

Differing Perceptions of Children's Behavioural Issues: A Triadic Perspective from Family, School, and Child

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ABSTRACT:

Attention Deficit Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental condition among school-aged children, characterized by persistent inattention, hyperactivity, and impulsivity that interfere with academic and social functioning. The present study explores perceptual differences among children, parents, and teachers regarding the underlying causes of ADHD symptoms, emphasizing psychosocial and familial dimensions. Conducted across 37 primary and upper primary schools in Dharwad district, Karnataka, the study adopted a descriptive research design and random sampling method with a total sample of 500 participants. Standardized tools such as Conners' Teacher Rating Scale-Revised (L) and Conners' Parent Rating Scale-Revised (CPRS-R) were utilized to assess behavioral patterns. The analysis employed descriptive statistics and ANOVA with Tukey's post-hoc tests to examine intergroup differences.

Findings revealed significant variations among children, parents, and teachers in perceiving the causes of ADHD. Children attributed their symptoms primarily to strained parent-child relationships, emotional neglect, and psychological distress, while teachers emphasized functional changes resulting from family transitions and parental unavailability. Parents recognized their strict disciplinary approaches and marital conflicts as contributing factors. Results also demonstrated that children reported higher mean scores on parent-child relationship and psychological factors than both teachers and parents, indicating their heightened emotional sensitivity and perception of familial stress.

The study highlights the necessity of a holistic, collaborative approach involving parents, teachers, and mental health professionals to understand and manage ADHD more effectively. Enhancing parental emotional responsiveness, promoting teacher-parent communication, and implementing supportive school-based interventions can improve behavioral outcomes and emotional well-being in affected children.

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Keywords: Attention Deficit Hyperactivity Disorder (ADHD), parent-child relationship, psychosocial factors, teacher perception, behavioral problems, family conflict, emotional neglect, school children.

Introduction

India, as a developing nation, possesses a substantial population, a significant portion of which comprises school-attending children. Behavioural issues and psychiatric disorders among these children are a cause for concern, as they can severely hinder their potential to become productive and contributing members of society in the future. The susceptibility of children to such issues tends to increase in the absence of effective parenting. It is common for infants and young children to exhibit some level of emotional or behavioral disturbances at various stages of their development, which are generally considered a normal aspect of maturation. However, different children may express their emotions in diverse ways. For families whose children experience more severe or pervasive emotional or behavioural problems, or where such issues persist despite parental efforts, additional assessment or support may be necessary.

Behavioural problems among school students have become a significant focus of educational research, yet the issue remains inadequately understood, particularly in India. Despite several studies, limited research has explored the range and severity of behavioural issues among school-going children. These problems often manifest when students struggle to meet academic expectations, leading to low self-esteem, social withdrawal, anxiety, mood disorders, and, in severe cases, suicidal tendencies. Mental health remains a taboo topic in India, especially among students, despite alarming statistics indicating that 7.3% of Indian adolescents aged 13–17 experience mental health problems. The prevalence of psychiatric disorders among children aged 0–16 is 12.5%, and 12% among those aged 4–16. Existing literature highlights inconsistencies in diagnostic approaches, research standards, and treatment practices, reflecting a lack of systematic understanding and

intervention. Given India's large population and the high proportion of children in schools, behavioural and psychological issues among students demand urgent attention. These challenges, if unaddressed, may severely affect children's emotional development and hinder their potential to grow into capable and productive citizens, underscoring the need for comprehensive research, awareness, and effective school-based mental health programs.

George et al. (2006) emphasized that poor academic performance should not be viewed as laziness or lack of intelligence but as a symptom of underlying learning or behavioural disorders. Every child desires to succeed, and failure often reflects unrecognized difficulties that require proper diagnosis and remediation.

