INVOLVING CHILDREN WITH ADHD AND THEIR PARENTS IN RESEARCH IN SAUDI ARABIA

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ABSTRACT

ADHD is the term that has been afforded to those children who seem to have problems in the areas of Attention and Hyperactivity. This paper offers a number of different considerations surrounding the formation and development of the socio-political context of studies in the Educational domain. This paper also centres on local, national, international, discursive and social; therefore, it is necessary for a researcher to ensure the awareness of all of these aspects when carrying out a study. The Saudi context, in this vein, is known to be concerned about the necessity to verify the background and foundation of ADHD in Saudi Arabia. It is recognized that, an overview in this arena would enable the readers to develop an understanding of the context in which the study is carried out. This research attempts to explain the importance and recommend the parents to be involved with children's ADHD (Attention Deficit Hyperactivity Disorder) in Saudi Arabia.

Keywords: ADHD, Attention, Hyperactivity, Inclusion, Saudi Arabian

INTRODUCTION

Saudi Arabian Educational policy was devised in the 1970s, as recognised by Al-Hamed, Mutawali, Al-Otaibi, & Zeyada (2005), and this policy consideration was directed not only towards education as a general field, but also to special education. Though the generation and application of specific goals centred on ensuring pupils with special needs were cared for, the Saudi Arabian government sought to provide each pupil with education as a right.

Owing to the significant leap in figures, concerning various inclusion programmes and the changes in special schools and their facilities, special needs students, as an overall population, were seen to increase in the normal classroom environment by a huge of 88% (Al-Mosa, 2005).

However, complete inclusion is known to face a number of challenges and obstacles such as, for instance, the parents of those with special educational needs have the worry about their children, when enrolled in ordinary school, will not have their requirements and needs to be fulfilled, and capabilities necessary in order to manage and deal with the problems of their children (Al-Mosa, Alsartawi, Al-Abduljabar, Al-Battal, & Al-Husain, 2006). It is recognised by Al-Mosa that negative viewpoints are held by some towards those with disabilities and special needs, which means, it is not impossible that some teachers might also adopt such perspectives. As a result, students might not be afforded with the attention, effort and time what they need (Alghazo & Gaad, 2004). Perhaps more importantly, it is accurate to state that, majority of mainstream schools are unable to manage and handle children with learning difficulties (Al-Mosa et al., 2006).

Educational Provisions for Children with ADHD

In the Middle Eastern context, researches published regarding the ADHD as a whole, are lacking; however, it is clear that this disorder impacts with children and young adults in schools and is addressed in a medical context (Fayyad, Jahshan & Karam, 2001). A review of the researches carried out in Arab countries for the period spanning of 1996–2008 was performed in relation to ADHD prevalence (Farah et al., 2009). This review highlighted the findings, comparable to those in other countries. Moreover, it also reported that ADHD amongst

Arab students has a prevalence rate, rating from approximately 5.1% up to around 14.9%.

In the KSA (Kingdom of Saudi Arabia) specifically, ADHD prevalence is believed to fall somewhere in the range of 12.6%-16.7% (Rahim, Al-Hamad, Chaleby, & Al-Subaie, 1996; Al-Hamed, Taha, Sabra, & Bella, 2008). Thus highlighting a high prevalence rate for the disorder in comparison to the prevalence rate detailed in the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision), is recognized as being approximately 3%-7% amongst school-aged children. Furthermore, it has been reported by the National Institute of Clinical Excellence (NICE) (2006) that, the amount of children who were prescribed ADHD-related medication is around 3 in 1,000 (NICE, 2006). On the other hand, this number is no larger than the figures noted in various researches carried out in other countries, including the USA. It is believed that, around 18.9% of all school-aged children have ADHD (Carlson, Tamm & Gaub, 1997). In Columbia, rates are found to be similar, with approximately 12.3% of girls identified as having the disorder whilst boys are seen to be higher, at 19.8% (Pineda, Lopera, Palacio, Ramirez, & Henao, 2003).

Various researches have highlighted a comparable prevalence rate, such as in the work of Wolraich, Hannah, Pinnock, Baumgaertel, & Brown (1996), who found that, around 16% of school-aged children are identifiable as having ADHD. Nonetheless, this research has drawn a comparison between the rates in the USA with those in the KSA owing to the idea that most children identified as having ADHD which have been evaluated and diagnosed by local professionals, who have undergone training through American bodies or professionals, could be somewhat responsible for explaining the recognised similarity in ADHD prevalence rates.

