Haramaya University

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Knowledge, Attitude and Associated Factors Towards Attention Deficit Hyperactivity Disorder Among Primary School Teachers in Harar City, Harari Regional State, Ethiopia, 2024.

MSc Thesis

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Knowledge, Attitude and Associated Factors towards Attention Deficit Hyperactivity Disorder (ADHD) among Primary School Teachers in Harar City, Harari Regional State, Ethiopia, 2024.

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I hereby certify that I have read and evaluate this Thesis entitled with "Knowledge, Attitude and Associated Factors towards Attention Deficit Hyperactivity Disorder (ADHD) among Primary School Teachers in Harar City, Harari Regional State, Ethiopia, 2024." prepared under our guidance by Nebyu Mola. I recommend that it can be submitted as fulfilling the thesis requirements.

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As a member of the Board of Examiners of the MSc Thesis Open Defense Examination, we certify that we have read and evaluated the Thesis prepared by Nebyu Mola and examined the candidate. We recommend that the thesis be accepted as fulfilling the Thesis requirements for the degree of Masters of Science in Integrated Clinical and Community Mental Health.

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By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

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BIOGRAPHICAL SKETCH

I was born in Harar city, Harari regional state, Ethiopia on September, 1999. I attended my Primary School education from 1-8 at Harar Mekane Silase Cathedral Primary School, 9-10 at Harar Senior Secondary School, and 11-12 at Aboker Preparatory School.

I graduated from Haramaya University in 2022 with a Bachelor of Science in Psychiatry. Currently im working as a Graduate Assistant at Haramaya University.

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I would also like to thank study primary school teachers, librarians, registrar office, Harari regional state education bureau and number of colleagues who helped me to do this thesis.

ACRONYMS/ABBREVIATIONS

ADHD: Attention Deficit Hyperactivity Disorder

CTRS: Conner's Teachers Rating Scale

DSM 5: Diagnostic and Statistical Manual of Mental Disorders Fifth Edition

ICCMH: Integrated Clinical and Community Mental Health

IHRERC: Institutional Health Research Ethics Review Committee

KADDS: Knowledge of Attention Deficit Disorder Scale

LMICS: Low and Middle Income Countries

SASA: ADHD Specific Attitudes Scale

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ABSTRACT

Background: Attention-deficit/hyperactivity disorder is the most frequent neuropsychiatric condition affecting preschoolers, children, adolescents, and adults around the world. Teachers are often the main source of information's and play an essential role in the diagnosis, management and intervention of attention-deficit/hyperactivity disorder. Despite the irreplaceable role of teachers for the diagnosis and treatment of attention-deficit/hyperactivity disorder, studies done on teacher's knowledge and attitude towards attention-deficit/hyperactivity disorder are rare.

Objective: To assess knowledge, attitude and associated factors towards attention deficit hyperactivity disorder among primary school teachers in Harar city, Harari regional state, Ethiopia, 2024.

Method: An institutional based cross-sectional study was conducted in primary schools that were selected by lottery method. Data were collected through self-administered structured questionnaire from 415 study participants who were selected by simple random sampling technique. Knowledge and attitude of teachers were assessed by Knowledge of Attention Deficit Disorder Scale and Attention-Deficit/Hyperactivity Disorder-Specific Attitudes Scale respectively. The data were entered into EPI data version 4.6 software and were analyzed by using STATA version 14. Bivariable and multivariable logistic regression analysis were done to identify factors associated with the outcome variables. Adjusted Odds Ratio at 95% confidence interval was considered to determine the strength of association.

Results: From 415 respondants with a response rate of 98.5%, the magnitude of having good knowledge about attention deficit hyperactivity disorder among primary school teachers was 46.50% (95% CI: 41.68-51.32). Variables such as educational level of degree and above (AOR=3.43, 95% CI: 1.41-8.39), teaching in private school (AOR= 2.27, 95% CI: (1.19-4.31), taking training or workshop (AOR=2.69, 95% CI: 1.39-5.18), working experience 10 up to 14 (AOR= 4.14, 95% CI: 1.22-14.07) and 15 up to 19 year (AOR= 6.91, 95% CI: 1.41-33.78), previous experience in teaching a child with attention deficit hyperactivity disorder (AOR=2.45, 95% CI: 1.31-4.60) and got information through any massmedia (AOR= 3.69, 95% CI: 1.76-7.72) were significantly associated with having good knowledge about attention deficit hyperactivity disorder.

The other finding of this study was the magnitude of favourable attitude towards ADHD among primary school teachers; which is 80.48% (95% CI 7.65-84.31). Variables such as having good knowledge about ADHD (AOR=2.16, 95% CI: 1.02-4.57), taking training or workshop (AOR= 2.64, 95% CI: 1.16-5.98), and getting information through any massmedia (AOR= 2.21, 95% CI: 1.01-4.88), were significantly associated with favourable attitude towards ADHD.

Conclusion: The magnitude of having good knowledge was shown to be low in contrast their attitude was higher. Educational level of degree and above, teaching in private school, having teaching experience more than ten years, previous experience in teaching a child with attention deficit hyperactivity disorder, taking training or workshop, and getting information through any media were significantly associated with knowledge about ADHD. While having good knowledge about attention deficit hyperactivity disorder, taking training or workshop and getting information through any media were significantly associated with favorable attitude towards attention deficit hyperactivity disorder. Therefore, the primary school teachers should receive trainings on the sign and symptomps of children with attention deficit hyperactivity disorder including the behavioural managment and attend work shops done on children mental health. Also more media coverage should be given on dissiminating informations about children mental health including attention deficit hyperactivity disorder.

Keywords: *Attention-deficit/hyperactivity disorder, attitude, knowledge, primary school teachers*

1. INTRODUCTION

1.1Background

Attention-deficit/hyperactivity disorder (ADHD) is a neuropsychiatric condition affecting preschoolers, children, adolescents, and adults around the world, characterized by a pattern of diminished sustained attention, and increased impulsivity or hyperactivity (Sarkhel, 2009).

Children spend the greatest amount of their time in classrooms, they are likely to follow guidelines, behave in socially proper ways, participate in educational activities and withdraw from disturbing the learning development or activities of others. And teachers have an important role for the individual development as they accompany them in classrooms for a long period of time. (Barkley & Murphy, 2006) (Fuermaier et al., 2014).

Teachers are often the main source of knowledge that 77% of doctors attempted to obtain a written report from the schools of children who had been referred for ADHD treatment and play an essential role in the diagnosis, management and intervention of ADHD (Amha & Azale, 2022). They also have direct experience of the learner in the classroom situation; a setting which requires the learner to sit still, pay attention, adhere to instructions and interact with peers and adults in suitable manner (Kerig & Ludlow, 2012).

Teachers' knowledge and attitudes will influence how they interact with ADHD students, and their negative behavior may have a negative impact on students' outcomes. According to researches, adults who were diagnosed with ADHD as children have reported that a teacher's caring attitude, extra attention, and guidance were "turning points" in helping them to overcome their childhood problems (Amha & Azale, 2022) (Barkley & Murphy, 2006).

Despite the increasing prevalence of ADHD among school-aged children, studies suggest that many teachers may lack sufficient knowledge about its symptoms, causes, and management strategies (Kos et al., 2006). Although most primary school teachers appear to understand visible disability, they appear to have a negative attitude toward children with attention deficit hyperactivity disorder (ADHD), considering them to be lazy or purposefully disruptive (Amha & Azale, 2022).

1.2 Statement of the Problem

ADHD is the most common psychiatric disorder in childhood, with symptoms persisting into adulthood in 60% of individuals (Austerman, 2015). If left untreated, the emotional, social and financial consequences can be high, with many children and adults not reaching their full potential and having a reduced quality of life. (Schoeman & Voges, 2022).

Epidemiological data suggest that ADHD occurs in about 5 percent of youth including children and adolescents, and about 2.5 percent of adults, but more on prepubertal elementary school children ranging 7 to 8 percent (Benjamin & Virginia, 2018). However, the overall prevalence of Children and adolescents between 1994 and 2010 in America ranged between 5.9% and 7.1%. But in 2011 approximately 11% of children ages 4–17 years were diagnosed with ADHD (Mulu et al., 2022).

Many people, including parents, teachers, healthcare providers, and the general public, have limited awareness of ADHD's symptoms, causes, and appropriate management strategies. This lack of knowledge can result in delays in diagnosis, ineffective interventions, and negative attitudes toward those with ADHD such that understanding the level of knowledge and attitudes about ADHD is crucial for improving awareness, reducing stigma, and enhancing support systems ((Mayes, 2015) (Sciutto & Feldhamer, 2005))

Teachers play a central role in early detection and advising parents on managing their children, and implementing classroom and behavioral management strategies (Dessie et al., 2021). Teachers need increased awareness of the family circumstances of children with ADHD, more knowledge of the conditions commonly comorbid with ADHD, and insight into these children's relationship with peers (Kos et al., 2016). Identifying and controlling the modifiable risk factors of ADHD is of public health importance given the substantial burden on the quality of life of affected children and their families (Awadalla et al., 2016).

The manner in which teachers conceptualize ADHD is influenced by cultural and environmental factors so improved knowledge base in teachers could lead to early detection and improved collaboration and intervention with treatment programs (Ghanizadeh et al., 2016).

Several factors can affect teachers knowledge and attitude towards ADHD; some of them are, age, sex, marital status, and educational level of the teachers, duration of teaching, training, information, and experience of teaching students with ADHD ((Amha & Azale, 2022) (Woyessa et al., 2019) (Alzahrani & Abd El-Fatah, 2023)).

Even though developing countries shares the large number of school age children and adolescents in the world which makes the magnitude of ADHD to be more common. This indicates the public health impact of the problem in such countries. Therefore it is important for primary school teachers to have good knowledge and favorable attitudes towards ADHD.

There are studies done in our country and other low and middle income countries (LMICS) on the knowledge and attitude of primary school teachers but was done independently so this study intended to show both the level knowledge and attitude of primary school teachers towards ADHD simultaneously and the possible associated factors.

1.3 Significance of study

The primary beneficiary from this study will be the primary schools that they will have insight on the level of knowledge, attitude and associated factors of teachers towards ADHD in the city. That will help them to identify the problem early and design effective interventions targeted at improving their knowledge and attitude. Also for the children with ADHD it will help them to detect their problem easily and get the required attention.

Additionally, the findings from this study will help Harari Regional State Health Bureau to develop and implement appropriate training schedules collaborating with the regional education bureau for primary school teacher's regarding children mental health problems specifically on ADHD to maximize the desired knowledge and attitude. Also can be helpful to those non-governmental organization that are working on children health and well-being. Finally, it is expected to be used as baseline data for future researchers to conduct further studies in this area. And will provide information for the selected primary schools. Also, it helps the investigator to accomplish masters in science degree in integrated community and clinical mental health program.

1.4 Objectives

1.4.1 General Objective

To assess the knowledge, attitude and associated factors towards attention deficit hyperactivity disorder (ADHD) among primary school teachers in Harar city, Harari regional state, Ethiopia, From June 10 to July 9 2024.

1.4.2 Specific Objectives

To determine the knowledge of primary school teachers about ADHD.

To determine the attitude of primary school teachers towards ADHD.

To identify factor associated with the knowledge of primary school teachers about ADHD.

To identify factor associated with the attitude of primary school teachers about ADHD.

2. LITERATURE REVIEW

It is very important for elementary school teachers to have good knowledge and favorable attitudes towards ADHD since they play a central role in early detection and advising parents on managing their children (Dessie et al., 2021). Knowledge and attitude of primary school teachers towards ADHD children will equally help and provide timely care to them and school is the best setting for the early detection and effective management of this disorder (Amha & Azale, 2022). The relationship between knowledge and attitude with socio-demographic characterstics, type of school they are teaching in, previous exposure to teaching a child with ADHD and years of working experience s have been explored in many cross-sectional studies.

2.1 Teachers Knowledge about ADHD

An institutional-based cross-sectional study conducted among upper-middle-income and higher countries such as Greece, Saudi Arabia, Pakistan and Iran to study teachers level of knowledge about ADHD using different tools like Knowledge of Attention Deficit Disorder Scale (KADDS), Conner's teachers rating scale (CTRS) and questionnaire designed by Koosha *et al* among primary school teachers. Their sample size range from 126 to 359 which revealed that good knowledge to be 49.9%, 94.7%, 65% and 3.6% respectively (Galanis *et al.*, 2021; Mirza *et al.*, 2017; Mohebi *et al.*, 2018; Alzahrani and Abd El-Fatah, 2023).

Another institutional-based cross-sectional studies that were conducted in African countries like Egypt and South Africa to study teacher's level of knowledge about ADHD among primary school teachers using the KADDS tool with 500 and 552 respective sample sizes revealed that good knowledge to be 10.2% and 42.6% respectively (Ashour Safaan *et al.*, 2017; Perold *et al.*, 2010).

An institutional-based cross-sectional studies that were conducted in Ethiopia towns namely Debre Markos and Dejen town and Gondar among primary school teachers to study teacher's level of knowledge about ADHD using tools like KADDS and a 12 item knowledge scale with sample size of 427 and 636 revealed that poor knowledge to be 55.2%, and 44.8% respectively (Amha and Azale, 2022; Dessie *et al.*, 2021;).

Table 1: Summary of literature reviews on magnitude of having good knowledge about ADHD among primary school teachers.

Author & publication year	Country	Study design	Study population	Sample Size	Tools used to measure	Magnitude
Galanis et al., 2021	Greece	Cross sectional study	Primary school teachers	500	KADDS	49.9%
Mirza et al., 2017	Pakistan	Cross sectional study	Primary school teachers	264	CTRS	94.7%
Mohebi et al., 2018	Iran	Cross sectional study	Primary school teachers	126	Questionnaire designed by Koosha *et al*	65%
Alzahrani and Abd El-Fatah, 2023	Saudi Arabia	Cross sectional study	Female primary school teachers	359	KADDS	3.6%
Ashour Safaan *et al.* 2019	Egypt	Cross sectional study	Primary school teachers	500	KADDS	10.2%
Perold *et al.* 2010	South Africa	Cross sectional study	Primary school teachers	552	KADDS	42.6%
Dessie et al., 2021	Ethiopia	Cross sectional study	Primary school teachers	636	KADDS	44.8%
Amha and Azale, 2022	Ethiopia	Cross sectional study	Primary school teachers	427	12 item knowledge scale	55.2%

2.2 Teachers Attitude towards ADHD

An institutional-based cross-sectional studies that were conducted in Pakistan and middle east countries like Iran and Saudi Arabia by using tools like CTRS, ten likert scale attitudinal questions and 12 item attitude question about ADHD that was developed by *Youssef et al* with sample size ranging from 126 to 359 revealed that favorable attitudes to be 96.2%, 59.2% and 97.5% respectively (Mirza *et al.*, 2017; Mohebi *et al.*, 2018; Alzahrani and Abd El-Fatah, 2023).

Another institutional-based cross-sectional studies that were conducted in Ethiopia towns namely Debre Markos and Dejen and Gondar among primary school teachers to study teacher's level of attitude towards ADHD using tools like ADHD specific attitudes (SASA) and ADHD belief scale with sample size of 427 and 636 revealed that favorable attitudes to be 54% and 84.1% respectively (Amha and Azale, 2022; Dessie *et al.*, 2021).

Table 2: Summary of literature reviews on magnitude of favorable attitudes towards ADHD among primary school teachers.

