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**COMPARISON OF SELF-EFFICACY AND AGGRESSION IN STUDENTS WITH
ADHD AND NORMAL FOURTH GRADE ELEMENTARY SCHOOL STUDENTS IN
KARAJ**

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ABSTRACT

Introduction: Attention deficit hyperactivity disorder (ADHD) is a complex psychiatric disorder in childhood and adolescence that is often associated with attention deficit. One of which is likely to affect hyperactivity disorder / attention deficit children may have an impact on the efficacy and their level of aggression.

Materials and Methods: Methods of Ali - was a comparative study sample consisted of 50 students with ADHD (25 girls and 25 boys) and 50 normal students (25 girls and 25 boys) were enrolled in the academic year 92-91 the sampling method were selected. In order to collect test data to diagnose attention deficit disorder with hyperactivity H. King, Ismaili (1384), and di- efficacy questionnaire Bntryj Grdt (1990) Aggression Questionnaire Bass - Perry (1992) and data obtained t-test and Pearson correlation coefficient was analyzed through software SPSS16.

Results: Statistical comparisons indicated that ADHD students with regular students in terms of efficacy ($p < .01$, $t = -2/21$) and aggression ($p < .05$, $t = 2/81$) are significantly different thus, students with ADHD have higher than normal levels of self-efficacy and the level of aggression in ADHD children than normal children supportive . Other results also showed that the aggression between girls and boys with ADHD, there are significant differences, however, found no significant difference between the normal male and female students. Also, the findings

showed that self-efficacy between male and female students between ADHD and normal male and female students, there is no statistically significant difference.

Conclusions: Children with attention deficit disorder or hyperactivity, impaired social behavior disorder symptoms can be managed with a combination of efforts and programs. Behavior and parenting practices, parent counseling and training, most medications used for this disorder can be.

Keywords: Attention deficit disorder / hyperactivity disorder, self- efficacy, aggressive

INTRODUCTION

Attention deficit hyperactivity disorder (ADHD) is a complex psychiatric disorder of childhood and adolescence (1) that not only impact on the individual, but also influence on integrated family system. While, the etiology of this disorder was based on bio-neurotic factors, but it must be considered that this disease will not occur in vacuum. The family system in order to maintain its own balance and stability needs to bring together with patient. Family adaptabilities often are comprehensive and influence on all family roles and family members like father, mother, siblings and grandfathers and grandmothers. Adaptations that every family tries to show, as well as the anxieties and frustrations that are experienced are observed in different family subsets and several future generations. (2). The disorder is characterized by impulsivity and restlessness, lack of attention and lack of concentration and disrupts normal functioning at school,

home and society (3). ADHD is often associated with attention deficit and usually occurs in childhood. Diagnosis is difficult in younger than 5 cases because it may be confused with the natural behavior and their mischievousness. The disorder causes difficulties within the family system as well as causes the individual to experience problems in school, social and occupational performance (2) and usually disrupt the individual functions in the fields of education and social interaction with peers and adults (6, 5, 4). The results show that 10% to 20 % of school age children suffer from this disorder (7). So that in a study that was performed on preschool age children in Mashhad, prevalence of ADHD was achieved in boys 18.1% and in girls gained 6.7% (8). As well as researches showed that in 50% to 60% of cases, the symptoms of ADHD continue until adulthood (9).

Dortaj's study (10) showed that hyperactive teenagers' mothers had a negative relationship with their children in comparison to mothers with normal children. They got angrier in disputes. Hyperactive teenagers' mothers are often headstrong and opinionated and have fewer tendencies to solve the problem. The study with title of evaluation of family function in hyperactive children and normal ones, showed a significant difference between two groups in terms of problem solving and emotional support, but other dimensions were not significant. Moradi et al.'s study (12) with title of "Comparison of the education effectiveness in self-regulation of motivational behavior, self-regulation of attentional behavior, verbal self-education on mathematical performance educational self-efficacy in children with ADHD" concluded: A) educating of verbal self-education and self-regulation of motivational behavior strategies had a significant impact in self-efficacy understandings on hyperactive students with ADHD. Educating of attentional behaviors strategies had a positive significant impact in mathematical performance on hyperactive students with ADHD. A study with titled of "Hyperactivity disorder relationship with learning disorder in boys 7 to12 year-old",