In mind of the above, the Saudi Arabian government has made the decision to behave proactively through giving the national project for managing ADHD children by the go-ahead (Saudi Press Agency, 2009). One of the most pronounced aspects of this phenomenon is the fact that, various education, health and higher education bodies need to come together and combine their efforts so as to deliver the most suitable services in that field. This emphasises the value of gathering in-depth understanding and relevant data to concerning the children with ADHD.

Viewing Disabilities

In the KSA, individuals recognised speech needs to consider their problems from an Islamic standpoint. As supported by the view of Alshaia (1997), disabilities are recognised as being a test, centred on establishing the levels of patience in people and their faith in destiny, and also as a means of ensuring gratitude for what God has given. The Islamic faith teaches that, if an individual bears pain and suffering, and continues to be patient, they will be rewarded.

Thus so far, very few empirical researches have been carried out in mind of examining people's viewpoints and attitudes towards those with disabilities and learning difficulties in the Saudi context. Nonetheless of those have been performed, positive attitudes were identified (Alsartawi, 1987). Regardless, however, one of the key obstacles to inclusion is still present, that is the negative views of people towards those with special needs (Al-Mosa et al., 2006).

Involving Children

A wealth of social studies have been centred on the contexts in which children's life, with attention is directed towards the home and school, although those have not actively involved with the children in the fieldwork (Hill & Tisdall, 1997), which may be because their input is not considered particular valuable or reliable, but also potential because, studies carried out with children involves a great deal of consideration towards ethical factors (Alderson, 1995).

Additional attention has been centred on the rights and voices of children, especially as a result of the application of the Convention on the Rights of the Child (Article 12 of the United Nations, 1989). It has been made clear that children's and adults' interests are neither single nor similar, meaning that, children experience things differently and on a cultural scale (Alderson, 2002). It is stated that, children are actively involved in social order, and play an

active role in the formation of family life (DfES, 2001). In addition, children are also impacted by a number of significant people, where teacher-parent relationships, have a subsequent impact on interaction. In this vein, it has been suggested that children can prove to be holders of valuable information and input their own behaviours and emotions (Jones & Walker, 2011).

According to the ecological mode, there is a need to ensure the voice of children which is heard whilst performing a research—even when this is not the focus of the research (Sugden, Kirby & Dunford, 2008). Children ought to be provided with the right to articulate their views freely in every matter influencing them, and also be afforded the opportunity to be heard concerning with their views (UN, 1990). In actual fact, as in Saudi Arabia, children experience little opportunity to state their views in school in affairs that influence their lives. As an alternative, the educational system views them as children, and therefore every decision concerning them is taken by adults in authority, either parents or teachers (Marshall, 1996). In reality, schools' function is mostly an adultcentred framework, with little influence on the status of children (Rose & Shevlin, 2004). Hamill & Boyd (2002) noted that, several children stay silent and are not in a position to impact the policies and practice that form their lives (Hamill & Boyd, 2002). Children could be very valuable respondents of structured as well as unstructured data collection methods, such as questionnaires or interviews (Scott, 2008). They are capable of providing insights into a world that, adults cannot access without their insights. When utilising children as participants, it is vital to take their age and cognitive capability into account, and which makes a suitable methodology, for instance, a good level of language and comprehension is also taken into account (Greig & Taylor, 1999).

With the same thought, scholars Penza-Clyve & Zeman (2002) and Beckett, Barrett & Ellison (2009) state that, seven year old children are recognised as better positioned to make distinctions between anger, fear and sadness, and to provide valuable data and be able to generate ideas concerning causation origins, control potential, chronicity, and disability outcomes.

Furthermore, how children experience disorder is a fundamental element to consider when devising processes and methods of treatment (Reimers et al., 1995). Without question, there is a dearth of research considering the views of children with ADHD, particularly in Saudi context. As a result, researches centred on the care of children with ADHD are fundamental in terms of providing decision-makers with additional support, understanding and insight, all of which will assist them in the creation of National development policies (Abed, Pearson, Clarke, & Chambers, 2014a). However, from the author's is experience, as a researcher, it is difficult to conduct interviews with children with ADHD in Saudi Arabia as parents refuse the researchers to conduct the interviews by themselves and they prefer teachers, school psychologists and also themselves to do so.

Involving Parents

In the KSA, families are generally seen to be quite large when drawing a comparison with families in Western contexts. In 1996, Saudi families tended to be an average of 7.5 people (The Eight Development Plan, 2005). Importantly, Saudi families have demonstrated changes in their dedication in the socio-economy of the country, with those changes surrounding the importance of Saudi women to work with the aim of conforming to new lifestyles, which are now different. Importantly, such changes experiencing a number of challenges to ensure the children with special needs are afforded with the time and care what childern need (Heymann & Earle, 2000). As a result, Saudi families are in greater need of support, which will help to reduce their pressures and stresses through identifying and supporting the requirements and rights of such individuals.