Author & publication year	Country	Study design	Study population	Sample Size	Tools used to measure	Magnitude
Mirza et al., 2017	Pakistan	Cross sectional study	Primary school teachers	264	CTRS	96.2%
Mohebi et al., 2018	Iran	Cross sectional study	Primary school teachers	126	Ten likert scale attitudinal questions	59.2%
Alzahrani and Abd El-Fatah, 2023	Saudi Arabia	Cross sectional study	Female primary school teachers	359	12 item Attitudes question ADHD that is developed by *Youssef et al*	97.5%

Dessie et al., 2021	Ethiopia	Cross sectional study	Primary school teachers	636	SASA	84.1%
Amha and Azale, 2022	Ethiopia	Cross sectional study	Primary school teachers	427	ADHD belief scale	54%

2.3 Associated factor of knowledge about ADHD

2.3.1 Sociodemographic factors

An institutional-based cross-sectional studies that was conducted among high income countries like: Greece and Saudi Arabia to study teacher's level of knowledge about ADHD among primary school teachers using KADDS tool with sample size ranging from 359 to 500 revealed that participant's age and level of education was significantly associated with their knowledge about ADHD. (Munshi, 2014). (Galanis *et al.*, 2021; Alzahrani and Abd El-Fatah, 2023).

An institutional-based cross-sectional studies that was conducted among low and middle income countries like: Pakistan and Ethiopia to study teachers level of knowledge about ADHD using different tool like CTRS and KADDS among primary school teachers with sample size ranging from 126 to 359 revealed that marital status and level of education was significantly associated with increased knowledge about ADHD(Mirza *et al.*, 2017; Dessie *et al.*, 2021).

2.3.2 Work experiences

An institutional-based cross-sectional studies that was carried out in Saudi Arabia and Ethiopia to study teachers level of knowledge about ADHD using KADDS tool among primary school teachers with sample size of 126 and 359 revealed that previously teaching a child with ADHD and specializing in learning difficulties showed significant asocation with teachers level of knowledge. (Alzahrani & Abd El-Fatah, 2023). (Dessie et al., 2021).

Another cross-sectional study that was conducted in Greece, Attica region among 152 primary school teachers revealed that increased work experience was significantly associated with increased knowledge about ADHD (Galanis et al., 2021).

2.3.3 Institutional variables

A study that was conducted in Isfahan, Iran, showed that teachers in public schools had a better knowledge than private school teachers with mean values of 20.50 and 14.76 ($P < 0.001$) for

public schools and for private schools respectively (Mohebi et al., 2018). In conterary another study that was carried out in Taif City, Saudi Arabia, showed that teaching in private schools showed significant association with increased level of knowledge (p=0.011) (Alzahrani & Abd El-Fatah, 2023).

2.3.4 Information of teachers about ADHD

According to a study that was conducted in Gondar, Ethiopia, the odds of having good knowledge was about two times higher among elementary school teachers having experience of reading leafet and internet searching as compared to their counterparts with (AOR=2.035, 95% CI 1.391, 2.950) and (AOR=1.793, 95% CI 1.090, 2.950) respectively (Dessie et al., 2021).

Table 3: Summary of literature reviews on factors associated with knowledge of primary school teachers about ADHD.

Author & publication year	Country	Study design	Study population	Sample Size	Associated factors	AOR[95%Cl]/ (β at [95% CI]
Galanis et al., 2021	Greece	Cross sectional study	Primary school teachers	500	Decreased age	(β=1.0, CI= 0.4- 1.6)
					Increased work experience	(β=1.0, CI= 0.4- 1.6)
Mirza et al., 2017	Pakistan	Cross sectional study	Primary school teachers	264	Marital status (Unmarried)	(AOR=3.688, 1.126-12084)
Alzahrani and Abd El-Fatah, 2023	Saudi Arabia	Cross sectional study	Female primary school teachers	359	Teaching in private schools	p=0.011
					Experience in teaching a child with ADHD	(AOR = 0.054, 95% CI = 0.003, 0.973, p = 0.048)
					Specializing in learning difficulties	(AOR = 1056, 95% CI = 2.471, 45197, p = 0.024)
Dessie et al., 2021	Ethiopia			636	Having diploma	(AOR=3.028, 95% CI 1.630, 5.625)

		Cross sectional study	Primary school teachers		Having degree and above	(AOR=3.134, 95% CI 1.664, 5.900)
					Experience of reading leafet	(AOR=2.035, 95% CI 1.391, 2.950)
					Internet searching	(AOR=1.793, 95% CI 1.090, 2.950)

2.4 Associated factor of attitude towards ADHD

2.4.1 Sociodemographic factor

An institutional-based cross-sectional studies that was conducted among low and middle income countries like: Pakistan and Ethiopia to study primary school teachers attitude towards ADHD using different tool like CTRS and KADDS among primary school teachers with sample size of 126 and 359 revealed that marital status and level of education was significantly associated with increased attitude towards ADHD (Mirza *et al.*, 2017; Dessie *et al.*, 2021).

A study that was conducted at Gulshan-e-Hadeed town, Pakistan. Females, unmarried and undergraduate teachers showed more negative attitude towards ADHD with (AOR=1.990, CI= 0.496-7.994), (AOR=1.39,CI=0.394-4.944) and (AOR=4.57,CI=0.800-26.129) respectively (Mirza et al., 2017).

Another study that was conducted at Debre Markos and Dejen town revealed that study participants who had a certificate level of education were associated with a reduction of 4.92 units in attitude as compared to teachers who had a degree (β= −4.92, CI; −6.44, −3.39) significantly associated with attitude of the teachers (Amha & Azale, 2022).

2.4.2 Work experiences

A study that was conducted in Gondar, Ethiopia showed that the odds of having a favorable attitude was nearly 1.85 times higher among elementary school teachers having teaching experience to a child with ADHD as compared to their counterparts (AOR=1.852, 95% CI 1.195, 2. 87) (Dessie et al., 2021).

2.4.3 Information of teachers about ADHD

According to a study that was conducted in Gondar, Ethiopia, The odds of having a favorable attitude was 1.7times higher among primary school teachers watching any mass media than their counterparts (AOR=1.72, 95% CI 1.056, 2.8) (Dessie et al., 2021).

Table 4: Summary of literature reviews on factors associated with attitude of primary school teachers towards ADHD.

Author & publication year	Country	Study design	Study population	Sample Size	Associated factors	AOR[95%Cl]/ (β at [95% CI]
Mirza et al., 2017	Pakistan	Cross sectional study	Primary school teachers	264	Sex (Being female)	(AOR=1.990, CI= 0.496-7.994),
					Marital status (unmarried)	(AOR=1.39, CI=0.394-4.944)
					Level of education (undergraduate)	(AOR=4.57,CI=0.800-26.129)
Dessie et al., 2021	Ethiopia	Cross sectional study	Primary school teachers	636	Experience in teaching a child with ADHD	(AOR=1.852, 95% CI 1.195, 2. 87)
					Watching any mass media	(AOR=1.72, 95% CI 1.056, 2.8)
Amha and Azale, 2022	Ethiopia	Cross sectional study	Primary school teachers	427	Level of education (certificate)	(β= −4.92, CI; −6.44, −3.39)

2.5 Conceptual Framework

The knowledge and attitude of primary school teachers can be affected by various factors including socio-demographic factors, Work related experiences and source of information (Figure 1).

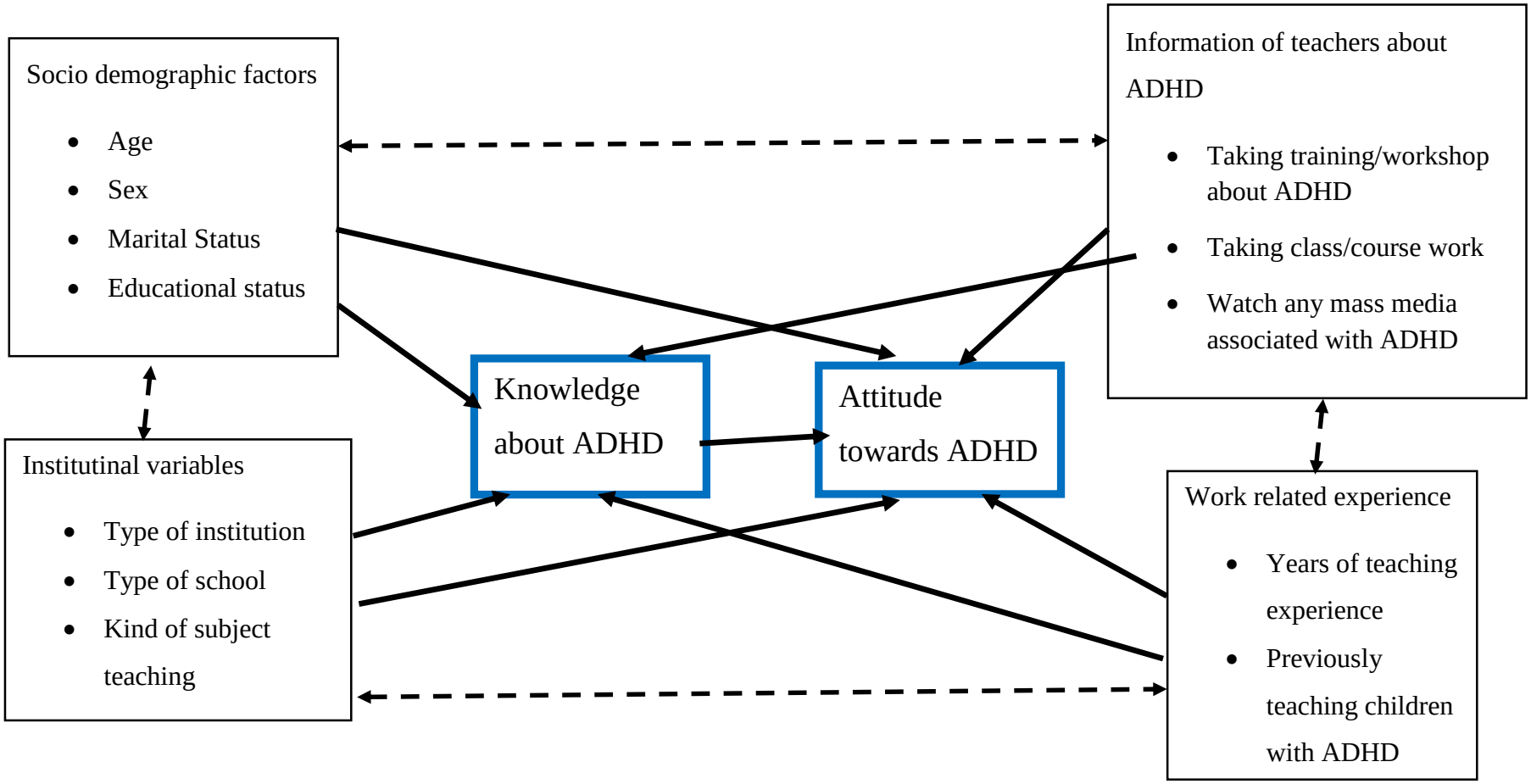

Figure 1:Conceptual framework for knowledge, attitude and associated factors towards attention deficit hyperactivity disorder (ADHD) among primary school teachers in Harari regional state, Harar, Ethiopia, 2024 from different literature by the investigator (Alzahrani & Abd El-Fatah, 2023); (Mirza et al., 2017); (Amha & Azale, 2022); (Mohebi et al., 2018).

3. METHODS AND MATERIALS

3.1 Study Area and Period

The study was conducted at primary schools in Harar City, Harari Regional State. Which is located 525 km far from Addis Ababa to the eastern part with an estimated catchment area of 311.25 square kilometers. According to 2007 Ethiopian census, the total population was 183,415 of which 49.8% of them are females and 50.2% are males (CSA, 2007). In Harari region there are 6 urban and 3 rural woredas and under them there are 19 urban kebeles and 17 rural kebeles. According to the data from Harari Regional State Education Bureau currently Harar city has 20 private and 23 governmental primary schools that has about 283 and 744 teachers respectively with atotal of 1027 primary school teachers (HRSEB, 2024). Study was conducted from June 10 to July 9 2024.

3.2 Study Design

An institutional based cross-sectional study was conducted.

3.3 Population

3.3.1 Source Population

All primary school teachers in Harar city.

3.3.2 Study Population

All primary school teachers in the selected schools and who were available in their school during the data collection period.

3.4 Eligibility Criteria

3.4.1 Inclusion Criteria

Being a primary school teacher in Harar city.

3.4.2 Exclusion Criteria

Teachers who took annual leave or were on training.

3.5 Sample Size Determination

Sample size determination for the first specific objective

The minimum sample size was calculated by using single population proportion formula with 95% confidence interval (Zα/2= 1.96) and margin of error (d=5%) by considering magnitude of good knowledge toward ADHD that was 44.8% from a study previously conducted at Gondar (Dessie et al., 2021).

$$n_o = \frac{\left(\frac{z\alpha}{2}\right)^2 p(1-p)}{d^2}$$

$$= \frac{1.96^2 0.552(0.448)}{0.05^2}$$

$$= \frac{3.8416 x 0.247296}{0.0025}$$

=380

Final sample size with 10% of non-response rate

= 380+10% of 380

= 380+38=418 was the final sample size

Sample size determination for the second specific objective

The minimum sample size for the second specific objective of the study was calculated by using single population proportion formula with 95% confidence interval (Zα/2= 1.96) and margin of error (d=5%) by considering magnitude of favourable attitude towards ADHD that was previously conducted at Debre Markos and Dejen town (54%) (Amha & Azale, 2022).

$$n_o = \frac{\left(\frac{z\alpha}{2}\right)^2 p(1-p)}{d^2}$$

$$= \frac{1.96^2 0.54(0.46)}{0.05^2}$$

$$= \frac{3.8416 x 0.2484}{0.0025}$$

=381.7~382

Final sample size with 10% of non-response rate

= 382+10% of 382

= 382+38.2=421 was the final sample size

Sample size determination for the third specific objective

For associated factors (Educational status, Previously teaching a child with ADHD and watch any mass media) sample size was calculated using formula for estimation of double population proportion by using epi info software version 7.2.6 with assumption of 95% confidence level and 80% power. The sample size for each associated factors was found to be 156, 51 and 370 respectively.

Table 5: Sample size determination for a study on factors associated with knowledge and attitude among primary school teachers in Harar city, Harari regional state, Ethiopia, 2024.

Variable	CI	Power	Un-exposed: exposed	un-exposed	exposed	Sample size	Reference
Educational status	95%	80	6.9	468	68	156	(Dessie et al., 2021).
Previously teaching a child with ADHD.	95%	80	0.54	126	233	51	(Alzahrani & Abd El-Fatah, 2023).
Watch any mass media	95%	80	0.59	199	337	370	(Dessie et al., 2021).

Sample size determination for the fourth specific objective

For associated factors (Experience in teaching a child with ADHD and Marital status) sample size was calculated using formula for estimation of double population proportion by using epi info

software version 7.2.6 with assumption of 95% confidence level and 80% power. The sample size for each associated factors was found to be 344 and 387 respectively.

Table 6: Sample size determination for a study on factors associated with knowledge and attitude among primary school teachers in Harar city, Harari regional state, Ethiopia, 2024.

Variable	CI	Power	Un-exposed: exposed	un-exposed	exposed	Sample size	Reference
Experience in teaching a child with ADHD	95%	80	2.75	393	143	344	(Dessie et al., 2021).
Marital status	95%	80	0.72	111	113	387	(Mirza et al., 2017).

Hence, the sample size calculated for the second specific objective was larger than that of the sample size calculated for the first, third and fourth specific objectives. Finally 421 was used as a minimum required sample size for this study.

3.6 Sampling procedure and Technique

There are 43 primary schools in Harar city that were stratified into public and private primary schools to allocate proportionally (23 and 20 respectively). Fifty percent from each type of schools were selected to take an adequate number of schools to represent the source population. When calculating 50% from both type of schools, eleven from public and ten from private schools were included in the study. And the schools were selected by using lottery method. Among these 21 selected schools for the sake of representativeness, 72% and 28% of the study population were selected from government and private schools respectively and proportionally allocated using the formula: (ni= (n/N) ×Ni where; n=total sample size, N=total population, Ni=total population of each school, and ni=sample size from each school) was used to select the number of teachers that participate in the study from each school. Finally by using the sample frame from the schools' teacher registration, 421 study participants were recruited by using simple random sampling technique (Figure 2).