was conducted and results showed that 13 (43.3%) cases of children suffered from attention deficit and hyperactivity disorder, and 3 (9.96%) of normal children suffered from learning disorder, It was significant regarding suffering from learning disorder between the two groups. Through a study it was concluded that the intimacy and interaction between hyperactive siblings is less than normal ones. (14). As well as parents of children with ADHD usually had many problems in their interaction with children and experienced higher stress levels in compare with normal children's mothers (15). One of the likely effects of ADHD on children is impact on their aggression level and self-efficacy. From Social psychologists point of view aggression includes behaviors in which the individual harms himself or others physically or verbally (1, 6). Coaches and teachers observe in some of the students, attitudes and actions that are passed beyond the sincere and friendly relationships and got over strong. For example, whenever two students stood against each other while excitement and nervousness were evident in their faces and harsh words exchanged between them, this condition is expressed the aggression. Aggression is considered as a natural social behavior in particular age and

condition of. In stages of growth, aggression is observed among a lot of children and adolescents, especially in boys. This behavior indicated that the individual want to examine his/her power, domination, power and freedom different ways. This behavior with such impetus can be observed especially in pre-school, elementary and program schools. Aggressive behavior in various ways, including beating, hair-pulling, etc. can be seen. Form and intensity of aggressive behavior associated with gender and age. So that boys, relying on power and physical strength usually express their aggression physically, while girls usually apply verbal aggression. Social relations of children with attention deficit / hyperactivity disorder (ADHD) cannot be acceptable, thus they use high-irritability and aggression in their games. Therefore, studious and obedient children do not like to be friend with them. So that probability of delinquency and behavioral problems is increased in this group. Results of a study showed that the incidence of behavioral problems, aggression and depression in siblings of children with ADHD is more than other specific groups' siblings (17). And the level of aggression and depression disorders in exceptional children has been seen more than normal children (1

to 7). Sharpe' research (18) indicated that children with a chronic disease have more psychological functioning disorders compared to other children. Study of one hundred children with moderate and normal mental retardation indicated their mothers suffered from more tensions compared with normal children's mothers (19). Bandura represents in his book "social foundations of thought and action"; humans have a self-system that controls their thoughts, feelings and their actions. The self-system is the set of cognitive and emotional structures such as learning from others, ability of symbolization and personal behavior organization. Self-system involves perception, evaluation, and regulation of behavior. As well as, this system provides reference mechanisms and organizes the sub-functions for reception, and impact on organization and evaluation of behavior that lead to mutual connectivity between self-system and effective extra-environmental resources (20). Generally, Bandura believes that human's behavior and motivation derived from human's beliefs that are key factors in functions and personal control (20). Self-system is outcome of mutual interaction between the individual and effective peripheral resources. This is an autonomous system and has the ability to

change the environment and individual action (21). Based on Bandura's social – Cognitive theory, self-reflection is a mediator between knowledge and action. Individuals through self-reflection evaluate experiments and their thought processes. Knowledge, capabilities and past victories are poor predictor of future successes because people's beliefs about their abilities and the consequences of their efforts have a strong influence on their behavior (21). Arabian et al.'s research (22) showed a positive and significant relationship between self-efficacy and mental health. As well as there is a significant relationship between self-efficacy and behavioral problems (23). Result of a study showed that there is a positive and significant correlation between self-efficacy and mental health (less pathological symptoms) (24). The results of Bandura et al.'s research (25) showed that self-efficacy and academic achievement, damaging behavior and depression have a significant relationship. They concluded that the self-efficacy enhancement has a relationship with improving mental health (26).

This study was conducted to examine the self-efficacy and aggression in children with ADHD and normal children. The hypotheses of this study include:

1. There is a significant difference between students with ADHD and normal students in term of self-efficacy.
2. There is a significant difference between students with ADHD and normal students in term of aggression.
3. There is a significant difference between boy and girl students with ADHD in term of self-efficacy.
4. There is a significant difference between normal boy and girl students in term of self-efficacy.
5. There is a significant difference between boy and girl students with ADHD in term of aggression.
6. There is a significant difference between normal boy and girl students in term of aggression.

