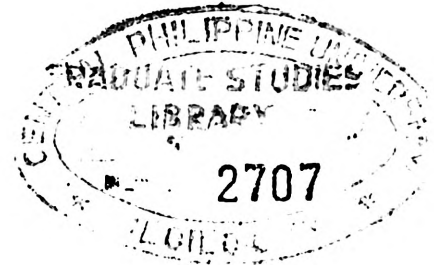


**KNOWLEDGE, ATTITUDE AND COPING BEHAVIORS OF PARENTS WITH  
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)  
CHILDREN IN ILOILO**



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**SUSAN A. SUMANDE  
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by

**Susan A. Sumande**

## **ABSTRACT**

This study was conducted to determine the level of knowledge about ADHD, attitude towards the child and coping behaviors of parents with ADHD children. It also intended to find out whether level of knowledge about ADHD, attitude towards the child and their coping behavior vary when these parents were grouped according to selected characteristics such as sex, educational attainment, income and residence, child's sex, age and type of ADHD diagnosis. Furthermore, this study intended to determine whether there is a significant relationship between parents' level of knowledge about ADHD, attitude towards the child and their coping behaviors.

The respondents in this study consisted of 30 parents with ADHD diagnosed children in Iloilo taken from 2005-2006 ADHD Club of Iloilo and those coming on their scheduled appointment.

This study made use of descriptive relational design. Data were gathered using a structured interview schedule prepared by the researcher with some items adapted from Ways of Coping checklist by Folkmann and Lazarus.

The data was processed and analyzed using the SPSS PC for windows software. Statistical tools such as frequency, percentages, mean, Z- test for proportion and ANOVA

test for differences in means were used. For correlation between variables Cramer's V, Gamma test and Pearson r coefficient of correlation were used. Level of significance of the obtained value was set at 0.05 level.

### **Major Findings**

Most of the parents of ADHD children were well-educated, earning higher income than most working Filipino men and women and they were from urban areas.

Majority of the ADHD children were male, 5 -10 years old and were diagnosed to have combined ADHD.

Majority of the parents had average level of knowledge, about ADHD however a significant number of them did not know how the problem can be managed. Many of them also did not know that supportive families and strong social support are needed and that they should keep scheduled appointment. In addition, one in every four did not realize the need to educate other family members about ADHD and that children with ADHD should not give caffeine and sugar saturated foods.

The majority of the parents expressed favorable attitude towards children with ADHD particularly in the aspects of how the child with ADHD should be handled. The parents believed that they not be carried away by emotions of pity, frustration and tolerance when dealing with their children.

The parents reported that they had used the four coping mechanisms namely; seeking social support, planning and hoping, cognitive and emotional suppression when dealing with their children with ADHD. Of the four strategies, seeking social support and planning and hoping were singled out to be most helpful.

The level of knowledge about ADHD vary according to child's sex. However, it is independent of sex, educational attainment, income, residence, child's age and type of ADHD diagnosis.

The parents' attitude towards the child did not vary according to respondents' sex, educational attainment, income, residence, and their child's sex, age and type of ADHD diagnosis.

The coping behavior of parents with ADHD children varied according to sex, educational attainment, residence, child's sex and age, but according to family income and child's diagnosis. and not by income and child's diagnosis.

No significant relationship was found between parents' knowledge about ADHD, and their attitude toward their children with ADHD. Irrespective of level of knowledge about ADHD, parents had favorable attitude towards their child with ADHD.

Among those parents with knowledge about ADHD the highest proportion sought social support among those with. There were more parents who employed planning and hoping among those with high knowledge than those with average knowledge.

The Cramer's V value however, shows no statistically significant relationship between 5 percent level between knowledge about ADHD and coping behavior of parents

Regardless of their attitude towards the child, almost all parents sought social support, while only few used cognitive suppression.

The analysis did not show a significant association between the parents' attitude towards the child and their choice of coping behaviors. This finding did not support the hypothesis that parents with favorable attitude towards the child are more likely to utilize adaptive coping behaviors.

## Conclusions

Based on the significant findings of this study, the following conclusions and generalizations are derived:

1. Generally, the parents of children with ADHD are well educated, working and earning good income.
2. Children with ADHD are more likely to be male. The most common type of diagnosis combined Attention Deficit and Hyperactivity Disorder.
3. Parents of children with ADHD have average to high level of knowledge on ADHD concepts. They are most knowledgeable about concepts and signs and symptoms of ADHD, but are least knowledgeable about management of ADHD, but are least knowledgeable in management of ADHD cases particularly on parent's role or responsibilities. This may be attributed to the fact that parents learn more from what they actually see and experience with their child with ADHD. This indicates that mothers, being the more caring sex, are more concerned about for the child with ADHD.
4. The parents attitude towards their child with ADHD is generally positive. They deal with their child with ADHD like a normal child, and they are not carried by emotions of pity, frustrations and tolerance.
5. The parents' level of educational attainment, income and residence do not significantly influence their level of knowledge about ADHD concepts. Regardless of their sex, level of educational attainment, income and residence parents have average to high level of knowledge about ADHD.