In today's era of rapid technological advancement, children face immense pressure to excel academically and socially, often at the cost of their emotional well-being. A nurturing environment where children feel loved and accepted is essential for healthy self-concept development. Schools, however, often expose children to competitive situations, making it difficult for them to accept differences in abilities without proper guidance and support. Morgan et al. (2011) noted that early childhood can be a challenging period as children's physical, intellectual, and linguistic abilities expand, often resulting in decreased compliance. One common behavioural disorder seen during this stage is Attention Deficit Hyperactivity Disorder (ADHD), affecting about 10% of school-age children. ADHD is characterized by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with learning, relationships, and daily functioning. Symptoms must appear before age 12, persist for at least six months, and affect multiple settings, making early identification and support crucial for effective intervention.

ADHD is associated with developmental complexities involving impairments in executive functions linked to abnormalities in the prefrontal cortex. These deficits affect attention, planning, inhibition, and working memory, often becoming evident as children grow older. ADHD is not merely a lack of willpower; rather, individuals can focus on activities that strongly interest them but struggle to sustain attention otherwise. It is categorized into three types—**Inattentive**, **Hyperactive-Impulsive**, and **Combined**—each presenting challenges in focus, self-control, and organization. Families of children with ADHD often experience increased stress, marital conflict, and financial strain due to the demands of care and treatment. Siblings may also suffer emotionally and socially from the disruptive behaviors of the affected child. Children with ADHD frequently face academic underachievement, social isolation, and behavioral issues, leading to long-term difficulties into adulthood. The disorder affects about 5–10% of children worldwide, with boys more commonly diagnosed, and often persists into adult life. Parental involvement plays a crucial role in managing ADHD. Parents must foster understanding, empathy, and emotional support while combining behavioral strategies with medical treatment. A multi-modal approach—integrating medication, counseling, and supportive parenting—offers the most effective path toward improving outcomes for children with ADHD.

Research Gaps

Although several studies have explored Attention-Deficit Hyperactivity Disorder (ADHD) from biological, familial, and emotional perspectives, there remains a significant gap in understanding the issue within school contexts from multiple stakeholder viewpoints. Research by Candelas et al. (2017) and Silva et al. (2017) focused on emotional regulation and family dynamics, whereas studies by Eilertsen (2017) and Mikkelsen et al. (2017) emphasized prenatal and parental factors. However, there is limited focus on how schools identify, manage, and support children exhibiting ADHD symptoms

through need-based programs and trained personnel. Furthermore, cultural and geographical variations in home and school environments, as noted in Saikat (2013), suggest that contextual factors influence the manifestation and management of ADHD. Most existing studies are based on Western populations, with minimal attention to local educational systems and parental perceptions, especially in developing countries like India. Therefore, an in-depth, holistic exploration involving children, teachers, and parents is essential to understand the causes, impacts, and services available. This understanding can guide the design of awareness programs and early interventions, as delayed recognition and support may lead to chronic behavioural and academic difficulties

Objectives

H0: To examine the difference between children, their parents and teachers on perceived parent-child Relationship cause for symptoms of ADHD in children.

H1: There is no significant difference between children, their parents and teachers on perceived parent-child Relationship cause for symptoms of ADHD in children.

H0: To examine **the** difference between children, their parents and teachers on perceived functional change for symptoms of ADHD in children.

H1: There is no significant difference between children, their parents and teachers on perceived functional change cause for symptoms of ADHD in children.

H0: To examine **the** difference between children, their parents and teachers on perceived child neglect/abuse for symptoms of ADHD in children

H1: There is no significant difference between children, their parents and teachers on child neglect/abuse causes for symptoms of ADHD in children

H0: To examine **the** difference between children, their parents and teachers on perceived marital

symptoms of ADHD in children.

H1: There is no significant difference between children, their parents and teachers on perceived marital symptoms of ADHD in children..