RESEARCH METHODOLOGY

In the present research, causal- comparative design was applied to investigation of self-efficacy and aggression in students with ADHD and normal.

Population and Sample of Research

The research population was the all elementary students who were enrolled in the academic year 2012/13. The research sample was 50 students with ADHD (25 female and 25 male) who were selected from the main population by available sampling method.

Sampling was performed by researchers and teachers collaboration, as well as diagnostic test of ADHD Were applied. Also for comparison, 50 students (25 female and 25 male) were selected randomly as normal students.

Procedure

First, several schools were randomly selected at the level of primary schools in Karaj. Then, at a later stage, teachers helped to identify the children with ADHD. ADHD diagnostic test was performed on suspected students in collaboration with teachers. The students who obtained 18 scores of test were considered as a student with (ADHD) and were selected as a participant of study. Normal children were selected randomly from among the students who were not diagnosed patient. In the next step the participants responded the questionnaire and lastly the questionnaires were scored and analyzed.

Research instrument

A - Attention deficit hyperactivity disorder (ADHD) diagnostic test

The survey was provided by Hasan Shahi and Esmaili in 2005 based on presented information in the Diagnostic and Statistical Manual of Mental Disorders 4th Edition. The questionnaire has nine questions that were

graded in four options. To complete this questionnaire, the teachers were asked to complete the questionnaire for students. According to the Diagnostic and Statistical Manual of Mental Disorders, a child suffers from disorder when he had 6 of the 9 defined criteria for attention deficit disorder for of 6 months. So in this test, students who got over 18 scores had attention deficit disorder, and the scores below 9 were normal cases. Despite the validity of DSM- IV criteria, for validity determination the correlation of each question was investigated with the total score of questionnaire. The correlation coefficient fluctuated from 0.69 to 0.87. As well as the correlation of questionnaire was examined with Rutter's behavioral disorders index (reliability and validity was known), the correlation between the two questionnaires indicated the validity of the test. Also the alpha coefficient of questionnaire was calculated which was 0.96. (27).

B - Self-Efficacy Questionnaire

This subscale derived from motivated strategies for learning questionnaire (MSLQ) and has been made by Panterij and De Gerdett (28). The subscale has 9 questions and it was graded in 5 levels (Strongly agree to strongly disagree). The minimum score on the scale is 9 and the maximum is score 45.

In this way that 5 score for strongly agree, 4 score for agree, 3 score for no idea, 2 score for disagree and 1 score for strongly disagree. This scale internal consistency was 0.48 and Cronbach's alpha was 0.89, as well as the correlation of scale with self-regulation learning was 0.46. (29).

In Iran (29) in order to study the reliability of the questionnaire retest was to done by Alborzi and Samani that obtained coefficient was equal to 0.76. Also to determine the criterion validity correlations with internal consistency was 0.52 and with using strategies components was 0.36, with self-regulation was 0.45, which all were significant at $0.001 > p$.

C - Aggression Questionnaire (Buss - Perry)

The questionnaire was developed in 1992 by Buss and Perry that was formed of the four subscales; physical aggression, verbal aggression, anger and hostility. The questionnaire had 29 items and was set based on Likert five-level scale that high scores indicated more aggression (30). The internal consistency of questionnaire was ($\alpha=0.89$) and the reliability by retest method was ($r=0.80$). In the Lavvaf Poor Nouri et al.'s (2012) research reliability of questionnaire by internal consistency test was 0.082 and for physical aggression, verbal, anger and

control components was respectively 0.76, 0.67, 0.64, 0.65. In the present study internal consistency reliability for the entire questionnaire was 0.84. Coordination of questions was calculated by Cronbach's alpha coefficient was calculated and reliability for the subscales of physical aggression, verbal, anger and hostility respectively was obtained 0.72, 0.65, 0.63, and 0.78.

FINDINGS

As table1 shows, the demographic characteristics of the participants are presented. According to table 1, 50 children (25 girls and 25 boys) with ADHD and 50 normal children (25 girls and 25 boys) were participated in the study.