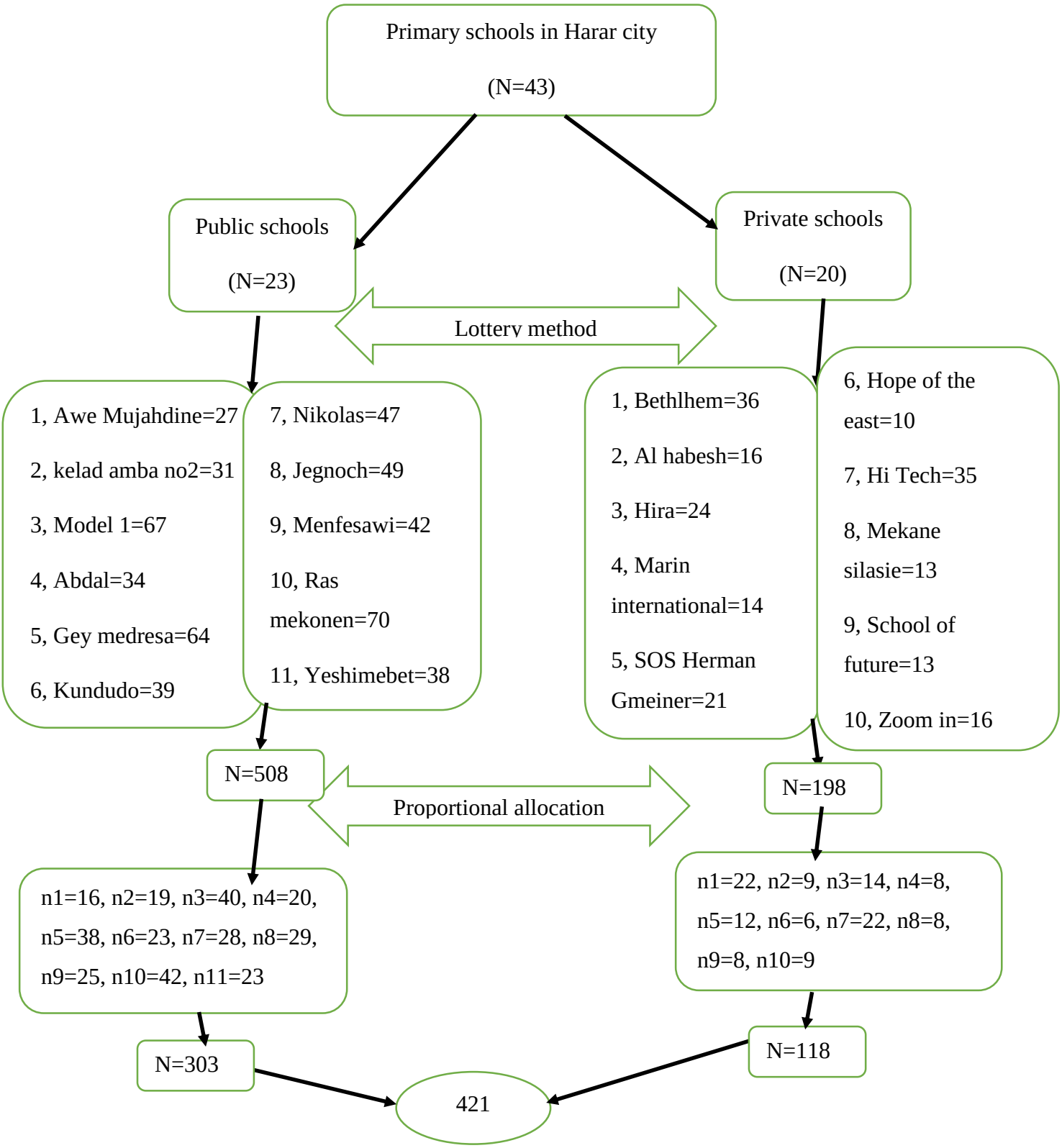

Figure 2: Schematic presentation of sampling for the study to assess knowledge and attitude towards ADHD among primary school teachers in Harar city, Harari Regional State, Ethiopia, 2024.

3.7 Data collection methods

3.7.1 Data collection instruments

Sociodemographic characteristics: self-administered structured questionnaire was used to investigate the characteristics of primary school teachers with 5 items; age, sex, marital status, educational level and religion.

Knowledge of Attention Deficit Disorder Scale (KADDS): Knowledge about ADHD was assessed by using KADDS that has 36 items. The responses are indicated as 'true', 'false', and 'don't know' responses. That contains three subscales: general information of teachers (15 items), symptoms and diagnosis (9 items), and knowledge about treatment (12 items). Accordingly, the passing score of this scale is 50% on each subscale as well as the total scale. For reliability analysis, internal consistency calculated and showed a *Cronbach's alpha* of 0.71 for each sub-scale and 0.86 for the scale as a whole (Schoeman & Voges, 2022).

ADHD-specific attitudes (SASA): attitude towards ADHD was assessed by using SASA that has 30 items. It is a 5-point Likert-type scale ranges from 'strongly disagreed', 'disagreed', 'neutral', 'agreed', to 'strongly agreed'. The total score was calculated by summing up and converting into a percentage score. Accordingly, teachers' who score ≥60.0% from the aforementioned attitude questions are considered as having a favorable attitude towards ADHD (Mulholland, 2016).

3.7.2 Data collectors and supervisors

For better management of data collection process, four BSc Psychiatry Nurses were recruited in based on their experience and good personal relationship. As the topic requires a good deal of closer attention and care, the researcher was involved in the data collection as a principal investigator in all study areas. In addition one supervisor with MSc in Integrated Clinical and Community Mental Health (ICCMH) was assigned. To assure data quality, the team was trained and provided orientation for one day regarding the objectives, methods of data collection and other related ethical issues.

3.7.3 Data Collection Procedure

Data was collected using structured self-administered questionnaire. The questionnaire was first prepared in English language then translated into two local languages (Amharic and Affan Oromo). Then it was back translated to English to insure the consistency of the tools. Teachers who meet the eligibility criteria were given an informed consent form to sign after being informed

about the study‘s goals, objectives, and purpose. Then, data collectors collected data from qualified teachers at convenient locations, while supervisors monitoring the data collection procedure.

3.8 Variables

3.8.1 Dependent Variables

- Knowledge (good/poor)
- Attitude (favorable/unfavorable)

3.8.2 Independent Variables

3.8.2.1 Socio demographic variables

- Age
- Sex
- Marital Status
- Educational status

3.8.2.2 Institutinal variables

- Public
- Private
- Religious
- Non religious

3.8.2.3 Work related experience

- Years of teaching experience
- Previously teaching children with ADHD

3.8.2.4 Information of teachers about ADHD

- Taking training/workshop about ADHD
- Read any books articles or leaflet about ADHD
- Watch any mass media associated with ADHD

3.9 Operational Definition

Knowledge: According to, knowledge of attention deficit disorders scale (KADDS) scoring greater or equal to 50% on each subscale as well as the total scale is considered as having good knowledge (Sciutto & Feldhamer, 2005).

Attitude: According to ADHD-specific attitudes scale (SASA), teachers' who score ≥60.0% from the total are considered as having a favorable attitude towards ADHD (Mulholland, 2016).

3.10 Data Quality Control

After the questionnaire was translated into the local languages (Amharic and Affan Oromo). The questionnaire was pretested on 21 primary school teachers which is 5% of the sample size at Ifa Boru primary school in Babile woreda, Oromia Region and the questionnaire was revised and the questions place was changed. The result from the pre-test study showed that the tools have good internal consistency with Cronbach'a alpha of 0.796 and 0.814 for KADDS and SASA respectively.

Training was given to data collectors by the investigator, they were supervised at each site, regular meetings was held between the data collector, supervisor, and the principal investigator. The collected data was reviewed and checked for completeness by supervisors and principal investigator each day after data collection. Privacy of the teachers was always mainatained during the data collection to make sure the data provided is reliable.

3.11 Methods of data analysis

The collected data was checked for completeness and consistency then was coded, and entered into Epi-data version 4.6, after that it was exported to STATA version 14 statistical software for cleaning and analysis. The teacher's socio-demographic characteristics was analyzed using descriptive statistics. Bivariable and multivariable logistic regressions was used to identify the independent predictors of knowledge and attitude towards ADHD. This was done by entering each independent variable separately into bivariable analysis. Then, by taking variables with p-value of less than 0.25 on bivariable analysis into multivariable logistic regression. A variable with a p-value < 0.05, which shows statistical significant association in the multivariable logistic regression analysis, were considered as associated factors for knowledge and attitude. The strength of association was determined by using odds ratios with 95% confidence interval. Model of fitness

was checked by using the Hosmer and Lemeshow test and the assumption was fulfilled as the p-value was 0.185 and 0.538 and multicollinearity was checked by using variance inflation factor (VIF) and the result were <4 for all independent variables with mean VIF of 2.41 and 2.30 for KADDS and SASA respectively.

3.12 Ethical Consideration

The proposal was ethically approved and ethical clearance was obtained from the Institutional Health Research Ethics Review Committee (IHRERC) of College of Health and Medical Sciences, Haramaya University (Ref.No.IHRRC/127/2024). Co-operation letters was given from school of graduate studies for Harari Regional State Education Bureau that was issued for a support letter to the selected schools that enable the investigator to commence the data collection process. Before interview informed, voluntary, written and signed consent were taken from the heads of the schools. Then, objectives and advantages of the study were clearly explained to the participants, and informed, voluntary, written, and signed consent was obtained from each study participants. Confidentiality was ensured throughout the accomplishment of the study. Participants were not asked to write their name on the questionnaire sheet so that they couldn't be identified. Also they were informed that their participation is voluntary that they can withdraw from the study at any time if they wish to do so. There was no any risk of being participants for this study and were not forced to respond the information they do not know.

4.RESULTS

4.1 Socio-demographic Characteristics of the study participants

A total of 415 primary school teachers were participated in this study with a 98.5% response rate.. The mean age of the respondents was 29.33 (±5.01) years. Of the total 415 primary school teachers 216 (52.05%) of them were female and more than half 230 (55.42%) of the participants were married and 243 (58.55%) were Muslim in religion. Regarding their level of education most of the participants 196 (47.23%) had diploma degree (Table 7).

Table 7: Sociodemographic characteristics of primary school teachers in Harar city, Harari regional state, Eastern Ethiopia, 2024 (n=415)

Variable	Catagory	Frequency	Percent(%)
Age group (years)	20-30	288	69.40
	31-40	112	26.99
	41-50	15	3.61
Religion	Orthodox	116	27.95
	Muslim	243	58.55
	Protestant	50	12.05
	Others *	6	1.45
Marital status	Single	165	39.76
	Married	229	55.18
	Divorced/separated/ Widowed	21	5.06
		6	1.45
Educational level	Certificate	73	17.59

	Diploma	196	47.23
	Degree and above	146	35.18

Note: Others * Catholic, Waqefata, Johva witness

4.2 Type of institution and teaching subject of study participants

Among the study participants, 299 (72.05 %) and 116 (27.95%) are teaching in public and private primary schools respectively. Regarding the type of school they are teaching most of them 296 (71.33 %) are non religious and kind of subject they teach around 85% (351) teach Core Academic Subjects (Math, Science, Language Arts) (Table 8).

Table 8: Institutional characteristics of primary school teachers in Harar city, Harari regional state, Eastern Ethiopia, 2024 (n=415)

Variable	Catagory	Frequency	Percent(%)
Type of institution	Public	299	72.05
	Private	116	27.95
Type of school	Religious	119	28.67
	Non-religious	296	71.33
Kind of subject teaching	Special Education	7	1.69
	Core Academic Subjects (Math, Science, Language Arts)	351	84.58
	Non-Core Subjects (Art, Music, Physical Education)	57	13.73

4.3 Work related experience and Information regarding ADHD

Of the total 415 study participants, 332 (80%) has work eperience of less than 10years. And 165 (39.76%) of them have an experienc teaching a child with ADHD before and around 48% (201) of participants thought children they believe to have ADHD.

Regarding getting information about ADHD 309 (74.46%) have either took class or course work while they were learning at college or university level. Less than half 46.75% (194) of the participants responded on attending training or work shop about ADHD (Table 9).

Table 9: Work related experience and Information regarding ADHD of primary school teachers in Harar city, Harari regional state, Eastern Ethiopia, 2024 (n=415)

Variable	Catagory	Frequency	Percent(%)
Years of experience	<5	170	40.96
	5-9	161	38.80
	10-14	61	14.70
	15-19	23	5.3
Experience in teaching a child with ADHD	Yes	175	42.17
	No	240	57.83
Experience in teaching a child with believed to have ADHD	Yes	199	47.95
	No	216	52.05
Took classes/had coursework	Yes	309	74.46
	No	106	25.54
Took training or workshop	Yes	194	46.75
	No	221	53.25
	Yes	194	46.75

Getting information through any massmedia	No	221	53.25

4.4 Magnitude of knowledge about ADHD among primary school teachers

Of the total 415 respondents 46.50% ([95% CI 41.68, 51.32]) of them had good knowledge about ADHD. (Figure 3).

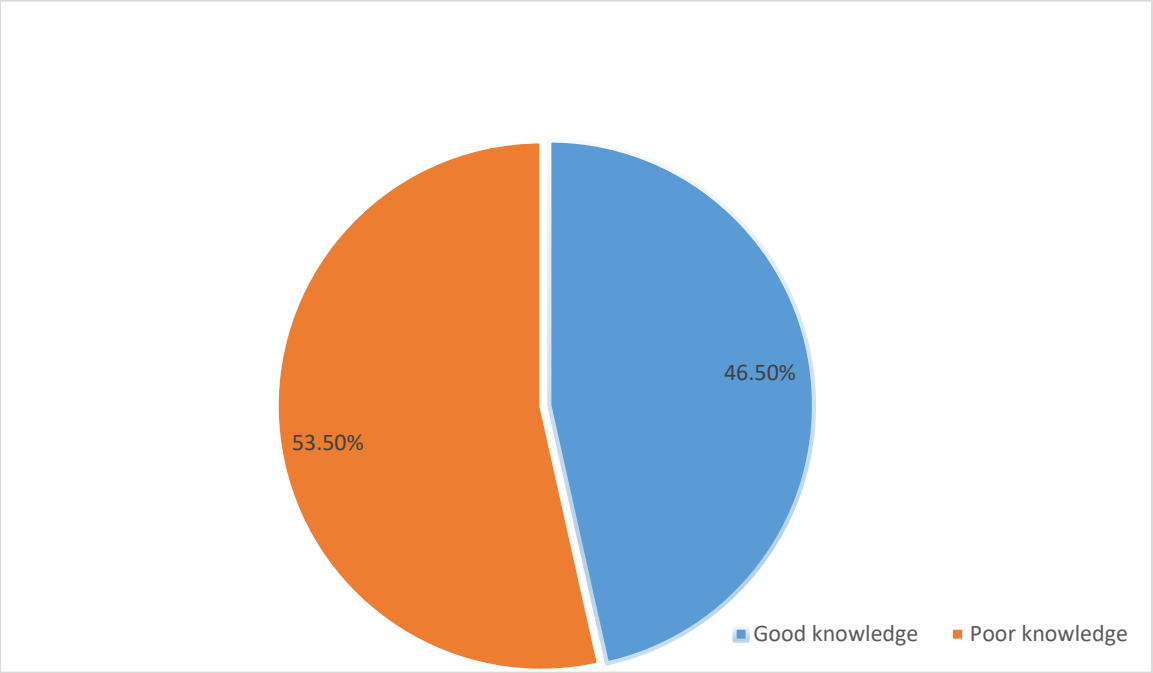

Figure 3: Magnitude of knowledge about ADHD among primary school teachers in Harar city, Harari regional state, Eastern Ethiopia, 2024 (n=415)

Among the subscale of the knowledge questions 26.75%, 46.51% and 48.43% had good knowledge regarding the treatment of ADHD, symptom and diagnosis and general knowledge respectively.