H0: To examine the difference between children, their parents and teachers on perceived psychological causes for symptoms of ADHD in children

H1: There is no significant difference between children, their parents and teachers on perceived psychological causes for symptoms of ADHD in children

Methodology

This study was conducted in 37 Primary/Upper Primary Schools of Dharwad district which is located in Karnataka. The study included Government schools (17) Private Aided Schools (12) Private Unaided Schools (08) Children from 01st to 07th with a sample size of 500 by adopting descriptive design and Random sampling method research was conducted. Based on the academic records (report cards) and daily learning teacher identified children initially. Each subject was rated by teacher and parents using Conner's Teacher rating scale revised (L) and Conners Parent Rating Scale – Revised (CPRS-R) which covers broad range of symptoms related to ADHD. After the data had been collected on different variables related to behavioral aspect, it was processed and tabulated using Microsoft Excel-2007 Software. The questionnaire to identify the cause for such symptoms of ADHD from child's and parents perspective consisted of 126 questions covering on various factors like- Parent child relationship, Functional change, Child neglect/abuse, Marital, Psychological issues. To identify the cause for symptoms of ADHD from teachers perspective questionnaire consisted of 129 questions covering on various factors like Parent child relationship, Functional change, Child neglect abuse, Marital, Psychological issues

Scoring: The responses has been recorded against each statement under Never, Rarely, Often, Very Often, the possible scores of each item ranged from zero to three

Reliability Analysis of Cause Scale for School Children Exhibiting symptoms of ADHD as Perceived by Children.

Summary	Values
Cronbach alpha, full scale	0.7465
Standardized alpha	0.7341
Corr. 1st & 2nd half	0.6254
Split-half reliability	0.7854
Guttman split-half	0.7799
Cronbach alpha, first half	0.5543
Cronbach alpha, second half	0.5647

Reliability Analysis of Cause Scale from Teachers Perspective of School Children Exhibiting Symptoms of ADHD.

Summary	Values
Cronbach alpha, full scale	0.7679
Standardized alpha	0.7555
Corr. 1st & 2nd half	0.6468
Split-half reliability	0.8068
Guttman split-half	0.8013
Cronbach alpha, first half	0.5763
Cronbach alpha, second half	0.5861

Reliability Analysis of Cause Scale from Parents Perspective of School Children Exhibiting Symptoms of ADHD.

Summary	Values
Cronbach alpha, full scale	0.7538
Standardized alpha	0.7414
Corr. 1st & 2nd half	0.6327
Split-half reliability	0.7927
Guttman split-half	0.7872
Cronbach alpha, first half	0.5020
Cronbach alpha, second half	0.5124

Data Analysis and Interpretation

Table No 1:Demographic profile of the Chidren exhibiting ADHD symptoms

Profile	Levels	No of respondents	% of respondents
Age of the Respondents	6 to 8 years	148	29.6
	8 to 10 years	216	43.2
	10 to 12 years	136	27.2
Gender of the respondents	Male	357	71.4
	Female	143	28.6
Class of the respondents	1 st – 5 th std	364	72.8
	5 th -7 th std	136	27.2
Type of School	Govt. School	17	45.9
	Private Aided School	12	32.4
	Private unaided school	08	21.6
Medium of instruction	English	220	44
	Other medium	280	56
Total number of teachers	Government	110	44
Type of Family	Private aided and unaided	140	56
	Nuclear family	375	75
	Joint family	125	25
Number of Family members	1 to 2 members	100	20
	3 to 4 members	350	70
	5 to 6 members	50	10
No. of Siblings	1 to 2 siblings	280	56
	3 to 4 siblings	178	35.6
	5 to 6 siblings	42	8.4
Socio-economic Status	High class family	13	2.6
	Middle class	301	60.2
	Lower class	186	37.2
Father Education	Primary	64	12.8
	Secondary	190	38
	Intermediate	145	29
	Graduation	77	15.4
	Others	24	4.8
Mothers Education	Primary	150	30
	Secondary	200	40
	Intermediate	100	20
	Graduation	35	7
	Others	15	3

From the above table its revealed the study had 500 respondents in total. The majority of

respondents were between 8 to 10 years old (43.2%), most were male (71.4%).The majority of

children (72.8%) were in 1st to 5th standard. English was the medium of instruction for 44%. Most children came from nuclear families (75%) with 3 to 4 family members (70%). About

56% of respondents had 1 to 2 siblings.,middle-class category (60.2%).Father's having secondary education (38%).Mother's education with 40% having secondary education.