As table2 indicates, the observed correlation coefficient (r) between self-efficacy and aggression variables among students with ADHD is (0.171). Observed correlation was smaller than the table correlation. Therefore, the relationship between variables is not statistically significant. As well as, it was concluded that there is no significant relationship between the self-efficacy and aggression in students with ADHD.

According to Table 2 the observed correlation coefficient (r) between two self-efficacy and aggression variables in normal students equals (-0.050). As well as observed

correlation was smaller than the table correlation, therefore the relationship between variables is not significant so there is not a significant relationship between the self-efficacy and aggression in students with ADHD.

In analysis of Table 3 the mean scores of self-efficacy in students with ADHD and normal students were (25.5) and (30.4) respectively and standard deviation were (11.55) and (10.62) respectively. Given that observed t (-2.21) was larger than t of table, the first hypothesis was confirmed and concluded that the difference between these two groups was significant and normal students' self-efficacy was higher than children with ADHD.

According table 3 the mean scores of aggression in students with ADHD and normal students were respectively (29.3) and (21.05) and standard deviations respectively were (16.16) and (13.04). Regarding observed t (2.81) was larger than t of table, the second hypothesis was proved and concluded that the difference between these two groups was significant and aggression level in children with ADHD was higher than normal students.

As the table4 shows, the mean scores of self-efficacy in boy and girl students with ADHD

were (27.05) and (22.12) respectively and standard deviation were (11.90) and (10.89) respectively. Regarding observed t (1.53) was smaller than t of table, the third hypothesis was rejected and concluded that the difference between these two groups was not significant statically.

According Table 4 the mean scores of self-efficacy in normal boy and girl students were (33.5) and (32.08) respectively and standard deviation were (12.35) and (8.77) respectively. Regarding observed t (0.47) was smaller than t of table, the forth hypothesis was rejected and concluded that the difference between these two groups was not significant statically.

As the table 5 shows, the mean scores of aggression in boy and girl students with ADHD were (35.2) and (21.02) respectively and standard deviation were (17.24) and (10.12) respectively. Regarding observed t (3.55) was greater than t of table, the fifth hypothesis was confirmed and concluded that the difference between these two groups was statically significant and aggression level in boys with ADHD was higher than girls with ADHD.

In analyzing of table 5, the mean scores of aggression in normal boy and girl students were (18.8) and (23.2) respectively and

standard deviation were (7.62) and (16.71) respectively. Regarding observed t (-1.19) was smaller than t of table, the sixth

hypothesis was rejected and concluded that the difference between these two groups was not statically significant.

Table 1: Demographic characteristics of subjects

Statistical ... indexes Condition	frequency		Frequency percentage	
	Girl	Boy	Girl	Boy
ADHD	25	25	25	25
Normal	25	25	25	25
Total	50	50	50	50

Table 2: Comparison of the observed correlation between self-efficacy and aggression among students with ADHD and normal ones

Variable	Condition	frequency	Mean	Standard Deviation	Degrees of freedom	r
Self-Efficacy	ADHD	50	25.5	11.55	48	0.171
Aggression			29.3	16.16		
Self-Efficacy	Normal	50	30.4	10.62	48	-0.050
Aggression			21.5	13.4		

Table 3: Comparison of self-efficacy and aggression in students with ADHD and normal students

Variable	Condition	frequency	Mean	standard deviation	Degrees of freedom	t
Self-Efficacy	ADHD	50	25.5	11.55	98	-2.21 *
	Normal	50	30.4	10.62		
Aggression	ADHD	50	29.3	16/16	98	2.81 **
	Normal	50	21.05	13.04		

0.01 * P < 0.05 ** P <

Table 4: Comparison of self-efficacy in students with ADHD and normal students

Condition	Groups	frequency	Mean	standard deviation	Degrees of freedom	t
ADHD	Boy	25	27.5	11.90	48	1.53
	Girl	25	12/22	10.89		
Normal	Boy	25	33.5	12.35	48	0.47
	Girl	25	32.08	8.77		

Table 5: Comparison of aggression in girls and boys ADHD and normal

Condition	groups	frequency	Mean	standard deviation	Degrees of freedom	t
ADHD	Boy	25	35.2	17.24	48	-3.55
	Girl	25	21.2	10.12		
Normal	Boy	25	18.8	7.62	48	1.19
	Girl	25	23.2	16.71		