As a researcher in the ADHD field, the author recognises that it may be difficult to recruit parents for involvement in a research study, which may be the case for various different reasons (Abed et al, 2014a; 2014b). Primarily, parents with an ADHD child might be under a lot of stress and pressure, and therefore they might feel that, they need to centre their efforts on lessening the problems and conflicts in their lives. It is common for parents to be reluctant to discuss about their difficulties and challenges

with anyone outside of their family. Holding the fear of such discussions could be result in welfare services involvement with them who is being considered as a 'bad parent'. In actual fact, parents in Saudi are commonly seen to feel embarrassment owing to the fact who have a child with special needs, they sometimes believe that could be perceived as a reflection with them.

Recommendation

In Saudi Arabia, inadequate attention has been assigned to the children's and parents' experiences by the ADHD social implications that a child is frequently viewed as being a problem. The gap in terms of ADHD understanding is placed by the broader social context understanding. Children and parents should be given the right to articulate their views freely on any affair affecting them (UN, 1990), and play a role in the multidisciplinary team intervening ADHD.

Conclusion

This article discussed about the involvement of children as well as their parents who are concerned about their social experiences of ADHD. This was important because, the researcher believes that, children need their right to articulate their views in every matters to influence themselves and it is the duty of parents who usually know their children best.

References

[1]. Abed, M., Pearson, S., Clarke, P., & Chambers, M. (2014a). The knowledge and beliefs concerning Attention Deficit Hyperactivity Disorder (ADHD) held by Children with ADHD in Saudi Arabia. *Turkish International Journal of Special Education and Guidance & Counseling*, 3(1), pp.1-12.

[2]. Abed, M., Pearson, S., Clarke, P., & Chambers, M. (2014b). Saudi Arabian teachers' knowledge and beliefs about ADHD. The Journal of the International Association of Special Education, 15(1), pp.67-74.

[3]. Alderson, P. (1995). Listening to children: children, ethics and social research. Ilford, Barnardos.

[4]. Alderson, P. (2002). *Highlight No. 191: Civil Rights in Schools.* London: National Children's Bureau.

[5]. Alghazo, E.M., & Gaad, G.E.E. (2004). General Education Teachers in the United Arab Emirates and their Acceptance of the Inclusion of Students with Disabilities. *British Journal of Special Education*, Vol. 31, No.2, pp.94-99.

[6]. Al-Hamed J. H., Taha A. Z., Sabra A. A., & Bella H. (2008). Attention Deficit Hyperactivity Disorder (ADHD) among Male Primary School Children in Dammam, Saudi Arabia: Prevalence and Associated Factors. *The Journal* of the Egyptian Public Health Association. Vol.83, pp.3-4.

[7]. Al-Hamed, M., Mutawali, N., Al-Otaibi, B., & Zeyada,
M. (2005). Education in the Kingdom of Saudi Arabia: a Vision of the Present and the Future. 3rd Edition. Riyadh,
S.A: Al-Rushd Publications.

[8]. Al-Mosa, N. (2005). The Kingdom of Saudi Arabia Experience of Inclusion of SEN Students in Mainstream Schools. Riyadh: General Directorate of Special Education/Ministry of Education.

[9]. Al-Mosa, N., Al-sartawi, Z., Al-Abduljabar, A., Al-Battal, Z. and Al-Husain, A. (2006). The Kingdom of Saudi Arabia National Survey of Inclusive Education of SEN Students in Mainstream Schools. Riyadh: General Directorate of Special Education/Ministry of Education.

[10]. Al-Sartawi, Z.(1997). Towards integrating handicapped in Education. King Saud University. Al-Rhyad, K.S.A.

[11]. Alshaia, A. (1997). The precious pearl in the disabled: Religious questions and answers. Rayadh, Dar Alsome'ai.

[12]. American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders: DSM-IV-TR. Washington, DC, American Psychiatric Association.

[13]. Beckett, A. E., Barrett, S. & Ellison, N. (2009). Nondisabled children's understanding of disability. DEEPS Project Working Paper 1, School of Sociology & Social Policy. University of Leeds.

