Attention Deficit Hyperactive Disorder in Third World Countries

Deman Hussein
Non-Excluding Design and Evaluation
Uppsala, Sweden
Deman.Hussein.6952@student.uu.se

Petronella Sjögren
Non-Excluding Design and Evaluation
Uppsala, Sweden
Petronella.Sjogren.3305@student.uu.se

Sameer Mishra
Non-Excluding Design and Evaluation
Uppsala, Sweden
Sameer.Mishra.8872@student.uu.se

ABSTRACT
Attention deficit hyperactivity disorder (ADHD), an ignored disorder. The general population doesn't consider this a disease in most of the countries as the prime focus, of the doctors in developing countries, is on malaria, influenzas, typhoid and other critical diseases. Mental well being is not as often considered during childhood checkups, as a child's deviant behaviour might be an early stage of development, something the child might grow out of or whose brain might overcome these deficiencies with time.

This article focuses on how the diagnosis of ADHD is often ignored or stigmatized, why it should be considered to a larger extent and how to overcome the problems for the adult or during adulthood.

Keywords
ADHD; Behaviours,Disorder; Ethiopia,Congo; Goa; Hyperactivity

INTRODUCTION
Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder that occurs in childhood lasting into adulthood. Children with ADHD have many challenges that make it hard to function in society (Legg, 2018). The disorder can affect children's performance in school, their relationships at home, and between their peers. Signs of ADHD include lack of focus, concentration problems, forgetfulness, daydreaming, trouble waiting for their turn, and sometimes fidgeting (ibid). ADHD exists in different types, which depends on the symptoms affecting the individual. The types of ADHD include predominantly inattentive presentation, predominantly hyperactive impulsive presentation, and combined presentations (Legg, 2018). In developing countries, Attention deficit hyperactivity disorder is not given much attention. It tends to be placed under the brackets of naughtiness, laziness, rudeness, etc. Most people still underestimate the importance of understanding the effects of ADHD and how early detection can improve the overall wellbeing of the individual.

OVERVIEW OF ADHD IN DEVELOPING COUNTRIES
In most developing countries, attention deficit disorder is undervalued. In most cases, when a child is taken to the hospital, the most common tests carried out are usually of well-known diseases such as HIV, yellow fever, malaria, etc. Specialists, therefore, never take time to test a child if he or she has ADHD, mainly because it is not a priority. Overpopulation and fewer medical services are some of the factors that affect cases of ADHD in developing countries. In addition, there are fewer hospitals and fewer specialists who are qualified to carry out various ADHD tests. In countries such as the Democratic Republic of Congo and Ethiopia, ADHD cases range between 5% and 8% among school-going children (Legg, 2018). In Somalia, the number is still unknown; this is due to the ongoing political instability, the cultural attitudes of the people and the lack of skilled health facilities that can examine and diagnose ADHD. It has been reported that 34% of Somali children who are living in Sweden and born in December have ADHD (Kasim, 2012). Most people are still less or not informed about ADHD; therefore, it poses a problem for them to identify any person who may be suffering from the disorder hence there is a need for creating awareness for individuals in developing countries about ADHD.

TYPES OF (ADHD) AND THE CHARACTERISTICS OF EACH TYPE
There are three main types of ADHD. Specific characteristics are exhibited by a given type of ADHD (Legg, 2018). These characteristics present themselves in various ways. The first way is by inattention. In this regard, an individual becomes distracted and fails to concentrate. Also, one possesses poor organizational skills (ibid). The second one is impulsivity; this behavior makes an individual take unreasonable ventures and, interrupting when making communication with other individuals.

Lastly, hyperactivity behavior which makes it hard for them to slow down and difficulties accomplishing tasks (Legg, 2018). The first type of attention deficit hyperactivity disorder (ADHD) is *Predominantly inattentive* ADHD. Individuals possessing this type of disorder might miss details when one is explaining something to them. They can also be easily distracted from what they are doing. More often, individuals may find it a challenge to concentrate on a single task, and sometimes they may slow down, which makes them appear as if they are daydreaming. Other characteristics include losing items required to complete a given task such as papers and pen, seeming not to listen, trouble in organizing thoughts and learning new information, getting bored quickly, and slow processing of information leading to less accuracy. The predominantly inattentive disorder affects more girls than boys (Legg, 2018).

