Effectiveness of Selected Interventions on Concentration among the Children with Attention Deficit

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Introduction

A country's greatest resource is its population of children. Harmony, stability, peace, and happiness in every family and society, as well as a great nation, can be achieved only when children are well-adjusted in every way. Educating children to become healthy, responsible, and creative adults is a fundamental responsibility of both families and schools alike. If a youngster has an issue with inattentiveness and hyperactivity, it could hinder their academic achievement. ADHD affects 4.5 million children between the ages of 3 and 17 years, according to the Centers for Disease Control and Prevention (CDC).

Assuming that low concentration is common among school-age children and that interventions to improve concentration are readily available, the investigator decided to conduct a study to determine whether or not concentration-improving activities are effective in improving concentration in a sample of children with attention deficit and hyperactivity disorder.

Materials and Methods

Using a quasi-experimental approach, 50 children in the experimental group and 50 children in the control group were included in the study. Purposive sampling was used to recruit participants from two government-run primary schools. Design was conceptualised using input, process, and output components of Ludwig Von Bertlanffy's General System Theory.

In order to obtain data, demographic characteristics were used. Attention deficit and hyperactivity disorders in children can be detected with a modified version of the NICHQ Vanderbilt's Assessment Scale. An attention deficit disorder (ADHD) or hyperactivity disorder (HAD) is a condition in which a child's ability to focus on a task is impaired.

Fifty youngsters in the experimental group and another Fifty in the control group were randomly assigned to the study's quasi-experimental research design. Using a purposive sampling method, subjects were drawn from two elementary schools. For the conceptualization of the design, Ludwig Von Bertlanffy's General System Theory was used. a) Demographic variables were the means by which the information was gathered. modified Vanderbilt's Assessment Scale (b) for screening children with ADHD and hyperactivity, before and post-testing the degree of focus among the attention deficit and hyperactive youngsters using Bhatia's Battery of Performance Test of Intelligence. Using the Modified NICHQ Vanderbilt's Assessment Scale, the investigator has evaluated children between the ages of 6 and 8 for attention deficit and hyperactivity. Both schools provided the researcher with a total of 100 samples, of which 50 were used in the experiment and 50 were used as a control group. The BBPTI scale was used to conduct a pre-test on the concentration levels in both groups. Letter cancellation, colour cancellation, beading, storytelling, and puzzle solving were offered to the experimental group for 40 minutes each on two consecutive days. Post-testing was done on the 30th day for both groups using the same scale.

Results

According to the study's findings, the experimental group's pre-test mean concentration score was 6.0.98, while the control group's pre-test mean concentration score was 4.5 0.98, indicating that both groups had approximately the same level of concentration prior to implementing concentration enhancement activities. The experimental group's post-test mean concentration score was 10.9 1.33, while the control group's was 4.7 0.44. The levels of concentration in the experimental and control groups were compared before and after the experiment. It was found that the experimental group had a t test value of 32.36 df (49), while the control group had a t test value of 1.88 df (49). The difference between the experimental and control groups in post-test mean concentration scores was statistically significant. "T" (48.22) df (99), which is the "t" value, was determined to be significantly lower than 0.01 (p<0.001). Gender, type of family, family income, birth order and structure of the family were tested by chi square test and shown to be negligible with pre-test concentration levels.
Discussion

The study's findings revealed that the experimental and control groups were each comprised of individuals with ADD/ADHD. A Modified NICHD Vanderbilt's Assessment Scale screening exam was administered to children aged 6 to 8 years old at the two selected government primary schools. In total, there were 118 students aged 6 to 8 in the two institutions. In the first school, 30 children with attention deficit and hyperactivity were screened for the experiment group. 30 pupils from the second school were screened and assigned to the control group from that school. Selected school-age children with attention deficit and hyperactivity disorder were pretested in experimental and control groups to determine their focus levels. According to the study's findings, the experimental group's pre-test mean concentration score was 6 0.98, while the control group's pre-test mean concentration score was 4.5 0.98, indicating that both groups had approximately the same level of concentration prior to implementing concentration enhancement activities.

Only the experimental group received Concentration Enhancement Activities, while the control group received no such activities. A post-test on the two groups levels of concentration using the same Bhatia's Battery of Performance Test of Intelligence was conducted after the Concentration Enhancement Activities were implemented just to the experimental group and nothing to the control group. The experimental group's post-test mean concentration score was 10.9 1.33, while the control group's was 4.7 0.44. The levels of concentration in the experimental and control groups were compared before and after the experiment.

Testing the effectiveness of Concentration Enhancement Activities by comparing pre and post assessments of concentration level among the experimental and control group. Pre and post-test concentration levels of school-age children were compared with their sequential mean values and a test of significance in light of the investigator's previous aims. It was found that the experimental group had a t test value of 32.36 df (49), while the control group had a t test value of 1.88 df (49). The difference between the experimental and control groups in post-test mean concentration scores was statistically significant. "T" (48.22) df (99), which is the "t" value, was determined to be significantly lower than 0.01 (p=0.001). The correlation between demographic variables such gender, type of family, family income, birth order, and family structure and pre-test level of concentration was tested using chi square test and found to be insignificant. It was determined that the degree of concentration of children with lower concentrations was insignificantly correlated with their gender, type of family, family income, birth order, and family structure demographic characteristics. The first two hypotheses were proven by comparing the data and differences between them. After implementing concentration-enhancing activities (H1), selected school-age children with attention deficit and hyperactivity showed a significant improvement in their level of concentration (H2). Because of the small sample size, it was not possible to test the significance of research hypothesis H3.

Conclusion

The study showed that offering concentration enhancement therapy to school-age children was highly effective in boosting their ability to focus, which could lead to better academic outcomes. As a result, it might be viewed as a requirement throughout their academic career.

References