4.5 Attitude of elementary school teachers towards ADHD

Regarding the attitude of primary school teachers towards ADHD, from the total 415 respondents 80.48% [95% CI 76.65, 85.3] of the respondents had favorable attitude.

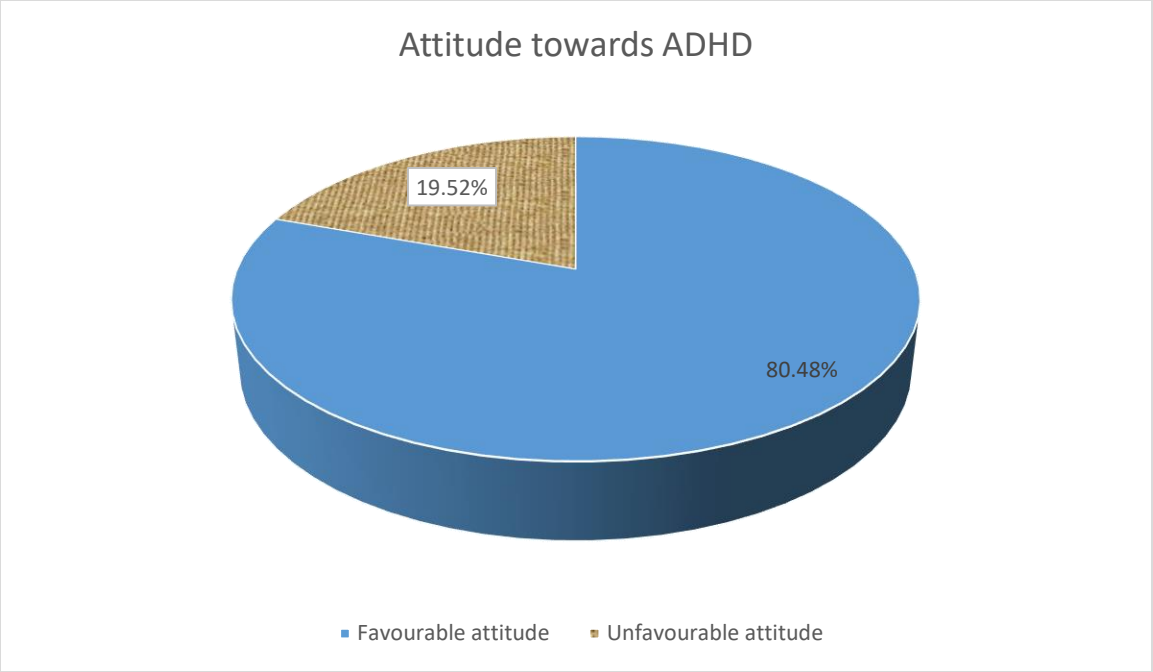

Figure 4: Magnitude of attitude towards ADHD among primary school teachers in Harar city, Harari regional state, Eastern Ethiopia, 2024 (n=415)

4.6 Factors associated with knowledge of primary school teachers about ADHD

In the bi-variable logistic regression analysis, variables such as age, marital status, educational level, institution type, type of subject teaching, taking training or workshop, working experience, previous experience in teaching a child with ADHD and getting information through any media with p value less than 0.25 were selected for multivariable logistic regression analysis. On the final model the result showed that having educational level of degree and above, teaching in private school, having teaching experience more than ten years, having previous experience in teaching a child with ADHD, taking training or workshop on ADHD, and getting information through any media about ADHD were significantly associated with primary school teachers knowledge about ADHD at p-value <0.05.

In this study, the odds of having good knowledge is 3.43 times higher for the teachers whose educational level is degree and above (AOR=3.43, 95% CI: 1.41-8.39) compared to those who have certificate. Also this study showed that the odds of having good knowledge is 4.14 times (AOR= 4.14, 95% CI: 1.22-14.07) and 6.91 times (AOR= 6.91, 95% CI: 1.41-33.78) higher for

the teachers who have work experience 10 up to 14 years and 15 up to 19 years respectively than those who have work experience less than 5 years.

The finding from this study showed that the odds of having good knowledge is 2.45 times higher for the teachers who have previous experience in teaching a child with ADHD (AOR=2.45, 95% CI: 1.31-4.60) compared to those who have no previous experience in teaching a child with ADHD. And the odds of having good knowledge was 2.69 times higher for the teachers who have took training or workshop (AOR=2.69, 95% CI: 1.39-5.18) compared to those who haven't. Also the studies result showed that the odds of having good knowledge was 3.69 times higer for those who got information through any massmedia (AOR= 3.69, 95% CI: 1.76-7.72) than those who repotrted not getting information and 2.27 times higer for teachers who are teaching in private school (AOR= 2.27, 95% CI: (1.19-4.31) (1.19-4.31) than those teaching in public schools (Table 10).

Table 10: Bivariable and multi variable logistic regression analysis of factors associated with knowledge of primary school teachers about ADHD in Harar city, Harari region,Eastern Ethiopia,2024 (n=415)

Variables	Categories	Knowledge about ADHD		COR (95 CI)	AOR (95 CI)	P-value
		Good(%)	Poor(%)			
Marital status	Married	147 (64.2%)	82 (35.8%)	6.20 (3.93-9.77)	2.14 (1.17-3.90)	0.130
	Divorced/Separated/ Widowed	9 (42.9%)	12 (57.1%)	2.59 (1.01-6.63)	0.26 (0.07-0.91)	0.360
	Single	37 (22.4%)	128 (77.6%)	1	1	
Educational level	Diploma	78 (39.8%)	118 (60.2%)	1.43 (0.81-2.54)	1.34 (0.58-3.06)	0.486
	Degree and above	92 (63%)	54 (37%)	3.70 (2.03-6.73)	3.43 (1.41-8.39)	0.007
	Certificate	23 (31.5%)	50 (68.5%)	1	1	
Type of inistitution	Private	67 (57.8%)	49 (42.2%)	1.87 (1.21-2.89)	2.27 (1.19-4.31)	0.012
	Public	126 (42.1%)	173 (57.9%)	1	1	

Age	31-40	77 (69.3%)	34 (30.7%)	3.94 (2.46-6.31)	2.48 (0.94-6.51)	0.064
	41-50	11 (68.8%)	5 (31.2%)	3.83 (1.29-11.33)	2.76 (0.40-18.90)	0.300
	20-30	105 (36.5%)	183 (63.5%)	1	1	
Teaching expreince	5-9	102 (63.4%)	59 (36.6%)	8.06 (4.85-13.41)	1.62 (0.76-3.43)	0.207
	10-14	44 (72.1%)	17 (27.9%)	12.07 (6.09-23.95)	4.14 (1.22-14.07)	0.023
	15-19	17 (73.9%)	6 (26.1%)	13.22 (4.81-36.33)	6.91 (1.41-33.78)	0.017
	<5	30 (17.6%)	140 (82.4%)	1	1	
Experience in teaching a child with ADHD	Yes	129 (73.7%)	46 (26.3%)	7.71 (4.95-11.99)	2.45(1.31-4.60)	0.005
	No	64(26.6%)	176 (73.4%)	1	1	
Took training or workshop	Yes	142 (73.2%)	52 (26.8%)	9.10 (5.82-14.21)	2.69 (1.39-5.18)	0.003
	No	51 (23.0%)	170 (77.0%)	1	1	
Getting information through any massmedia	Yes	138 (71.1%)	56 (28.9%)	7.43 (4.81-11.49)	3.69 (1.76-7.72)	0.001
	No	55 (24.9%)	166 (75.1%)	1	1	
Kind of subject teaching	Non-Core Subjects /Special Education	40 (62.5%)	24 (37.5%)	2.15 (1.24-3.73)	1.70 (0.75-3.88)	0.201
	Core Subjects	153 (43.6%)	198 (56.4%)	1	1	

1=Reference group, COR=Crude odd ratio, AOR=Adjusted odd ratio, 95 CI=95% Confidence interval

4.7 Factors associated with attitiude of primary school teachers towards ADHD

In the bi-variable logistic regression analysis, variables such as marital status, taking training or workshop, type of subject teaching, teaching experience of ten years and above, previous experience in teaching a child with ADHD, getting information through any media and having good knowledge about ADHD with p value less than 0.25 were selected for multivariable logistic regression analysis. On the final model the result showed that having favourable attitude about ADHD, taking training or workshop and getting information through any media were significantly associated with favourable attitude towards ADHD at p-value <0.05.

In this study, the odds of having favourable attitude is 2.16 times higher for the teachers who have good knowledge about ADHD (AOR=2.16, 95% CI: 1.02-4.57) (1.02-4.57) compared to those who have poor knowledge. And the odds of having favourable attitude was 2.64 times higher among teachers who had took training or work shop (AOR= 2.64, 95% CI: 1.16-5.98) than who didn't.The finding from this study also revealed that the odds of having favourable attitude was 2.21 times higher among teachers who got information through any massmedia (AOR= 2.21, 95% CI: 1.01-4.88) than those who repotrted not getting information (Table 11).

Table 11: Bivariable and multi variable logistic regression analysis of factors associated with attitude of primary school teachers towards ADHD in Harar city, Harari region, Eastern Ethiopia, 2024 (n=415).

Variables	Categories	Attitude towards ADHD		COR (95 CI)	AOR (95 CI)	P-value
		Favourable (%)	Un favourable (%)			
Marital status	Married	195 (85.1%)	34 (14.9%)	2.08 (1.26-3.44)	1.01 (0.55-2.00)	0.967
	Divorced/Separated Widow	18 (85.7%)	3 (14.3%)	2.18 (0.61-7.76)	1.01 (0.55-1.83)	0.960
	Single	121 (73.3%)	44 (26.7%)	1	1	
Knowledge	Good	178 (92.2%)	15 (7.8%)	5.02 (2.75-9.15)	2.16 (1.02-4.57)	0.043

	Poor	156 (70.3%)	66 (29.7%)	1	1	
Teaching expreince	5-9	137 (85.1%)	24 (14.9%)	2.24 (1.29-3.88)	0.53 (0.24-1.15)	0.109
	10-14	54 (88.5%)	7 (11.5%)	3.03 (1.29-7.13)	1.17 (0.44-3.09)	0.750
	15-19	21 (91.3%)	2 (8.7%)	4.13 (0.93-18.33))	2.50 (0.51-12.22)	0.257
	<5	122 (71.7%)	48 (28.3%)	1	1	
Experience in teaching a child with ADHD	Yes	161 (92%)	14 (8%)	4.45 (2.40-8.23)	1.58 (0.71-3.51)	0.260
	No	173 (72%)	67 (28%)	1	1	
Took training or workshop	Yes	180 (92.8%)	14 (7.2%)	5.59 (3.02-10.34)	2.64 (1.16-5.98)	0.003
	No	154 (69.7%)	67 (30.3%)	1	1	
Getting information through any massmedia	Yes	178 (91.7%)	16 (8.3%)	4.63 (2.57-8.34)	2.21 (1.01-4.88)	0.047
	No	156 (70.6%)	65 (29.4%)	1	1	
Kind of subject teaching	Non-Core Subjects /Special Education	57 (89%)	7 (11%)	2.17 (0.95-4.96)	1.39 (0.56-3.43)	0.463
	Core Subjects	277 (78.9%)	74 (21.1%)	1	1	

5. DISCUSSION

This study aimed to determine the knowledge, attitude, and associated factors towards ADHD among primary school teachers in Harar city, Harari regional state, Ethiopia. Accordingly, the magnitude of having good knowledge and attitude about ADHD among primary school teachers was 46% (95% CI 41.68-51.32) and 80.48% (95% CI 7.65-84.31) respectively.

This result is inline with studies conducted in Greece (50.1%) (Galanis et al., 2021), Egypt (41%) (Ashour Safaan *et al.*, 2017), South Africa (42.6%) and Gondar, Ethiopia (46.2%) (Dessie et al., 2021). However, it was lower than studies from Pakistan (94.7%) (Mirza *et al.*, 2017), Iran (65%) (Mohebi et al., 2018) and Debre Markos and Dejen Town, Ethiopia (55.2%) (Amha & Azale, 2022). Despite utilizing the same cross sectional study design this discreprancy may be due to using differnt tools like CTRS, Questionnaire designed by Koosha et al and 12 item knowledge scale that were used in studies conducted in Pakistsn, Iran, and Debre Markos and Dejen Town studies respectively. Thus using different tools will result significant difference in the results because each toos have their own sensitivity and specificity. Which is in CTRS the results are often expressed as T-scores that a score of 60 to 64 indicates borderline or at-risk behaviors and score greater than 65 indicates clinically significant symptoms, which standardize the raw scores based on age- and gender-specific norms and high score suggests higher likelihood of ADHD symptoms. And the two tools that left are not universally validated and were developed for there respective studies. The cultural difference seen in the Middle East and Asia which is parenting tends to be authoritarian, with high expectations for academic and social success with a focus on discipline and obedience. Compared to parenting styles in African countries that is often communal, with extended family and community playing a significant role in child-rearing may be one of the other reason to (Lee et al., 2013).

Variables such as educational level of degree and above, teaching in private school, having teaching experience more than ten years, having previous experience in teaching a child with ADHD, taking training or workshop, and getting information through any mass media were significantly associated with knowledge about ADHD.

Having good knowledge about ADHD was signifcantly associated with participants' educational level of degree and above than those having a certifcate. The same has been reported by a study conducted in Gondar, Ethiopia (Dessie et al., 2021). It is convienent that attaining higest

educational level is one way of acquiring different kinds of knowledge and if those advanced degrees or professional development include interdisciplinary components (e.g., courses on child development, educational psychology, or special education) teachers in academic fields may gain a better understanding of ADHD (Barkley, 2014).

It’s well known that teachers who pursue graduate or postgraduate degrees have chances to have increase their knowledge and understanding things especially if they are persuing their degrees in education, psychology or related fields often gain a deeper understanding of child development, mental health issues, and effective interventions (Westley, 2011). Also this higher educational attainment often involves exposure to current research and evidence-based practices so teachers with advanced educational status are more likely to be familiar with the latest studies and theories related to children's mental health including ADHD.

In the current study, having good knowledge about ADHD was signifcantly associated with teachers increased work experience that is above 10 years than those of below 5 years. The same has been reported by studies conducted in Greece (Galanis et al., 2021) and Egypt (Ashour Safaan et al., 2017). The possible explanation for these may be the experience allows teachers to observe children with ADHD in a better way during the lessons and understand deeper the feelings and reactions of these children. As teachers gain more years of experience, they are likely to encounter a wider range of student behaviors and mental health issues and this hands on experience can lead to increased awareness and understanding of children's mental health (Hargreaves & Fullan, 2015). It is also evidenced that teachers who have been in the profession for a long time may have been updating their knowledge to stay current with new practices, research, and resources (Roeser & Eccles, 1998).

In the current study, having good knowledge about ADHD was signifcantly associated with getting information through different mass medias and this result is also reported by a study that was conducted in Gondar, Ethiopia (Dessie et al., 2021). One of the reasons for this may be reputable educational websites, blogs, and online forums often discuss current trends and research in children's mental health, making this information accessible to teachers. Also coverage of mental health issues in the news and other social medias can raise awareness and prompt teachers to seek further information or training (Livingstone & Smith, 2014).

