# ADHD In India, Prevalence, Challenges, And The Path To Greater Inclusion

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Abstract- Attention-Deficit/Hyperactivity Disorder (ADHD) affects children worldwide, in India, where unique social, educational, and cultural contexts shape the experience of this condition. Although ADHD prevalence in India is rising, limited awareness and resources create barriers to effective diagnosis and support. This article examines ADHD's prevalence in India, the current state of awareness, and the challenges faced by children, families, and educators. It calls for increased awareness, better teacher training, and policy support to ensure children with ADHD receive the care and support they need to succeed in mainstream educational settings.

*Keywords*- ADHD, prevalence, Acknowledge, recognition, challenges.

# I. INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopment disorder with no clear etiopathogenesis (Kuppili et al., 2017). It is manifested by difficulty in attention, hyperactivity, and impulsiveness (Sitholey et al., 2009). ADHD and impulsivity can hinder school life, goal attainment, and the overall abilities of students, making it challenging for them to participate in academic and social activities (Mehta et al., 2012). There is ample literature reporting the prevalence of ADHD in various parts of the world, but the prevalence of ADHD in India is not clearly understood (Joseph & Devu, 2019). Fifteen studies conducted in school-based settings showed a pooled prevalence of 75.1 per 1000 children aged 4-19 years (Chauhan et al., 2022). In community-based settings, the pooled prevalence was 18.6 per 1000 children surveyed (Joseph & Devu, 2019). The overall pooled prevalence of ADHD in India was observed to be 63.2 per 1000 children surveyed, with significant heterogeneity noted in the findings (Chauhan et al., 2022).

A study of 106 teachers from 12 English-medium schools revealed that teachers lacked adequate knowledge of ADHD, with only 49% of the responses being correct (Shroff et al., 2017). The findings conclude that teachers in Mumbai need training on general information and the treatment of ADHD, with an emphasis on correcting common misperceptions about the disorder (Shroff et al., 2017).

# The Prevalence and Awareness of ADHD in India:

Several studies indicate that ADHD is underrecognised in India's school systems, often mistaken for behavioural issues rather than a neurodevelopmental disorder (Sethi, 2010). Educators in urban areas such as Bangalore and Delhi report growing awareness of ADHD, but rural areas face more significant gaps in knowledge and resources (Basu & Banerjee, 2021). Parents and teachers frequently struggle to identify ADHD symptoms, such as inattentiveness and impulsivity, contributing to delays in diagnosis and intervention (Medindia, 2024). Research has highlighted that many Indian schools lack resources like Individual Education Plans (IEPs), often leaving children without the structured support they need (David, 2013).

# Challenges for Children with ADHD and Their Families:

Children with ADHD in India face challenges beyond the educational system. Societal stigma around mental health issues can make it difficult for families to seek help (Basu & Banerjee, 2021). Traditional beliefs may lead some parents to view ADHD behaviours as disobedience rather than symptoms requiring medical attention (Chauhan et al., 2022). This lack of understanding can hinder early intervention, which is crucial for helping children manage symptoms and develop effective coping strategies (Joseph &Devu, 2019).

# The Role of Teachers and the Need for Training:

Teachers in India play a critical role in identifying ADHD-related behaviours, as they are often the first adults to observe children in group settings where attention and behaviour demands are high (David, 2013). Studies reveal that while teachers are willing to support students with ADHD, they frequently feel ill-equipped due to a lack of training in recognising and managing ADHD symptoms (Sethi, 2010). Increased professional development for teachers could bridge this gap, enabling them to support children's learning needs more effectively (Medindia, 2024).

#### **Policy and Intervention Needs:**

India's education policy currently lacks specific guidelines or accommodations for ADHD, underscoring the need for systemic change (Kuppili et al., 2017). Schools require policies that include ADHD support frameworks, such as classroom accommodations, counselling, and collaboration with mental health professionals. These changes are necessary to build an inclusive educational environment that supports the needs of neurodiverse children (Sethi, 2010).

#### **II. CONCLUSION**

ADHD in India remains under-addressed despite its significant impact on children's academic and social lives (Basu & Banerjee, 2021). Greater awareness, investment in teacher training, and policy shifts are essential to improve diagnosis, treatment, and support for children with ADHD (Chauhan et al., 2022). With comprehensive intervention, India's educational systems can help children with ADHD reach their potential, providing a more inclusive environment for all students (Medindia, 2024).

#### REFERENCES

- [1] Medindia. (2024). ADHD in India surpasses global average: Essential treatments and interventions.
- [2] Sethi, N. (2010). ADHD in Indian schools: A study of students with ADHD and their teachers in twenty primary schools in New Delhi and Bangalore. Open Research Repository.
- [3] Kuppili, P. P., Manohar, H., Pattanayak, R. D., Sagar, R., Bharadwaj, B., &Kandasamy, P. (2017). ADHD research in India: A narrative review. *Asian Journal of Psychiatry*, 30, 11-25.
- [4] Joseph, J. K., &Devu, B. K. (2019). Prevalence of attention-deficit hyperactivity disorder in India: A systematic review and meta-analysis. *Indian Journal of Psychiatric Nursing*, 16(2), 118-125.
- [5] Chauhan, A., Sahu, J. K., Singh, M., Jaiswal, N., Agarwal, A., Bhanudeep, S., Pradhan, P., & Singh, M. (2022). Burden of attention deficit hyperactivity disorder (ADHD) in Indian children: A systematic review and meta-analysis. *Indian Journal of Paediatrics*, 1-9.
- [6] Sitholey, P., Agarwal, V., & Sharma, S. (2009). An exploratory clinical study of adult attention deficit/hyperactivity disorder from India. *Indian Journal* of Medical Research, 129(1), 83-88.
- [7] Mehta, S., Shah, D., Shah, K., Mehta, S., Mehta, N., Mehta, V., Mehta, V., Motiwala, S., Mehta, N., & Mehta, D. (2012). Peer-mediated multimodal intervention program for the treatment of children with ADHD in

India: One-year follow-up. *International Scholarly Research Notices*, 2012, 419168.

- [8] Basu, S., & Banerjee, B. (2021). Current scenario of diagnosis and treatment of attention-deficit/hyperactivity disorder (ADHD) in urban India: A pilot study. *Mental Health Review Journal*, 26(3), 298-314.
- [9] David, N. (2013). ADHD in Indian elementary classrooms: Understanding teacher perspectives. *International Journal of Special Education*, 28(2), 4-16.
- [10] Shroff, H. P., Hardikar-Sawant, S., &Prabhudesai, A. D. (2017). Knowledge and misperceptions about attention deficit hyperactivity disorder (ADHD) among school teachers in Mumbai, India. *International Journal of Disability, Development and Education*, 64(5), 514-525.
- [11] Satapathy, S., Choudhary, V., Sharma, R., & Sagar, R. (2016). Non-pharmacological interventions for children with attention deficit hyperactivity disorder in India: A comprehensive and comparative research update. *Indian Journal of Psychological Medicine*, 38(5), 376-385.