investigator has to evince the educational implications of the study. The present research being descriptive in nature has the following educational implications:

- The main implication of the study seems to improve the knowledge of concept of ADHD which ultimately helps the teachers to teach more efficiently and according to individual differences.
- > The knowledge of Resilient Behavior helps the teacher as well as parents to behave and brought up their child accordingly.
- > The early intervention of the problem helps in timely eradication of in developing resilience of the child suffering from ADHD.
- > The knowledge of ADHD & its symptoms helps children's parents as well as teachers to cope with them.

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- > The findings also show that gender biasness should be avoided while treating any ADHD child.
- > It shows similar types of intervention programmes can be used to a similar level of age group regardless of gender.
- ➤ The findings of the study may also be helpful in various educational institutions, NGOs, and to all the authorities of educational system working for the development and betterment of child centered education.
- > Finally an effective teacher can generate an efficient group of young generation leading to global development.

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