In a similar way, this study found that teachers that participate in training or work shops and teachers who have previous experience in teaching a child with ADHD showed significant association with good knowledge about ADHD; this findings are supported by a study conducted in Saudi Arabia (Alzahrani & Abd El-Fatah, 2023).. The possible reasons for this might be professional development courses, certifications and workshops focusing on mental health can equip teachers with up-to-date knowledge and practical skills. This type of specialized training often equips teachers with current practices, intervention strategies, tools for identifying and supporting students with mental health issues (Schonert-Reichl, 2017) (Guskey, 2002). Also teaching a child with ADHD provides firsthand experience with the condition's symptoms, behaviors, and challenges. This can help teachers better understand how ADHD manifests in different situations and how it affects a child's learning and behavior (Kos et al., 2006). And experience with these students deepens a teacher's understanding of the variability in how ADHD affects different students that helps them tailor their teaching approaches to meet individual needs more effectively (Bussing & Gary, 2001).

In the current study having good knowledge about ADHD has showed significant association with teachers who are teaching in private schools than those who are teching in public schools this finding is supported by a study conducted in Saudi Arabia (Alzahrani & Abd El-Fatah, 2023) this is may be due to private schools often have smaller class sizes, which can allow teachers to give more individualized attention to students. This setting might help teachers better observe and understand the needs of students with ADHD, potentially enhancing their knowledge through direct experience (Johnson & Reid, 2011). Private schools typically see higher levels of parental involvement, which can lead to more communication between parents and teachers about students' needs, including ADHD. This increased communication can provide teachers with more insights into managing ADHD effectively (DuPaul et al., 2017).

The other finding from this study is high magnitude of favourable attitude towards ADHD among primary school teachers; which is 80.48% (95% CI 7.65-84.31).

This result is inline with a study conducted in Gondar, Ethiopia (84.1%) (Dessie et al., 2021). However, it was lower than studies from Pakistan (96.2%) (Mirza *et al.*, 2017), and Saudi Arabia (97.5%) (Alzahrani & Abd El-Fatah, 2023). Despite utilizing the same cross sectional study design this discreprancy may be due to using differnt tools like CTRS in the study conducted in Pakistan,

which is that CTRS is a valuable tool for identifying ADHD-related behaviors, particularly in school settings. However, it is not validated to assess attitude of teachers about ADHD (Sparrow & Erhardt, 2014). Also the 12 item Attitudes question that is developed by *Youssef et al* in the Saudis study is Short in length that may oversimplify complex attitudes and may fail to capture nuanced perspectives about ADHD (Smith et al., 2000). Also different study population and sample size are may be one of the reasons too. This finding from this results is also higher than studies done in Iran (59.2%) (Mohebi et al., 2018) and Debre Markos and Dejen Town, Ethiopia (54%) (Amha & Azale, 2022). The possible explanation for such discreprancy may be using differnt tools like ten likert scale attitudinal questions and ADHD belief scale on both Iran and Debre Markos and Dejen Town studies respectively. Which is the ADHD belief scale focus on beliefs rather than the attitude about ADHD, which can be subjective and influenced by misinformation. Also beliefs about ADHD don't always translate into actions or behaviors, which limits the scale's ability to predict real-world outcomes.

In the current study variables such as having good knowledge about ADHD, taking training or workshop and getting information through any media were significantly associated with favourable attitude towards ADHD. Having favourable attitude towards ADHD was signifcantly associated with teachers' good knowledge about ADHD. The possible explanation for this might be that attitude of teachers towards ADHD is strongly influenced by their level of knowledge about the disorder. When teachers have a solid understanding of ADHD, they tend to have more positive attitudes toward students with ADHD (Sciutto et al., 2000). Also teachers with higher levels of ADHD knowledge were seen to be more supportive of behavioral interventions and inclusive practices, resulting in a more positive attitude toward students with ADHD (Ohan et al., 2008).

In the current study, having favourable attitude towards ADHD was signifcantly associated with teachers getting information through any mass media similar finding is reported by a study conducted in Gondar, Ethiopia (Dessie et al., 2021). The possible reason for this may be that Medias can serve as a valuable tool for raising awareness about ADHD. Well-researched documentaries, educational campaigns, and news stories that feature expert opinions, medical facts, and real-life experiences of individuals with ADHD can help to foster more positive attitudes among teachers. Also they may encounter positive, supportive content through blogs, social media

groups, and online platforms dedicated to ADHD in which such resources often can enhance teachers' attitudes (Bekle, 2004) (Ohan et al., 2008).

In a similar way, this study found that teachers that participate in training or work shops showed significant association with favourable attitude towards ADHD. The possible explanation for this might be that teachers who receive formal training or attend workshops on ADHD are more likely to develop a positive attitude toward students with the disorder. Workshops and trainings focused on ADHD that often include evidence-based information that challenges negative beliefs, correct common misconceptions and fosters more compassionate and understanding approaches including behavioral management techniques, accommodations, and inclusive teaching strategies, have the most significant impact on teacher attitudes (Bekle, 2004) (Ghanizadeh et al., 2006).

Strengths and Limitations of the study

Strenght of the study

This study tried to see one of the commonest child and adolescent mental health issue which is usually not given much concern in our region despite being a special population that make the study relevant and impactful.

Trying to do two independent out comes in a single paper is one of the other strength too.

Limitation of the study

The cross-sectional nature of study design couldn’t allow the establishment of a temporal relationship between outcome variable and independent variables.

Usually it is difficult to assess attitude in self reported questionaries because of social desirability bias.

6. CONCULUSION AND RECOMMENDATION

6.1 Conclusion

In the current study, the magnitude of having good knowledge is shown to be less than half but having favourable attitude was higher than their knowledge. Educational level of degree and above, teaching in private school, having teaching experience more than ten years, having previous experience in teaching a child with ADHD, taking training or workshop, and getting information through any media were significantly associated with knowledge about ADHD. While having good knowledge about ADHD, taking training or workshop and getting information through any media were significantly associated with favourable attitude towards ADHD.

6.2 Recommendation

Based on the study finding the following recommendation was made to whom it may concern:

- Haramaya university college of health and medical science in collabration with harari region education bureau and harari region health bureau should provide trainings and work shops for primary school teachers about ADHD including the symptoms, diagnosis and treatment common myths and misconceptions and how toapproach children with ADHD.
- For the respective primary schools to encourage their teachers with educational levelof certificate to seek higer educational level and boost their experience.
- For main stream medias and social media influencers to provide upto date research and evidence based informations regarding ADHD and recommend mental health profesionals to have them as a guest.

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8. ANNEXES

8.1 Information sheet and informed voluntary consent form for head of school

My name is Nebyu Mola and I am the principal investigator for a study that will be conducted in your school for my master's in science degree at Haramaya University, College of Health and Medical Sciences. And I genuinely ask you to give me your attention to explain about the study.

Title of the study

Knowledge, attitude and associated factors towards attention deficit hyperactivity disorder (ADHD) among primary school teachers in Harari regional state, Harar, Ethiopia, 2024.

Purpose of the study

The finding of this study will have a paramount importance for the school to plan intervention programs to increase the knowledge and to avoid misconceptions related to ADHD there by intervening to improve knowledge and reduce the impacts from the associated factors. More over the study will help the principal investigator for partial fulfillment of the requirement of the Masters of Science degree in integrated community and clinical mental health.

Procedure and duration

Self-administered questionnaire for the teachers will be given to provide me pertinent data that are helpful for the study. There are 73 questions to answer that they will fill out. The process will only will take about 20 to 30 minutes.

Risk and benefits

The risk of participating in this research is low that it takes only few minutes of their time. Also there will not be any direct payment for participating on this study. But the finding from this study may reveal important information for the local education system planners.

Confidentiality

The participant's identity will not be written in this study; the information they provide will not identify them particularly and will be confidential.

The information that is going to be provided will be kept confidential. There will be no information that will identify the participants in particular. The findings of the study will be general for the study community and will not reflect anything particular of an individual. The questionnaire will

be coded not to show names. Neither oral nor written reference reports will be made that could link participants to the study.

Right

Participation for this study is fully voluntary and they are not obliged to participate without their will. The participants have the right to declare to participate or not in the study. If they decide to participate, they have the right to withdraw from the study at any time and this will not label them for any loss of benefits which they otherwise are entitled. They do not have to answer any question that they do not want to answer. Additionally, the school has the right to stop if misdeed and unethical procedures are observed or reported.

Contact address

If there is any concern or question about the study please contact by the address below

Nebyu Mola

Tell=0942696600 Email=nebyumola99@gmail.com

Institutional Health research Ethics Review committee

Tel l=0254662011 P.O.Box 235, Harar-Ethiopia.

Declaration of consent

I have read the school head/director information sheet. I have clearly understood the purpose of research, procedures, the risk and benefits, issue of confidentiality, the right of participating and contact address for any queries. I have been given opportunity to ask questions for things that are unclear. I was informed that the participants have the right to withdraw from the study at any time or not to answer any question that they do not want. I am also informed that the school have the right to stop this study from being conducted if any misdeeds and unethical procedures are observed during the data collection process in the schools premises. Therefore I declare my voluntary consent on behalf of ……school management to allow this study to be conducted in the school with my signature as indicated below.

Name and signature of Head of school…….. Date……..

Name and signature of Principal investigator……. Date……..

Thank you for your cooperation!!

8.2 Participant's information sheet and informed voluntary consent form

Dear Participant

My name is_____ I'm working as a data collector for the study conducted by Mr. Nebyu Mola, who is MSc student in ICCMH program at Haramaya University. I genuinely ask you to give me your attention to explain about the research.

Title of the research

Knowledge, attitude and associated factors towards attention deficit hyperactivity disorder (ADHD) among primary school teachers in Harar city, Harari regional state, Ethiopia, 2024.

Purpose of the study

The finding of this study will have a paramount importance for the school to plan intervention programs to increase the knowledge and to avoid misconceptions related to ADHD there by intervening to improve knowledge and reduce the impacts from the associated factors. More over the study will help the principal investigator for partial fulfillment of the requirement of the Masters of Science degree in integrated community and clinical mental health.

Procedure and duration

I am going to ask you to read and fill the questionnaire which has 73 questions to answer that may take from 20 to 30 minutes of your time. Your willingness to fill the questionnaire will help us to identify the level of teacher's knowledge and attitude and factors associated with it.

Risk and benefits

The risk of participating in this research is low that it takes only few minutes of your time. Also there will not be any direct payment for participating on this study. But the finding from this study may reveal important information for the local education system planners.

Confidentiality

Your identity will not be written in this study; the information you provide will not identify you particularly and will be confidential.

Right

The participation is voluntary and you are not obliged to participate without your will. You have the right to participate and withdraw from participation at any time. Refusal will not benefit or cost you anything.

Reimbursement

There will not be a payment because of your participation.

Contact address

If there is any concern or question about the study please contact by the address below

Nebyu Mola

Tell=0942696600 Email=nebyumola99@gmail.com

Institutional Health Research Ethics Review Committee

Tel l=0254662011 P.O.Box 235, Harar-Ethiopia.

Declaration of consent

I have read the participant information sheet and I have clearly understood the purpose of the research, the risk and benefit, and issue of confidentiality. I have been given the opportunity to ask a question for things that may have been unclear. I was informed I have the right to withdraw from the study at any time. Therefore I declare my voluntary consent to participate in this study with my signature as indicated below.

Name and signature of participant _____ Date_____/_____/_____

Name and signature of data collector _____ Date_____/_____/_____

Thank you for your cooperation!!

8.3 Questionnaire

Section 1. Questionnaires Regarding to Socio-demographic characteristics of the respondent

Code	Questionnaire	Response
101	How old are you?	Age in years_____
102	Sex	1, Male 2. Female
103	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Other specify…..
104	What is your marital status?	1, Single 2. Married 3. Separated 4. Divorced 5.Widow 6,other
105	What is your educational qualification?	1, Certificate 2. Diploma 3. Degree 4. Masters

Section 2. Questionnaires Regarding Respondent Type of School, Work Related Experiences and Information regarding ADHD

Type of institution

What type of institution are you currently working in?

1, Public 2. Private

What type of school is it?

1, Religious 2, Non religious

Work related experience

How many Years of experience do you have in teaching? ----------in years

Have you ever taught children with ADHD? 1, Yes 2, No

Have you ever taught students you believed to have ADHD? 1. Yes 2. No

Information regarding ADHD

Have you took classes/had coursework at the college/university level about ADHD? 1. Yes 2. No

Have you ever received training about ADHD? 1. Yes 2. No

Have you ever received any information through books, magazines, leaflets, research journals or any media about ADHD? 1. Yes 2. No

Section 3. Knowledge regarding ADHD

No	Questionnaire	Response		
301	Most estimates suggest that ADHD occurs in approximately 15% of school age children	True	False	Don't Know
302	Current research suggests that ADHD is largely the result of ineffective parenting skills	True	False	Don't Know
303	ADHD children are frequently distracted by extraneous stimuli.	True	False	Don't Know
304	ADHD children are typically more compliant with their fathers than with their mothers.	True	False	Don't Know
305	In order to be diagnosed with ADHD, the child's symptoms must have been present before age 7	True	False	Don't Know
306	ADHD is more common in the 1st degree biological relatives (i.e. mother, father) of children with ADHD than in the general	True	False	Don't Know
307	One symptom of ADHD children is that they have been physically cruel to other people	True	False	Don't Know
308	Antidepressant drugs have been effective in reducing symptoms for many ADHD	True	False	Don't Know
309	ADHD children often fidget or squirm in their seats.	True	False	Don't Know
310	Parent and teacher training in managing an ADHD child are generally effective when combined with medication treatment.	True	False	Don't Know

311	It is common for ADHD children to have an inflated sense of self-esteem or grandiosity	True	False	Don't Know
312	When treatment of an ADHD child is terminated, it is rare for the child's symptoms to return	True	False	Don't Know
313	It is possible for an adult to be diagnosed with ADHD.	True	False	Don't Know
314	ADHD children often have a history of stealing or destroying other people's things.	True	False	Don't Know
315	Side effects of stimulant drugs used for treatment of ADHD may include mild insomnia and appetite reduction.	True	False	Don't Know
316	Current wisdom about ADHD suggests two clusters of symptoms: One of inattention and another consisting of hyperactivity/impulsivity.	True	False	Don't Know
317	Symptoms of depression are found more frequently in ADHD children than in non- ADHD children.	True	False	Don't Know
318	Individual psychotherapy is usually sufficient for the treatment of most ADHD children.	True	False	Don't Know
319	Most ADHD children "outgrow" their symptoms by the onset of puberty and subsequently function normally in adulthood.	True	False	Don't Know
320	In severe cases of ADHD, medication is often used before other behavior modification techniques are attempted	True	False	Don't Know
321	In order to be diagnosed as ADHD, a child must exhibit relevant symptoms in two or more settings (e.g., home, school).	True	False	Don't Know
322	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.	True	False	Don't Know

323	Reducing dietary intake of sugar or food additives is generally effective in reducing the symptoms of ADHD.	True	False	Don't Know
324	A diagnosis of ADHD by itself makes a child eligible for placement in special education.	True	False	Don't Know
325	Stimulant drugs are the most common type of drug used to treat children with ADHD	True	False	Don't Know
326	ADHD children often have difficulties organizing tasks and activities.	True	False	Don't Know
327	ADHD children generally experience more problems in novel situations than in familiar situations.	True	False	Don't Know
328	There are specific physical features which can be identified by medical doctors (e.g. pediatrician) in making a definitive diagnosis of ADHD.	True	False	Don't Know
329	In school age children, the prevalence of ADHD in males and females is equivalent.	True	False	Don't Know
330	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.	True	False	Don't Know
331	Children with ADHD are more distinguishable from normal children in a classroom setting than in a free play situation.	True	False	Don't Know
332	The majority of ADHD children evidence some degree of poor school performance in the elementary school years.	True	False	Don't Know
333	Symptoms of ADHD are often seen in non-ADHD children who come from inadequate and chaotic home environments.	True	False	Don't Know