6. The parents' attitude towards their child with ADHD is not associated with their characteristics as well as their child's characteristics. Irrespective of their sex, educational attainment, income, residence and child's sex, age and type of diagnosis, parents tended to have favorable attitude towards their child with ADHD.

ADHD affects members of the family as it affects some aspects of family life. The Filipino being family-oriented always feels responsible in taking care of a sick family member. The concern and attitude towards the child with ADHD do not vary. However the family maybe affected by the problem in taking care of a child with ADHD such as financial, behavioral and social stigma.

7. Parents tend to have more favorable attitude towards younger children with ADHD than those who are older. However, parent's attitude towards the child is not influenced by the child's sex and type of ADHD diagnosis. As a whole, parents had favorable attitude towards the child with ADHD.
8. Coping behavior of parents vary according to sex. The males tend to adopt emotional suppression more than their female counterparts. This could be explained by the universally accepted assumption that males show more reluctance in expressing their feelings compared to females. This refers to the concept of machismo, which promotes the image of a strong and silent male.

Education influences the coping methods of parents. Whose who have higher education level are more likely to use more active coping method

rather than suppression techniques. Better educated individuals manifest better coping response specifically “seeking social support”.

The preference for emotional suppression” is dependent on residence. Parents from rural areas have a greater tendency to suppress their emotions than those from urban centers. This indicates that rural folks are less open to their social circle of friends or relatives with whom they not usually discuss their child’s condition.

9. Parent’s coping behavior is significantly influenced by the child’s sex.

Parents with male children with ADHD tended to adapt “emotional suppression” more than those with female ADHD children.

The kind of coping behaviors the parents used significantly vary according to the child’s age. As the child aged, the parents hope that changes may occur and that this may result to a lighter stress and make coping much easier.

10. The parent’s level of knowledge about ADHD is not significantly associated with their attitude towards the child with ADHD and the type of coping behavior the parents utilize.
11. . Their coping is not affected by the information or the knowledge that the individual receives.
12. Parents’ attitude towards the child with ADHD is not also significantly associated with their coping behaviors. This is inconsistent with Sister Callista Roy’s Adaptation Theory which states that the coping behavior

adapted by parents is affected by the information or knowledge that the individual received likewise their feelings and attitude.

### **Recommendations**

In view of the significant findings, and conclusions of this study, the following recommendations are given:

1. Since parents had average to high knowledge about ADHD, it is recommended that the Department of Health-Mental Health Education Program be sustained. Information dissemination by trained medical doctors and nurses should be continued, through conferences, school symposia or informally, through bench conferences at consultation. Information should be focused on understanding ADHD, its parental roles and responsibilities.
2. Mass media such as radio and TV can be used as a venue for information dissemination for they are highly effective and most common source of information. The same media can be used to avoid negative and inaccurate information about ADHD.
3. Since parents have favorable attitude towards children with ADHD, support groups should be strengthened to help parents maintain or further improve their receptive attitude towards the condition of their child with ADHD. Medical practitioners, nurses and other health providers can organize peer, family and community support groups. A family care program is an example, where a group of families shares problems of caring for a child with ADHD. Family health care approaches help family cope and deal with their children. The program can help identify a shared feeling of being burden, facilitate a



feeling of not being alone, and provide a mechanism through which shared problem identification and planning can be done.

4. There should be provision of more training in parenting children with ADHD, stress management, diet counseling and time management, improve behavior management techniques to reduce of stress levels.
5. Parents/caregivers need to be educated about how to manage their own health and well-being while raising a child with ADHD.
6. Guidance counselors, school heads, and general educators should be provided with additional information about ADHD through lectures, seminars and other educational activities to gain more knowledge and skills that will help them understand better the special needs of child with ADHD.
7. Special course/training for special education teachers should be given as part of education curriculum.
8. Further study on ADHD should include other variables not included in this study such as caring practices of parents and factors affecting ADHD, involvement of quality care similar studies on other disorders with similar impact on the family like Learning Disability, Oppositional Defiant Disorder and other chronic diseases are encouraged.