[14]. Carlson, C.L., Tamm, L., & Gaub, M. (1997). Gender differences in children with ADHD, ODD, and co-occurring ADHD/ODD identified in a school population. *Journal of the American Academy of Child and Adolescent*

Psychiatry, Vol.36, No.12, pp.1706-14.

[15]. DfES. (2001). Code of Practice on the Identification and Assessment of Special Educational Needs. London: DfES.

[16]. Farah, L. G., Fayyad, J. A., Eapen, V., Cassir, Y., Salamoun, M. M., Tabet, C. C., Mneimneh, Z. N., Karam, E.G. (2009). ADHD in the Arab world: a review of epidemiologic studies. *Journal of Attention Disorders*, Vol.13, No.3, pp.211-22.

[17]. Fayyad, J. A., Jahshan, C. S., & Karam, E. G. (2001). Systems development of child mental health services in developing countries. *Child and Adolescent Psychiatric Clinics of North America*, Vol.10, No.4, pp.745-62.

[18]. Greig, A., & Taylor, J. (1999). Doing research with children. London, SAGE Publications.

[19]. Hamill, P., & Boyd, B. (2002). Equality, Fairness and Rights--The Young Person's Voice. *British Journal of Special Education*. Vol. 29, pp.111-17.

[20]. Heymann, S. J., & Earle, A. (2001). Low-Income Parents: How Do Working Conditions Affect Their Opportunity To Help School-Age Children at Risk?. *American Educational Research Journal*, Vol.37, No.4, pp. 833-48.

[21]. Hill, M., & Tisdall, E.K.M. (1997). Children and society. London: Longman.

[22]. Jones, P., & Walker, G. (2011). Children's rights in practice. London: Sage.

[23]. Marshall, W. (1996). Professionals, Children and Power. In: E. BLYTH, & J. MILNER, eds. *Exclusion from school: inter-professional issues for policy and practice*. London: Routledge, pp.92-150.

[24]. National Institute for Health and Clinical Excellence (Great Britain). (2006). Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents. London: National Institute for Health and Clinical Excellence.

[25]. Penza-Clyve, S., & Zeman, J. (2002). Initial validation of the Emotion Expression Scale for Children (EESC). Journal of Clinical Child and Adolescent Psychology : the Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53, Vol.31, No.4, pp.540-7.

[26]. Pineda, D. A., Lopera, F., Palacio, J. D., Ramirez, D.,
& Henao, G. C. (2003). Prevalence estimations of attention-deficit/hyperactivity disorder: differential diagnoses and comorbidities in a Colombian sample. *The International Journal of Neuroscience*, Vol.113,No.1, pp.49-71.

[27]. Rahim, F. E. A., Al-Hamad, A., Chaleby, K., & Al-Subaie, A. (1996). A Survey of a Child Psychiatry Clinic in a Teaching Hospital in Saudi Arabia Clinical Profile and Cross-Cultural Comparison. *Saudi Medical Journal*, Vol.17, No.1, pp.36.

[28]. Reimers, T. M., Wacker, D. P., Derby, K. M., & Cooper, L. J. (1995). Relation Between Parental Attributions and the Acceptability of Behavioral Treatments for Their Child's Behavior Problems. *Behavioral Disorders: Journal of the Council for Children with Behavioral Disorders*, Vol. 20, No.3, pp.171.

[29]. Rose, R., & Shevlin, M. (2004). Encouraging voices: listening to young people who have been marginalised. *Support for Learning.* Vol. 19, pp.155-161.

[30]. Saudi Press Agency. (2009, January 6). Approving the national project when dealing with children with ADHD. *Alriyadh newspaper*, p.1.

[31]. Scott, J. (2008). Children as Respondents: The Challenge for Quantitative Methods. In: P. Christensen & A. James, eds. *Research with Children: Perspectives and Practices*. New York: Routledge, pp.87-108.

[32]. Sugden, D., Kirby, A., & Dunford, C. (2008). Issues Surrounding Children with Developmental Coordination Disorder. International Journal of Disability, Development and Education. Vol.55, pp.173-187.

[33]. The Eight Development Plan (2005). Ministry of Economy and Planning, Kingdom of Saudi Arabia, 2005-2009. Legal Deposit No. 0695/15.

[34]. United Nations. (1989). Convention on the Rights of the Child. [Geneva], United Nations.

[35]. Wolraich, M.L., Hannah, J.N., Pinnock, T.Y., Baumgaertel, A., & Brown, J. (1996). Comparison of

diagnostic criteria for attention-deficit hyperactivity disorder in a county-wide sample. Journal of the

American Academy of Child and Adolescent Psychiatry, Vol. 35, No.3, pp.319-24.

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