334	Behavioral/Psychological interventions for children with ADHD focus primarily on the child's problems with inattention.	True	False	Don't Know
335	Electroconvulsive Therapy (i.e. shock treatment) has been found to be an effective treatment for severe cases of ADHD.	True	False	Don't Know
336	Treatments for ADHD which focus primarily on punishment have been found to be the most effective in reducing the symptoms of ADHD.	True	False	Don't Know
337	Research has shown that prolonged use of stimulant medications leads to increased addiction (i.e., drug, alcohol) in adulthood.	True	False	Don't Know
338	If a child responds to stimulant medications (e.g., Ritalin), then they probably have ADHD.	True	False	Don't Know
339	Children with ADHD generally display an inflexible adherence to specific routines or rituals.	True	False	Don't Know

Section 4. Attitude towards ADHD

No	Question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
401	Students who exhibit behaviors associated with ADHD are rewarding to work with					
402	Students who exhibit behaviors associated with ADHD interfere with my ability to effectively teach my class					
403	Students who exhibit behaviors associated with ADHD perform well in some subjects and not others					

404	Students who exhibit behaviors associated with ADHD have no excuse for their poor behavior if they do not have a formal diagnosis					
405	Students who exhibit behaviors associated with ADHD misbehave because they don't want to follow the set rules					
406	Students who exhibit behaviors associated with ADHD need more structure and discipline, not assistance with their academic work					
407	Students who exhibit behaviors associated with ADHD bring new perspectives to the topics I am teaching					
408	Students who exhibit behaviors associated with ADHD need to try harder to focus on their school work					
409	I believe ADHD is over diagnosed					
410	I believe ADHD is a valid diagnosis					
411	I believe ADHD is an excuse for poor parenting					
412	I believe children who exhibit ADHD-type behaviors are deliberately misbehaving					
413	I would refer a student who exhibited ADHD-type behaviors in my classroom to the school counselor for a possible ADHD assessment					
414	I would like to know more about ADHD and its associated behaviors					

415	I would like to have more information about classroom interventions to assist me with educating students who display ADHD-type behaviors					
416	I find behaviors associated with ADHD irritating in the classroom					
417	I find students who exhibit ADHD-type behaviors rude					
418	I find it challenging to teach students who exhibit behaviors associated with ADHD					
419	I find it rewarding to see the accomplishments of students who display ADHD-type behaviors					
420	I find students who display ADHD-type behaviors cause me to experience stress					
421	When it comes to differentiation, I feel ADHD is a benefit to the growth of my teaching skills					
422	When it comes to differentiation, I feel I don't have the time					
423	When it comes to differentiation, I feel I already change my lessons and teaching styles					
424	When it comes to differentiation, I feel educational accommodations for students with ADHD-type behavior are easy to implement in a general education classroom					
425	I feel I am knowledgeable about ADHD-type behaviors					

426	I feel I am knowledgeable about classroom interventions to manage misbehavior					
427	I feel I have received adequate professional development about managing ADHD-type behaviors					
428	I feel I can effectively teach students who exhibit behaviors associated with ADHD					
429	I feel I want to be more effective teaching students who display ADHD-type behaviors					
430	I feel I dislike teaching classes that contain students who display ADHD-type behaviors					

THANK YOU FOR YOUR COOPERATION!

Name and signature of data collector_____ Date_____

Name and signature of supervisor_____ Date_____

8.4 Participant's information sheet and informed voluntary consent form (Amharic version)

ውድ ተሳታፊ

ስሜ.....ይባላል በሃሮማያ ዩኒቨርሲቲ በበተቀናጀ ማህበረሰብ እና ክሊኒካል አእምሮአ ጤና ፕሮግራም የሁለተኛ ዲግሪ ተማሪ ለሆነው ነብዩ ሞላ ለሚያካሂደው ጥናት መረጃ ሰብሳቢ ነኝ። ስለ ጥናቱም ማብራሪያ እንድሰጥ ትኩረት እንድትሰጡኝ ስል ትህትና እጠይቃለው።

<u>የጥናቱ ርዕስ</u>

በአንደኛ ደረጃ ት/ቤቶች የሚያስተምሩ መምህራን ስለ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው እውቀት እና አመለካከት እንዲሁም ተያያዥነት ያላቸው ጉዳዮች ነው።

<u>የጥናቱ ዓላማ</u>

የዚህ ጥናት ግኝት ለት/ቤቶች ስለ ADHD እውቀትን ለመጨመር እና ከ ADHD ጋር የተያያዙ የተሳሳቱ አመለካከቶችን ለማስወገድ እንዲሁም ዕውቀትን ለማሻሻል እና ከተያያዙ ምክንያቶች ተጽእኖዎችን ለመቀነስ የሚያስችሉ ስራዎችን ት/ቤቱ ፕሮግራሞችን እንዲያቅድ ከፍተኛ ጠቀሜታ ይኖረዋል።. በተጨማሪም ዋናው የጥናቱ መሪ በተቀናጀ ማህበረሰብ እና ክሊኒካል አእምሮአ ጤና የሁለተኛ ዲግሪ ዲግሪን መስፈርት በከፊል ለማሟላት ይረዳዋል።

<u>ሂደት እና ቆይታ</u>

ሰባ ሶስት ጥያቄዎችን የያዘውን መጠይቁን አንብበው እንዲሞሉ ስል በ ትህትና እጠይቃለሁ ይህም ከ20 እስከ 30 ደቂቃ ብቻ ሊወስድ ይችላል። መጠይቁን ለመሙላት ፈቃደኛ መሆንዎ የመምህራኖችን ስለ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው እውቀት እና የአመለካከት ደረጃ እና ከሱ ጋር የተያያዙ ነገሮችን ለመለየት ይረዳናል።

<u>ስጋቶች እና ጥቅማ ጥቅሞች</u>

በዚህ ጥናት ውስጥ መሳተፍ ጉዳቱ ዝቅተኛ ነው።,ከጊዜዎ ላይ ብቻ ጥቂት ደቂቃዎችን ይወስዳል። እንዲሁም በዚህ ጥናት ላይ ስለተሳተፉ ምንም አይነት ቀጥተኛ ክፍያ አይኖርም ነገር ግን ከዚህ ጥናት የሚገኘው ውጤት ለአካባቢው የትምህርት ስርዓት እቅድ አውጪዎች ጠቃሚ መረጃን ሊሰጥ ይችላል።

ምስጢራዊነት

የእርስዎ ማንነት በዚህ ጥናት ውስጥ አይጻፍም። የሚሰጡት መረጃም በተለይ እርስዎን አይለይም እናም ሚስጥራዊ ይሆናል።

መብት

ተሳትፎው በፈቃደኝነት ነው እና ያለእርስዎ ፈቃድ ለመሳተፍ አይገደዱም።. በማንኛውም ጊዜ የመሳተፍ እና ከተሳታፊነት የመውጣት መብት አልዎት። እምቢ ማለት ምንም አይጠቅምም ወይም ዋጋም አያስከፍልም።

አድራሻ

ስለ ጥናቱ ማንኛውም ስጋት ወይም ጥያቄ ካለ እባክዎን ከዚህ በታች ባለው አድራሻ ያነጋግሩ

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በመረጃ ላይ የተመሰረተ የፈቃደኝነት ስምምነት መግለጫ

የተሳታፊውን መረጃ አንብቤያለሁ እናም የጥናቱ አላማ፣ ስጋት እና ጥቅም እና ሚስጥራዊነት ጉዳይ በግልፅ ተረድቻለሁ። ግልጽ ባልሆኑ ጉዳዮች ላይ ጥያቄ እንድጠይቅ እድል ተሰጥቶኛል። በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት እንዳለኝ ተነግሮኛል። እንዲሁም ከዚህ በታች እንደተመለከተው በዚህ ጥናት ለመሳተፍ ፍቃደኛ መሆኔን በፊርማዬ አረጋግጣለው።

የተሳታፊው ስም እና ፊርማ _____ ቀን_____/_____/_____

የመረጃ ሰብሳቢው ስም እና ፊርማ _____ ቀን_____/_____/_____

ለትብብርዎ እናመሰግናለን!!

8.5 Questionnaire (Amharic Version)

ክፍል1. የተሳታፊ የማህበራዊ እና ስነ-ሕዝብ ባህሪያትን የተመለከቱ መጠይቆች

ኮድ	መጠይቅ	ምላሽ
101	ስንት አመትህ/ሽ ነው?	እድሜ በዓመታት____
102	ፆታ	1, ወንድ 2. ሴት
103	ሀይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. .ሌላ፡ይጥቀሱ-------
104	የጋብቻ ሁኔታ	1, ያላገባ 2. ያገባ 3. የተለያየ 4. የተፋታ 5.መበለት 6,ሌላ
105	የትምህርት ደረጃህ/ሽ ምንድን ነው?	1, ሰርተፍኬት 2. ዲፕሎማ 3. ዲግሪ 4. ማስተርስ

ክፍል2. ስለ ሚሰሩበት ት/ቤት አይነት፣ ከስራ ጋር የተያያዙ ልምዶች እና ስለADHD የመረጃ ምንጮችን በተመለከተ ያሉ መጠይቆች

የተቋም ዓይነት

በአሁኑ ጊዜ በምን ዓይነት የትምህርት ተቋም ውስጥ እየሰሩ ነው?

1, የመንግስት 2. የግል

ምን ዓይነት ትምህርት ቤት ነው?

1, ሃይማኖታዊ 2, ሃይማኖታዊ ያልሆነ

ከስራ ጋር የተያያዘ ልምድ

ስንት አመት የማስተማር ልምድ አለህ/ሽ? ----- በአመታት

ADHD ያለባቸውን ልጆች አስተምረህ/ሽ ታውቃለህ/ሽ? 1 አውቃለው 2፣ አላውቅም

ADHD አለባቸው ብለህ/ሽ የሚያምኑባቸውን ተማሪዎች አስተምረው ያውቃሉ?

1፣ አውቃለው 2፣ አላውቅም

ስለ ADHD መረጃ

ስለ ADHD በኮሌጅ ወይም በዩኒቨርሲቲ ደረጃ ትምህርት/የኮርስ ስልጠና ወስደሃል/ሻል? 1. አዎ 2. አይ

ስለ ADHD ስልጠና ወስደህ ታውቃለህ/ሽ? 1. አዎ 2. አይ

ስለ ADHD በመጽሃፎች፣ በመጽሔቶች፣ በራሪ ወረቀቶች፣ በምርምር መጽሔቶች ወይም በማናቸውም ሚዲያዎች መረጃ ደርሶዎታል ያውቃል? 1. አዎ 2. አይ

ክፍል 3፡ ስለ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር እውቅት

ተ.ቁ ጥር	መጠይቅ	ምላሽ		
301	አብዛኞቹ ጥናቶች እንደሚለት አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ወደ 15% የሚጠጉ የልጅነት እዴሜ ላይ ያለ ልጆች ላይ ይከሰታል።	እውነት	ሀሰት	አላውቅም
302	በቅርብ ጊዜ የተሰሩ ጥናቶች እንደሚያመለክቱት በአብዛኛው አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር የሚከሰተው ወላጆች ልጆችን በአግባብ ማሳደግ አለመቻል ነው።	እውነት	ሀሰት	አላውቅም
303	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች በቀላለ በውጪ ባለ እንቅስቃሴ ትኩረታቸው ይወሰዲል/ይረበሻል።	እውነት	ሀሰት	አላውቅም
304	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች በአብዛኛው ከእናታቸው ይልቅ ከአባታቸው ጋር ይስማማለ።	እውነት	ሀሰት	አላውቅም
305	አንድ ልጅ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር አለበት ለመባል ምልክቶቹ ከ 7 አመቱ በፉት ጀምሮ መታየት አለባቸው።	እውነት	ሀሰት	አላውቅም
306	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ከጠቅላላው ህብረተሰብ ይልቅ ህመሙ ባለባቸው ልጆች የመጀመሪያ ደረጃ ቤተሰቦች (ለምሳሌ ፡- እናት፣ አባት) ላይ በአብዛኛው ይታያል።	እውነት	ሀሰት	አላውቅም
307	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች አንደ ምልክት ሌላ ሰው	እውነት	ሀሰት	አላውቅም

	ላይ አካላዊ ጉዳት ማድረሳቸው ነው።			
308	ፀረ-ዴባቴ መድሀኒቶች አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ላላቸው ብዙ ልጆች የሀመሙን ምልክቶች በመቀነስ ውጤታማ ናቸው።	እውነት	ሀሰት	አላውቅም
309	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች በተቀመጡበት ይቁነጠነጣሉ፡ :	እውነት	ሀሰት	አላውቅም
310	ወላጆችን እና መምህራንን ስለ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ህክምና ማሰልጠን እና የመዴሀኒት ህክምናውን አንድላይ መጠቀም ውጤታማ ነው።	እውነት	ሀሰት	አላውቅም
311	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች ላይ ከልክ በላይ ወይም የተጋነነ ስለራስ ያለ አመለካከት የተለመደ ነው።	እውነት	ሀሰት	አላውቅም
312	የአቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር መዴሀኒት በሚቆምበት ጊዜ የሀመሙ ምልክት ተመልሶ የመምጣት ዕድል በጣም ትንሽ ነው።	እውነት	ሀሰት	አላውቅም
313	አንድ በእዴሜ ትልቅ/አዋቂ ሰው አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ሉኖርበት ይችላል።	እውነት	ሀሰት	አላውቅም
314	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያላቸው ልጆች በአብዛኛው የሌሎች ሰዎችን እቃ የመስረቅ ወይም የማበላሸት ታሪክ አላቸው ።	እውነት	ሀሰት	አላውቅም
315	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደርን ለማከም የሚሰጡ አነቃቂ መዴሀኒቶች መጠነኛ የሆነ የእንቅልፍ አለመውሰድ እና የምግብ ፍላጎት መቀነስ የመሰለ የጎንዮሽ ጉዳቶች ያስከትላሉ።	እውነት	ሀሰት	አላውቅም
316	አሁን ባለንበት ደረጃ የአቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ሁለት አይነት ምልክቶች አሉት አንደኛው ሀሳብን መሰብሰብ አለመቻል/የሀሳብ መበታተን ሲሆን ሁለተኛው ከመጠን ያለፈ ያለመረጋጋት/ መንቀሻቀሻ ናቸው።	እውነት	ሀሰት	አላውቅም
317	በአብዛኛው የድባቴ ምልክቶች አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ባላቸው ልጆች ላይ ከሌላቸው ልጆች ይልቅ ይታያለ።	እውነት	ሀሰት	አላውቅም
318	በአብዛኛው አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ላለባቸው ልጆች የግል የስነልቦና ህክምና በቂ ህክምና ነው።	እውነት	ሀሰት	አላውቅም
319	አብዛኞቹ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች በጉርምስና	እውነት	ሀሰት	አላውቅም