* P < 0.01

DISCUSSION AND CONCLUSION

Present research was performed to comparison of self-efficacy and aggression in students with ADHD and normal students. The results of this research showed that the first hypothesis of the study has been

approved and it is concluded that there is a statically significant difference between these two groups and normal student benefit from higher level of self-efficacy. In this way finding of this study is compatible with Yaqoubi's (31) study which was investigated

the motivation of academic achievements and educational performance in students with ADHD and normal students and also is in line with a study which investigates educational advances in children with ADHD. Also in this research the second hypothesis was approved and it was concluded that there is a significant statistical difference between these two groups and students with ADHD demonstrate more aggression in comparison to normal students. In this way the results of this research was in line with Kamyab Negar's study of higher rates of aggressive behavioral disorders and depression in siblings of children with ADHD and autistic children in comparison to siblings of other exceptional groups. As well as, present study was compatible with Sharpe's (18) study findings which showed compared to normal cases, children with a chronic disease demonstrate more psychological functioning disorders. Investigation of the third hypothesis showed there is no significant difference in self-efficacy between boys and girls with ADHD. So the third hypothesis of the research was rejected. It has to be mentioned that there were no studies on comparison of self-efficacy boys and girls students, in line with the results of this study. Investigating the

forth hypothesis of this research proved there is no significant difference in self-efficacy between normal boy students and girl students thus forth hypothesis was not approved. The results were compatible with the results of Najafi (24), Ehrenberg (33) and Arabian et al.'s studies but disagree with findings of Pintritch et al. (34) Marcus (35) and Zohravand (36) which were based on no difference in self-efficacy between boys and girls. The fifth hypothesis of this study indicated a difference in aggression rates between boys and girls with ADHD. The result of present study showed a significant difference. Therefore this hypothesis approved the significant difference. There is no specific study on the comparison of aggression rate in ADHD boys and girls to define this hypothesis nevertheless the results are definable based on research literature. Investigating the sixth hypothesis of this survey, the results of this study indicated there is no significant difference in aggression in normal boys and girls so this hypothesis was not approved. In this way this study was in line with Golchin's (37) study of difference absence in tendency to aggressive behavior between boys and girls and was not compatible with findings of Soufi (38) which claims the occurrence of

aggressive behavior in boys is more than girls.

Many studies results present that children with attention deficit or hyperactivity have problems in social behaviors in comparison to normal children. They are usually sad, noisy and unreasonable children who were rejected by their friends and others have negative opinions about them especially when they get aggressive and hostile.

Mannuzza et al. (39) believe compared to normal children, children with ADHD are significantly at risk of drug abuse and anti social behaviors. So if the hyperactivity disorder of these children isn't yet cured, their pertinacity and aggression will be intensified day by day to the level that when they reach adolescence, they will turn into people who are ignorant to social rules and felons at the end. From social aspect because of attention deficit , ADHD children do not care about details and the face difficulties even in games and have problem in their relationship with other children .They don't follow instructions and aren't able to do school homework and other tasks and duties and compared to normal individuals have a lower sense of self-efficacy. There is no specific and certain procedure to cure this disorder .Anyway symptoms can be taken

under control with a combination of efforts and programs. Conducting and parenting techniques, parental advisory and trainings are the best treatments used for this disorder. The control over behavior is a skill which needs practice and patience and takes time. This method more emphasis will be on empowering and rewarding.

Anyway, one of non pharmacological treatments of this disorder is training ways of conduction with an ADHD child to parents. By the way family therapy is also advised since ADHD can cause problems in whole family system or may aggravate existing problems. In this research because of restricted number of sample the findings can't be generalized to whole primary school students in Karaj city. There were also problems related to time - synching with school authorities and teachers regarding to cooperation in this research and completing the questionnaires. Thus this is recommended to conduct this research on more samples so that it can achieve a generalized result. It is also recommended that the results of this type of studies be offered to the parents. As well as, sufficient amount of effort has to be put in treatment of ADHD by related authorities.

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