The second type of ADHD is *Predominantly hyperactive-impulsive* ADHD. Hyperactivity and impulsivity symptoms characterize this type (ibid). Individuals having this type of ADHD may feel restless, and squirm a lot, thereby having difficulties in sitting still. Individuals may also begin with a new task while in the middle of another task. Other examples are when an individual with this disorder plays with objects in the middle of a given task hence losing concentration. Individuals may also talk a lot, have trouble engaging in quiet activities, be impatient and blurt out inappropriate answers or comments. In classrooms, children with this disorder make it difficult for themselves and other students to concentrate on learning due to constant disruption (ibid). The third and last type of ADHD is a combination of the first and second categories. The symptoms of this type of ADHD does not fall within any of inattention or hyperactive-impulsive behavior. As this type exhibits a combination of symptoms from both the categories. Those who have ADHD may experience some degree of inattentive or impulsive behavior (Matthew Smith page, 2). People with ADHD tend to have severe effects than those without, the occurrence of this behavior may interfere with how one functions at home, schools, or in any other place where social interaction is mandatory. Most children are affected by this combination type of ADHD.

WHO IS AFFECTED BY ADHD?

ADHD is most rampant in childhood; however, in some cases, adults are also affected by this disorder. Symptoms of this disorder surface before the age of seven years. However, this disorder occurs more often in boys than girls. It has been reported that with every four boys having the disorder, only one girl does, which means that boys are more likely to be affected by the disorder than girls. In recent years, the ratio of boys to girls affected by ADHD has evened out somewhat, recording fewer males having ADHD. This was brought about by an increase in recognition of the inattentive type of ADHD, which mostly affects males (Chinawa M. Josephat and Obu A. Herbert, pg 1). There is also a high possibility that an individual who had this disorder in childhood will also take it to adulthood. In some cases, adults with ADHD were never diagnosed with the disorder while in childhood. Symptoms tend to change as one develops from childhood to adulthood hence making the cases of the disorder less prominent in adults (ibid).

POSSIBLE CAUSES OF ADHD

There is no one definite cause of attention deficit disorder; however, there are factors that are believed to be responsible for the causes. One of the most discussed is genetics (Silver, 2019). It is said that ADHD mostly runs in families. This seems to suggest that the disorder is passed from generation to generation; therefore children inherit them from their parents (Silver, 2019). Research has shown that children born by parents with ADHD are more likely to have the disorder themselves. Another possible cause is brain function and structure. People with ADHD may have specific areas of the brain smaller as compared to other areas resulting in the alteration of some brain functions (ibid).

EFFECTS OF ADHD

Attention deficit hyperactivity disorder has various adverse effects. These effects extend from the individual who is affected by those who surround the individuals such as the family and other children. These effects may differ as the child moves from childhood to adulthood. Also, the social and educational life may be affected by ADHD. It brings about social isolation. Individuals may find it challenging to interact socially with other individuals as they may seem different or may have trouble exchanging information with others. Low performance in jobs and in scholarly work is another effect, as processing information may be difficult or slow. Other effects of having ADHD include delinquency, substance and drug abuse, teen pregnancy, and motor vehicle accidents.

WAYS OF CURBING ADHD

Among children, apart from medication, getting a nutritious meal, playing and exercising, and learning how to cope with various challenges may aid in the treatment of ADHD. Medication may work best when combined with other things. In-turn, the performance of the children at school and social relations with others may improve. There may also be a reduction in frustration and stress for them and their families. In adults, apart from regular medication,

other skills can be used to aid in the control of ADHD. Learning to recognize one's strengths and developing techniques that may help one work more efficiently may help a lot in reducing the effects of ADHD. However, one needs to adopt a positive attitude to overcome the effects brought by ADHD successfully.

THE 2004 GOA CASE STUDY

ADHD and its consequences for the affected individual has been fairly well researched in Western countries in recent years, however, few have been conducted in India (Wilcox, Washburn and Patel, 2007). Wilcox et al. also state that the idea of what constitutes deviant behaviour in a child differs between cultures.

In the Goa case study, Wilcox et al. conducted a qualitative research study where they interviewed parents to children diagnosed with ADHD in the Indian state of Goa. All children had been diagnosed in accordance with a number of criteria listed in the article. (Wilcox et al., 2007). They reached out to 32 families listed at a Child Development Center (CDC) in Goa, 18 of which chose to participate in the study (10 fathers, 12 mothers). All families had had their child diagnosed within the last five years and upon discussing whether the parent thought their child had an illness, only six answered that they thought so. A small correlation was found in stronger likelihood to accept diagnosis the longer since diagnosis was given, however this correlation was not significant.