	እድሜ መጀመሪያ ላይ ሲደርሱ የህመሙ ምልክቶች እየጠፉ ከዚያም በአዋቂነት የእዴሜ ክልላቸው በአግባቡ ስራቸውን ማከናወን ይችላሉ።			
320	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር በጣም በተባባሰ ደረጃ ላይ ከሆነ የመድሀኒት ህክምናው ከሌሎች የህክምና አይነቶች አስቀድሞ ጥቅም ላይ ይውላል።	እውነት	ሀሰት	አላውቅም
321	አንድ ልጅ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር አለበት ለማለት የህመሙ ምልክቶች በሁለት ወይም ከዚያ በላይ በሆኑ ቦታዎች መታየት አለባቸው። ለምሳላ፡- በቤት ፣ በት/ቤት	እውነት	ሀሰት	አላውቅም
322	አንድ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለበት ልጅ ለቪዲዮ ጌሞች ወይም ለቲቪ ለአንዴ ሰአት ያክል ቀጣይነት ያለው ትኩረት መስጠት ከቻለ በአንፃሩ ያንኑ ሰአት እና ትኩረት በክፍል ውስጥ ወይም በቤት ስራው ላይ ማድረግ ይችላል።	እውነት	ሀሰት	አላውቅም
323	ጣፊጭ ምግቦችን ወይም ተጨማሪ ማጣፈጫዎችን ከምግብ ውስጥ መቀነስ የአቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ምልክቶችን ለመቀነስ ያስችላል።	እውነት	ሀሰት	አላውቅም
324	አንድ ልጅ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር እናዳለበት በህክምና መረጋገጡ ብቻ ልጁን በልዩ የትምህርት መርሀግብር መስጫ እንዲካተት ያደርገዋል።	እውነት	ሀሰት	አላውቅም
325	በአብዛኛው አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸውን ልጆች ለማከም የምንጠቀመው አነቃቂ መዴሀኒቶችን ነው።	እውነት	ሀሰት	አላውቅም
326	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች በአብዛኛው ተግባራትን እና እንቅስቃሴዎችን በአግባቡ ማደራጀት ያስቸግራቸዋል።	እውነት	ሀሰት	አላውቅም
327	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች ችግር የሚያጋጥማቸው ሁልጊዜ/ በእለት ተእለት ባለ ሁኔታዎች ሳይሆን አልፎ አልፎ ባሉ ሁኔታዎች ነው።	እውነት	ሀሰት	አላውቅም
328	አንድ ልጅ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር እንዳለበት ለማረጋገጥ የሚያስችል በአንድ የህክምና ባለሙያ ለምሳሌ:-በህፃናት ሀኪም ተለይተው ሉታወቁ የሚችለ አካላዊ ምልክቶች አለት።	እውነት	ሀሰት	አላውቅም
329	በልጅነት የእዴሜ ክልል ላይ የሚገኙ ልጆች ላይ የአቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ስርጭት በወንድች እና በሴቶች ላይ እኩል ነው።	እውነት	ሀሰት	አላውቅም
330	በጣም ልጆች በሆኑት ላይ (እዴሜያቸው ከ 4 አመት በታች) የ አቴንሽን ዴፉሲት	እውነት	ሀሰት	አላውቅም

	ሀይፐር አክቲቪቲ ዲስኦርደር መገለጫ ምልክቶች (ለምሳላ ፡- ከመጠን ያለፃ አለመረጋጋት/ መቁነጥነጥ እና ትኩረት መስጠት አለመቻል) በእዴሜ አኪያ ከሚታየው ባህሪ በፌፁም የተለየ ነው።			
331	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች ከነፃ የጨዋታ ሰአት ይልቅ በክፍል ውስጥ ባላቸለው ሁኔታ ሀመሙ ከሌለባቸው ልጆች ለየት ያለ ናቸው።	እውነት	ሀሰት	አላውቅም
332	አብዛኛዎቹ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች በአንደኛ ደረጃ የትምህርታቸው ጊዜያቸው የተወሰነ ዝቅተኛ የትምህርት ውጤት ያሳያለ።	እውነት	ሀሰት	አላውቅም
333	የአቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ምልክቶች በአብዛኛው ሀመሙ በሌለባቸው ነገር ግን ከተረባበሸ የቤተሰብ ሁኔታ ወይም አካባቢ በሚመጡ ልጆች ላይ ይታያል።	እውነት	ሀሰት	አላውቅም
334	አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ላለባቸው ልጆች የሚሰጡት የባህሪ ወይም የስነልቦና ህክምናዎች በዋነኛነት ልጁ/ልጅቷ ባለበት/ባለባት ትኩረት መስጠት ያለመቻል ችግር ላይ ትኩረት ያደርጋል።	እውነት	ሀሰት	አላውቅም
335	በኤሌክትሪክ ከረንት የሚደረግ ህክምና ለተባባሰ የአቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ሀመም ውጤታማ የህክምና መንገዴ ነው ።	እውነት	ሀሰት	አላውቅም
336	በዋነኝነት ቅጣት ላይ ትኩረት ያደረጉ የአቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር የህክምና መንገድች የህመሙን ምልክቶች ለመቀነስ በጣም ውጤታማ ናቸው።	እውነት	ሀሰት	አላውቅም
337	ጥናቶች እንደሚያመለክቱት አነቃቂ መዴሀኒቶችን ለረዥም ጊዜ መጠቀም በአዋቂነት የእዴሜ ክልል ላይ ለሱሰኝነት (ለምሳላ የአልኮል ፣ የዕፅ) ያጋልጣል።	እውነት	ሀሰት	አላውቅም
338	አንድ ልጅ ታሞ ሀመሙ ለአነቃቂ መዴሀኒቶች ምላሽ ከሰጠ/ ለውጥ ካሳየ ያልጅ የታመመው ህመም አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር ነው ማለት እንችላለን።	እውነት	ሀሰት	አላውቅም
339	አቴንሽን ዴፊሲት ሀይፐር አክቲቪቲ ዲስኦርደር ያለባቸው ልጆች አንዲንዴ እንቅስቃሴዎችን በተለየ ሁኔታ በተደጋጋሚ የማዴረግ ዝንባሌ ያሳያሉ።	እውነት	ሀሰት	አላውቅም

ክፍል 4፡ ስለ አቴንሽን ዴፉሲት ሀይፐር አክቲቪቲ ዲስኦርደር አመለካከት

ተ.ቁ ጥር	ጥያቄ	በጣም አልስማማም	አልስማማም	ገለልተኛ	እስማማለው	በጣም እስማማለው
401	ከ ADHD ጋር የተቆራኙ ባህሪያትን የሚያሳዩ ተማሪዎች ጋር አብሮ መስራት ጠቃሚ ነው።					
402	ከ ADHD ጋር የተዛመዱ ባህሪያትን የሚያሳዩ ተማሪዎች ክፍል ውስጥ በብቃት የማስተማር ችሎታ ላይ ጣልቃ ይገባሉ።					
403	ከ ADHD ጋር የተቆራኙ ባህሪያትን የሚያሳዩ ተማሪዎች በአንዳንድ የትምህርት ዓይነቶች ጥሩ ሆነው ይሠራሉ ሌሎች ግን አይደሉም					
404	ከ ADHD ጋር የተያያዙ ባህሪያትን የሚያሳዩ ተማሪዎች መደበኛ ምርመራ ካላደረጉ ለደካማ ባህሪያቸው ምንም ምክንያት የላቸውም።					
405	ከ ADHD ጋር የተዛመዱ ባህሪያትን የሚያሳዩ ተማሪዎች የተቀመጡትን ህጎች መከተል ስለማይፈልጉ መጥፎ ባህሪ ያሳያሉ።					
406	ከ ADHD ጋር የተቆራኙ ባህሪያትን የሚያሳዩ ተማሪዎች የበለጠ መዋቅር					

	እና ስነ-ስርዓት ያስፈልጋቸዋል, እንጂ በአካዳሚክ ስራቸው ላይ እርዳታ አይስፈልጋቸውም።					
407	ከ ADHD ጋር የተቆራኙ ባህሪያትን የሚያሳዩ ተማሪዎች በማስተማር ርዕሰ ጉዳዮች ላይ አዳዲስ አመለካከቶችን ያመጣሉ።					
408	ከ ADHD ጋር የተገናኙ ባህሪያትን የሚያሳዩ ተማሪዎች በትምህርት ቤት ስራቸው ላይ ለማተኮር የበለጠ ጥረት ማድረግ አለባቸው።					
409	ADHD ከመጠን ያለፈ ምርመራ ተደርጎበታል ብዬ አምናለሁ።					
410	ADHD ትክክለኛ ምርመራ እንደሆነ አምናለሁ።					
4 11	ADHD ለደካማ ወላጅነት ማሳበቢያ ምክንያት ነው ብዬ አምናለሁ።					
412	የADHD አይነት ባህሪያትን የሚያሳዩ ልጆች ሆን ብለው መጥፎ ባህሪ ያሳያሉ ብዬ አምናለሁ።					
413	የ ADHD አይነት ባህሪያትን በክፍሌ ውስጥ ያሳየ ተማሪን ለ ADHD ምርመራ ለት/ቤቱ አማካሪ እማክራለሁ።					
414	ስለ ADHD እና ተያያዥ ባህሪያቱ የበለጠ ማወቅ እፈልጋለሁ					

415	የADHD አይነት ባህሪያትን የሚያሳዩ ተማሪዎችን ለማስተማር የሚረዱ መንገዶችን ሚያሳይ መረጃ እንዲኖረኝ እፈልጋለሁ።					
416	ከ ADHD ጋር የተያያዙ ባህሪያት በክፍል ውስጥ የሚያናድዱ ሆነው አግኝቻቸዋለሁ					
417	የ ADHD አይነት ባህሪን የሚያሳዩ ተማሪዎች ጨዋነት የጎደላቸው ሆኖ አግኝቻቸዋለሁ					
418	ከ ADHD ጋር የተገናኙ ባህሪያትን የሚያሳዩ ተማሪዎችን ማስተማር ፈታኝ ሆኖ አግኝቼዋለሁ					
419	የADHD አይነት ባህሪያትን የሚያሳዩ ተማሪዎችን ስኬቶች ማየት አበረታች ሆኖ አግኝቼዋለሁ					
420	የ ADHD አይነት ባህሪን የሚያሳዩ ተማሪዎች ውጥረት/ጭንቅት እንዲሰማኝ ያደርጉኛል።					
421	ወደ ማነፃፀሩ ስንመጣ፣ ADHD የማስተማር ክህሎቶቼን ለማሳደግ ጥቅም እንደሆነ ይሰማኛል።					
422	ወደ ማነፃፀሩ ሲመጣ ጊዜ እንደሌለኝ ይሰማኛል።					

4 23	ወደ ማነፃፀሩ ስንመጣ፣ ትምህርቶቼን እና የማስተማር ስልቶቼን እንደቀየርኩ ይሰማኛል።					
424	ወደ ማነፃፀሩ ስንመጣ የ ADHD አይነት ባህሪ ላላቸው ተማሪዎች ትምህርታዊ መስተንግዶ በአጠቃላይ ትምህርት ክፍል ውስጥ ለመተግበር ቀላል እንደሆነ ይሰማኛል					
425	ስለ ADHD አይነት ባህሪያት እውቀት እንዳለኝ ይሰማኛል					
426	በክፍል ውስጥ የሚታዩ ያልተገቡ ባህሪያትን ለመቆጣጠር እና ለማስተካከል ስለሚደረጉ ነገሮች እውቀት እንዳለኝ ይሰማኛል።					
427	የADHD አይነት ባህሪያትን ስለመቆጣጠር በቂ ሙያዊ እድገት እንዳገኘሁ ይሰማኛል።					
428	ከ ADHD ጋር የተገናኙ ባህሪያትን የሚያሳዩ ተማሪዎችን በብቃት ማስተማር እንደምችል ይሰማኛል።					
429	የADHD አይነት ባህሪያትን የሚያሳዩ ተማሪዎችን የበለጠ በውጤታማነት የማስተማር ፍላጎት እንዳለኝ ይሰማኛል።					
430	የADHD አይነት ባህሪያትን የሚያሳዩ ተማሪዎች ያሉባቸውን					

	ክፍሎች ማስተምር እንደማልወድ ይሰማኛል።					

የተሳታፊው ስም እና ፊርማ _____ ቀን_____/_____/_____

የመረጃ ሰብሳቢው ስም እና ፊርማ _____ ቀን_____/_____/_____

ለትብብርዎ እናመሰግናለን!!

8.6 Participant's information sheet and informed voluntary consent form (Afaan Oromoo version)

Kabajamaa Hirmaataa

Maqaan koo_____ akka nama odeeffannoo walitti qabuutti qorannoo Obbo Nebyu Molaan gaggeeffameef, kan Yuunivarsiitii Haramayaatti sagantaa ICCMH barataa MSc ta'e. Daataan. Waa'ee qorannichaa akkan ibsuuf xiyyeeffannoo keessan akka naaf kennitan dhugaadhaan isin gaafadha.

Mata duree qorannichaa

Beekumsaa fi ilaalcha dhibee xiyyeeffannoo hir'ina sochii garmalee (ADHD) fi wantoota kanaan walqabatan barsiisota manneen barnootaa sadarkaa tokkoffaa biratti.

Kaayyoo qorannichaa

Argannoon qorannoo kanaa manni barumsichaa sagantaalee gidduu seensaa karoorsuun beekumsa guddisuuf akkasumas yaada dogoggoraa ADHD waliin walqabatee achitti akka hin uumamneef beekumsa fooyyessuu fi dhiibbaa wantoota kanaan walqabatan irraa dhufu hir'isuuf gidduu seenuun barbaachisummaa olaanaa qabaata. Dabalataanis qorannichi qorataa muummichaa ulaagaa digrii Mastersii Saayinsii fayyaa sammuu hawaasaa fi kilinikaa walitti hidhame gartokkoon guutuuf ni gargaara.

Hojimaataa fi yeroo turtii

Gaaffii 73 deebisuuf qabu kan yeroo keessan daqiiqaa 20 hanga 30 fudhachuu danda'u dubbisaa akka guuttan isin gaafachuuf jira. Fedhiin ati gaaffilee guutuuf qabdu sadarkaa beekumsaa fi ilaalcha barsiisaa fi wantoota isa waliin walqabatan adda baasuuf nu gargaara.

Balaa fi faayidaa

Balaan qorannoo kana irratti hirmaachuu yeroo keessan keessaa daqiiqaa muraasa qofa waan fudhatuuf xiqqaadha. Akkasumas qorannoo kana irratti hirmaachuuf kaffaltiin kallattiin hin jiraatu. Garuu argannoon qorannoo kanarraa argame karoorsitoota sirna barnootaa naannoo sanaaf odeeffannoo barbaachisaa ta'e mul'isuu danda'a.

Iccitii eeguu

Qo'annoo kana keessatti eenyummaan kee hin barreeffamu; odeeffannoon ati kennitu addatti eenyummaa kee kan hin beeksifnee fi iccitii kan ta'u ta'a.

Sirrii

Hirmaannaan fedhii keessanii waan ta’eef fedhii keessaniin alatti hirmaachuuf dirqamni isin hin barbaachisu. Yeroo barbaaddetti hirmaachuu fi hirmaannaa irraa bahuu mirga qabda. Diduunis homaa si hin fayyadu, si hin baasu.

Deebi’ee kaffalamuu

Sababa hirmaannaa keessaniin kaffaltiin hin jiraatu.

Teessoo quunnamtii

Waa'ee qorannichaa yaaddoon ykn gaaffiin yoo jiraate teessoo armaan gadii kanaan qunnamaa

Nebyu Mola

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Qorannoo Fayyaa Dhaabbilee Koree Gamaaggama Naamusaa

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Ibsa hayyamaa

Waraqaa odeeffannoo hirmaattotaa dubbisee kaayyoo qorannichaa, balaa fi faayidaa, fi dhimma iccitii sirriitti hubadheera. Wantoota ifa hin taane ta’uu danda’aniif gaaffii akkan gaafadhu carraan naaf kennameera. Yeroo kamiyyuu qo'annoo keessaa ba'uuf mirga akkan qabu naaf himameera. Kanaaf qorannoo kana irratti hirmaachuuf fedhii kootiin akka armaan gadiitti mallattoo kootiin hayyama koo nan ibsa.

Maqaa fi mallattoo hirmaataa _____ Guyyaa_____/_____/_____.

Maqaa fi mallattoo walitti qabaa odeeffannoo _____ Guyyaa_____/_____/_____.

Tumsa keessaniif galatoomaa!!

8.7 Questionnaire (Afaan Oromoo Version)

Kutaa1. Gaaffiiwwan Amaloota Hawaas-dimoogiraafii deebii kennaa ilaalchisee

Koodii	Gaaffii	Deebii
101.	Umuriin kee meeqa?	Umurii waggaadhaan_____ .
102.	Walqunnamtii saalaa	1, Dhiira 2. Dubartii
103.	Amantaa	1. Orthodox 3. Protestant 2. Musliima 4. Kan biro…….
104.	Haalli gaa'ela keessanii maali?	1, Qulqulleettii 2. Heeruma 3. Gargar bahuu 4. Hiikte 5.Dubartiin abbaan manaa irraa du'e 6,kanneen biroo
105.	Gahumsi barnootaa keessan maali?	1, Ragaa 2. Dippiloomaa 3. Digirii 4. Maastarsii

Kutaa2. Gaaffiilee Deebii Deebii Gosa Mana Barumsaa Ilaalchisee, Muuxannoo Hojiin Walqabatee fi Odeeffannoo ADHD ilaalchisee

Gosa dhaabbata

Yeroo ammaa kana dhaabbata gosa akkamii keessa hojjechaa jirtu?

1, Ummataa 2. Dhuunfaa

Mana barumsaa gosa akkamii ti?

1, Amantii 2, Amantii hin taane

Muuxannoo hojiin walqabatee

Muuxannoo waggaa meeqaa qabda? ----------waggaadhan

Ijoollee ADHD qaban barsiistee beektaa? 1, Eeyyee 2, Lakki

Barattoota ADHD qabu jettee amante barsiistee beektaa? 1. Eeyyee 2. Lakki

Odeeffannoo ADHD ilaalchisee

Sadarkaa kolleejjii/yunivarsiitiitti waa'ee ADHD daree fudhattee/hojii koorsii qabdaa?

1. Eeyyee 2. Lakki

Waa'ee ADHD leenjii fudhattee beektaa? 1. Eeyyee 2. Lakki

Kitaabota, barruulee, barruulee, barruulee qorannoo ykn miidiyaa kamiinuu waa'ee ADHD odeeffannoo argattanii beektuu? 1. Eeyyee 2. Lakki

Kutaa 3. Beekumsa ADHD ilaalchisee

Lakki	Gaaffii	Deebii		
301	Tilmaamni baay'een akka agarsiisutti ADHDn daa'imman umuriin isaanii barnootaaf ga'e keessaa tilmaamaan %15 irratti mul'ata	Dhugaa	Soba	Hin Beekin
302	Qorannoon ammaa akka agarsiisutti ADHDn baay'inaan bu'aa dandeettii guddifachaa bu'a qabeessa hin taane irraa kan maddudha	Dhugaa	Soba	Hin Beekin
303	Daa'imman ADHD qaban yeroo baay'ee wantoota kaka'umsa ala ta'aniin yaadni isaanii ni jeeqama.	Dhugaa	Soba	Hin Beekin
304	Ijoolleen ADHD qaban akkaataa idileetti haadha isaanii caalaa abbaa isaaniif ajajamuu qabu.	Dhugaa	Soba	Hin Beekin
305	ADHD qabaachuun isaa adda baafamuuf mallattoon daa'ima kanaa umurii 7 dura jiraachuu qaba	Dhugaa	Soba	Hin Beekin
306	ADHDn firoota baayoloojii sadarkaa 1ffaa (jechuunis haadha, abbaa) daa'imman ADHD qaban keessatti kan waliigalaa caalaa baay'inaan mul'ata	Dhugaa	Soba	Hin Beekin
307	Mallattoon ijoollee ADHD qaban tokko namoota biroo irratti gara jabummaa qaamaa raawwachuu isaaniiti	Dhugaa	Soba	Hin Beekin
308	Qorichootni farra dhiphina sammuu mallattoolee ADHD hedduu hir'isuu irratti bu'a qabeessa ta'aniiru	Dhugaa	Soba	Hin Beekin

309	Ijoolleen ADHD qaban yeroo baayyee teessoo isaanii irratti ni rifatu ykn ni jigsu.	Dhugaa	Soba	Hin Beekin
310	Leenjiin warraa fi barsiisaa daa'ima ADHD qabu bulchuu irratti akka waliigalaatti wal'aansa qorichaan yoo walitti makame bu'a qabeessa.	Dhugaa	Soba	Hin Beekin
311	Ijoolleen ADHD qaban miira ofitti amanamummaa ykn guddina guddaa qabaachuun isaanii waanuma jiruudha	Dhugaa	Soba	Hin Beekin
312	Wal'aansi daa'ima ADHD qabu yeroo addaan citu mallattoon daa'ima sanaa deebi'uun isaa baay'ee hin mul'atu	Dhugaa	Soba	Hin Beekin
313	Ga'eessi tokko ADHD qabaachuun isaa ni danda'ama.	Dhugaa	Soba	Hin Beekin
314	Ijoolleen ADHD qaban yeroo baayyee seenaa hatuu ykn balleessuu waan namoota biroo qabu.	Dhugaa	Soba	Hin Beekin
315	Miidhaan qorichi kaka'umsaa ADHD yaaluuf oolu hirriba dhabuu salphaa fi fedhii nyaataa hir'isuu dabalatee ta'uu danda'a.	Dhugaa	Soba	Hin Beekin
316	Ogummaan yeroo ammaa waa'ee ADHD mallattoolee tuuta lama agarsiisa: Tokko xiyyeeffannoo dhabuu fi kan biraan immoo sochii garmalee/impulsivity of keessaa qaba.	Dhugaa	Soba	Hin Beekin
317	Mallattoon dhiphina sammuu daa'imman ADHD qaban irratti daa'imman ADHD hin qabne caalaa baay'inaan mul'ata.	Dhugaa	Soba	Hin Beekin
318	Yeroo baayyee wal'aansa sammuu dhuunfaa wal'aansa daa'imman ADHD irra caalaan isaaniif gahaadha.	Dhugaa	Soba	Hin Beekin
319	Ijoolleen ADHD baay'een isaanii mallattoolee isaanii jalqaba dargaggummaa isaaniitiin "caalanii guddatu" boodarra ga'eessota keessatti akka idileetti hojjetu.	Dhugaa	Soba	Hin Beekin

320	Haala ADHD cimaa ta'e keessatti, yeroo baay'ee tooftaalee amala fooyyessuu biroo osoo hin yaalin dura qorichi fayyadama	Dhugaa	Soba	Hin Beekin
321	Daa'imni tokko ADHD ta'uun isaa adda baafamuuf mallattoolee barbaachisoo ta'an bakka lamaa fi isaa ol (fkn, mana, mana barumsaa) agarsiisuu qaba.	Dhugaa	Soba	Hin Beekin
322	Mucaan ADHD qabu tokko sa'aatii tokkoo oliif tapha viidiyoo ykn TV irratti xiyyeeffannoo itti fufiinsa qabu agarsiisuu yoo danda'e, daa'imni sun yoo xiqqaate sa'aatii tokkoof daree ykn hojii manaa xiyyeeffannoo itti fufiinsa kennuu danda'a.	Dhugaa	Soba	Hin Beekin
323	Soorata sukkaara ykn nyaata dabalataa hir'isuun akka waliigalaatti mallattoolee ADHD hir'isuu keessatti bu'a qabeessa.	Dhugaa	Soba	Hin Beekin
324	ADHDn ofumaan adda baafamuun daa'imni tokko barnoota addaa keessatti akka ramadamu ulaagaa guutuu qaba.	Dhugaa	Soba	Hin Beekin
325	Qorichootni kaka'umsaa gosa qoricha baay'inaan daa'imman ADHD qaban yaaluuf itti fayyadamaniidha	Dhugaa	Soba	Hin Beekin
326	Daa'imman ADHD qaban yeroo baay'ee hojiiwwanii fi sochiiwwan qindeessuuf rakkatu.	Dhugaa	Soba	Hin Beekin
327	Ijoolleen ADHD qaban akka waliigalaatti haalawwan barame caalaa haalawwan haaraa keessatti rakkoon baay'ee isaan mudata.	Dhugaa	Soba	Hin Beekin
328	Amaloonni qaamaa addaa kanneen hakiimota fayyaatiin (fkn ogeessa fayyaa daa'immaniin) adda baasuu murtaa'aa ADHD gochuu keessatti adda baafamuu danda'an jiru.	Dhugaa	Soba	Hin Beekin
329	Daa'imman umuriin isaanii barnootaaf ga'e keessatti, baay'inni ADHD dhiiraa fi dubara irratti walqixa.	Dhugaa	Soba	Hin Beekin

330	Daa'imman baay'ee xixiqqoo (waggaa 4 gadi) keessatti, amala rakkoo daa'imman ADHD qaban (fkn sochii garmalee, xiyyeeffannaa dhabuu) amala umurii wajjin walsimu daa'imman ADHD hin qabne irraa adda adda.	Dhugaa	Soba	Hin Beekin
331	Daa'imman ADHD qaban haala tapha bilisaa caalaa haala daree keessatti daa'imman idilee irraa adda baafamuu danda'u.	Dhugaa	Soba	Hin Beekin
332	Irra caalaan daa'imman ADHD bara barnoota sadarkaa tokkoffaa keessatti ga'umsa mana barumsaa hamma tokko gadhee ta'uu isaanii ragaa ba'u.	Dhugaa	Soba	Hin Beekin
333	Mallattoon ADHD yeroo baayyee daa'imman ADHD hin qabne kanneen naannoo manaa gahaa hin taanee fi jeequmsa qabu irraa dhufan irratti mul'ata.	Dhugaa	Soba	Hin Beekin
334	Giddu-galli amala/Xiin-sammuu daa'imman ADHD qabaniif adda durummaan rakkoo daa'ima xiyyeeffannoo dhabuu irratti xiyyeeffata.	Dhugaa	Soba	Hin Beekin
335	Electroconvulsive Therapy (jechuunis wal'aansi shock) namoota ADHD cimaa qabaniif yaala bu'a qabeessa ta'uun isaa argameera.	Dhugaa	Soba	Hin Beekin
336	Wal'aansi ADHD kan adda durummaan adabbii irratti xiyyeeffate mallattoolee ADHD hir'isuu keessatti bu'a qabeessa ta'uun isaa argameera.	Dhugaa	Soba	Hin Beekin
337	Qorichoota kaka'umsaa yeroo dheeraaf fayyadamuun ga'eessota keessatti araada (jechuunis qoricha sammuu namaa hadoochu, alkoolii) akka dabalu taasisa.	Dhugaa	Soba	Hin Beekin
338	Yoo daa'imni tokko qoricha kaka'umsaa (fkn, Ritalin) irratti deebii kenne, sana booda ADHD qabaachuun isaanii hin oolu.	Dhugaa	Soba	Hin Beekin

339	Ijoolleen ADHD qaban akka waliigalaatti barmaatilee ykn sirnoota adda ta’an kan hin jijjiiramne hordofuu isaanii agarsiisu.	Dhugaa	Soba	Hin Beekin

Kutaa 4. Ilaalcha ADHD

Lakki	Gaaffii	Cimsee walii hin galu	Walii hin galu	Qaama bilisaa	Waliigaluu	Cimsee walii gala
401	Barattoonni amala ADHD waliin walqabatu agarsiisan waliin hojjechuun badhaasa					
402	Barattoonni amala ADHD wajjin walqabatu agarsiisan dandeettii ani daree koo bu’a qabeessa ta’een barsiisuu koo gidduu seenu					
403	Barattoonni amala ADHD waliin walqabatu agarsiisan gosoota barnootaa tokko tokko irratti ga’umsa gaarii qaban malee kaan irratti hin ga’an					
404	Barattoonni amala ADHD waliin walqabatu agarsiisan yoo qorannoo idilee hin qabaanne amala gadhee isaaniif sababa hin qaban					
405	Barattoonni amala ADHD waliin walqabatu agarsiisan seera kaa’ame hordofuu waan hin barbaanneef amala badaa agarsiisu					
406	Barattoonni amala ADHD waliin walqabatu agarsiisan hojii barnootaa					

	isaaniif gargaarsa osoo hin taane caasaa fi naamusa dabalataa barbaadu					
407	Barattoonni amala ADHD waliin walqabatu agarsiisan mata dureewwan ani barsiisaa jiruuf ilaalcha haaraa fidu					
408	Barattoonni amala ADHD wajjin walqabatu agarsiisan hojii mana barumsaa isaanii irratti xiyyeeffachuuf caalaatti carraaquu qabu					
409	ADHDn garmalee adda baafameera jedheen amana					
410	ADHDn qorannoo sirrii ta'uu isaa nan amana					
411	ADHDn sababa guddifachaa gaarii hin taane ta'uu nan amana					
412	Ijoolleen amala gosa ADHD agarsiisan itti yaadanii amala badaa raawwachaa jiru jedheen amana					
413	Barattuu amala gosa ADHD daree koo keessatti agarsiise madaallii ADHD ta’uu danda’uuf gorsaa mana barumsichaa nan erga					
414	Waa’ee ADHD fi amala isaa wajjin walqabatu caalaatti beekuu barbaada					
415	Barattoota amala gosa ADHD agarsiisan barsiisuu irratti na gargaaruuf waa’ee gidduu seensaa daree keessatti odeeffannoo dabalataa qabaachuu nan barbaada					

416	Amaloonni ADHD waliin walqabatan daree keessatti na aarsu					
417	Barattoonni amala gosa ADHD agarsiisan gara jabeeyyii ta’anii natti mul’ata					
418	Barattoota amala ADHD waliin walqabatu agarsiisan barsiisuun qormaata natti fakkaata					
419	Bu’aa ba’ii barattoonni amala gosa ADHD agarsiisan arguun na gammachiisa					
420	Barattoonni amala gosa ADHD agarsiisan dhiphinni akka na mudatu nan arga					
421	Garaagarummaa ilaalchisee ADHDn guddina dandeettii barsiisuu kootiif faayidaa akka ta’e natti dhaga’ama					
422	Garaagarummaa yoo jennu yeroo akkan hin qabne natti dhagahama					
423	Garaagarummaa ilaalchisee, barnoota koo fi akkaataa barsiisuu koo duraanuu akkan jijjiire natti dhagahama					
424	Garaagarummaa yoo ilaalle, barattoota amala gosa ADHD qabaniif bakki barnootaa daree barnoota waliigalaa keessatti hojiirra oolchuuf salphaa akka ta’e natti dhaga’ama					
425	Waa'ee amala gosa ADHD beekumsa akkan qabu natti dhaga'ama					

426	Amala badaa bulchuuf waa'ee gidduu seensaa daree keessatti taasifamu beekumsa akkan qabu natti dhaga'ama					
427	Waa'ee amala gosa ADHD bulchuu irratti guddina ogummaa gahaa akkan argadhe natti dhaga'ama					
428	Barattoota amala ADHD waliin walqabatu agarsiisan bu'a qabeessa ta'ee barsiisuu akkan danda'u natti dhaga'ama					
429	Barattoota amala gosa ADHD agarsiisan barsiisuudhaan caalaatti bu'a qabeessa ta'uu akkan barbaadu natti dhaga'ama					
430	Kutaa barattoota amala gosa ADHD agarsiisan of keessaa qabu barsiisuu akkan hin jaalanne natti dhagahama					

TUMSA KEESSANIIF GALATOOMAA!

Maqaa fi mallattoo nama odeeffannoo walitti qabuu_____ Guyyaa_____ .

Maqaa fi mallattoo supparvaayizara_____ Guyyaa_____ .