When discussing the terms ADHD or attention deficit hyperactivity disorder only 6 of 22 participating parents "offered up a diagnosis of ADHD without prompting, and only 10 were certain that their child had ADHD after prompting. Ten were either unaware of the nature of ADHD or unsure about whether their child suffered from this condition; two were sure that their child did not have it". (Wilcox et al., 2007, page 1603)

Parents did not generally seek professional help immediately: "In general, lay people, doctors in the community, and various forms of religious support were consulted early in the course of the illness, and the CDC or boarding schools were utilized later. Pluralistic help-seeking patterns were the norm." (Wilcox et al., 2007, page 1605)

The study also concluded that the school system could play a leading role in catching ADHD early, as the most commonly cited major reason for seeking help from professionals (the Child Development Center or a doctor) was "problems in academic performance". Furthermore, the study shows that many parents (in this sample) resisted medical treatment for their child.

Accepting the diagnosis or not, the study found that in general, lay people and religious personnel would more often try and relax the parents by telling them nothing was wrong with their child, whereas the CDC would rather help set a diagnosis and offer treatment. How the different approaches and recommendations were received varied between families: some felt relieved to have found a diagnosis, no longer feeling like a bad parent, however some felt more worried, and felt that their child's future was now jeopardised.

The study concluded that perhaps a biomedical model (setting an ADHD diagnosis) is not necessarily the best way of helping children in this culture and context, however the authors did stress that the longer the child had had their diagnosis, the less likely where the parents to blame the child.

To counter the resistance of strict medical interventions and the solely biomedical explanatory model, the authors say:

Parents tended to prefer non-medical interventions such as enrolling their child in remedial classes, sending them to boarding school, or engaging in various sorts of religious events more positively. Outreach programs should be aware that parents are unlikely to consult physicians directly for their children's behavioral problems, and that schools tended to be the primary referral source to the CDC. (Wilcox et al., 2007, page 1608).

ADHD and technology

Developers have been trying to create technologies to help various students with special needs and one among those is Mary Male's technology for inclusion a simple Computer-Assisted instruction for students at risk for ADHD, mild disabilities or academic problems, by Boston: Allyn and Bacon. With the effective use of computers and computer assisted instruction (CAI), students as well as teachers can benefit. For students, it can significantly enhance their learning by providing them with extra help in the skill areas in which they are deficient. CAI can increase job satisfaction for teachers by allowing them to devote sufficient attention to all students and providing them with another avenue to individualize lessons.

The authors also include descriptions of software program design and discuss software designed for mastery practice, simulations, life skills, problem solving, and specific subjects. The authors also provide teachers suggestions on how to evaluate software so that they choose the programs that are best suited to their students' needs. This book contains an array of reproducible charts and forms that allow teachers to apply the information learned to their class. Although This book was published in 1996 and has not been updated. As a result some of the information on software sources may not be current.

As the focus is on third world countries, the availability of resources is a challenge. Some schools don't have the adequate infrastructure to achieve the desired results but the methods can be applied on students if the big companies donate some systems or the aid.

CONCLUSION

Attention deficit hyperactivity disorder is a global problem affecting about 5% of the total world's population. About 1.5% of children in Africa are affected by ADHD. This disorder affects individuals from all walks of life regardless of gender or region. A higher proportion of male children is affected than that of females. While it has been mentioned that it can be passed down through genetics, there is no apparent cause of attention deficit hyperactivity disorder.

In developing countries, individuals are less informed about ADHD. Problems such as lack of health facilities, lack of qualified pediatricians, and illiteracy are among the challenges that have contributed to the prevalence of ADHD.

Cultural approaches other than a typical Western one is also an issue when dealing with ADHD. As seen in the Goa case study (echoed in similar studies in Asia), parents were reluctant to primarily seek medical aid, and turned to religious personnel as well as friends, family and lay persons first, delaying diagnostication as well as possible courses of treatment.

Attention deficit hyperactivity disorder is rampant in most developing countries; however, individuals in these countries are less informed about the disorder. Health organizations and relevant bodies should, therefore, do their best to create awareness among individuals in these countries.

Educating individuals about ADHD may help individuals in the early detection of ADHD cases. Which, in turn, would help in dealing with the cases of this disorder earlier. Having well-trained people in the field of ADHD may help as they may aid in researching how to curb the disorder.

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