Table 2: Results of ANOVA Test between Children, their Parents and Teachers on Perceived Parent-Child Relationship Cause for Symptoms of ADHD in Children.

Source of variation	Degrees of freedom	Sum of squares	Mean sum of squares	F-value	P-value
Between groups	2	2981.29	1490.6427	529.5787	0.0001*
Within groups	1497	4213.71	2.8148		
Total	1499	7195.00			

*p<0.05

From the results of the above table, it can be seen that, A significant difference is found between children, their parents and teachers on perceived parent-child relationship cause for symptoms of ADHD in children. The obtained F value of 529.5787 is significant at 0.05 level of significance. This implies that there is significance difference in the perceived symptoms of ADHD in children, teachers and parents of children who have different parent-child relationship cause

factor.

Further, to know the difference between three groups children, their parents and teachers on perceived parent-child relationship cause for symptoms of ADHD in children pair wise comparisons of Tukeys multiple posthoc procedures was applied and the results are presented in the following table.

Table 2.1: Pair wise Comparison between Children, their Parents and Teachers on Perceived Parent-Child Relationship Cause for Symptoms of ADHD in Childrenby Tukeys multiple posthoc procedures.

Groups	Children	Teachers	Parents of children
Mean	6.14	2.96	3.39
SD	1.72	1.69	1.63
Children	-		
Teachers	p=0.0001*	-	
Parents of children	p=0.0001*	p=0.0002*	-

*p<0.05

From the results of the above table, it can be analysed that, that a significant difference is observed between children, their parents on perceived parent-child relationship cause for symptoms of ADHD in children at 5% level of significance. Tukeys multiple posthoc value is(6.14).The mean value shows that the ADHD children have significant higher parent-child relationship scores of cause pattern as compared to parents of children.

Further the above table shows that a significant difference is perceived between ADHD children, and teachers on perceived parent-child

relationship causes for symptoms of ADHD in children at 5% level of significance. Tukeys multiple posthoc value is 6.14.The mean value shows that the children have significant higher parent- child relationship cause pattern as compared to teachers of children exhibiting symptoms of ADHD.

The above table also explains that a significant difference is perceived between teachers of children and parents of children on perceived parent-child relationship cause for symptom of ADHD in children at 5% level of significance. Tukeys multiple posthoc value is 3.39.The mean

value shows that the parents of children have significant higher parent-child relationship cause

pattern as compared to teachers of children exhibiting symptoms of ADHD.

Table 3: Results of ANOVA Test between Children, their Parents and Teachers on Perceived Functional Change Cause for Symptoms of ADHD in Children.

Source of variation	Degrees of freedom	Sum of squares	Mean sum of squares	F-value	P-value
Between groups	2	1108.16	554.0780	1057.2929	0.0001*
Within groups	1497	784.51	0.5241		
Total	1499	1892.66			

*p<0.05

From the results of the above table, it can be seen that a significant difference is found between children, their parents and teachers on perceived functional change as a cause for symptoms of ADHD symptoms in children. The obtained F value of 1057.29 is significant at 0.05 level of significance. This implies that there is significance difference in the children, their parents and

teachers on perceived functional change as cause for symptoms of ADHD in children.

Further to know the difference in perceived symptoms of ADHD between groups, pair wise comparisons of children, teachers and parents of children on perceived functional change cause for symptoms of ADHD in children is carried out.

Table 3.1: Pair wise Comparison between Children, their Parents and Teachers on Perceived Functional Change Cause for Symptoms of ADHD in Children by Tukeys Multiple Posthoc Procedures.

Groups	Children	Teachers	Parents of children
Mean	0.01	1.88	0.11
SD	0.14	1.11	0.57
Children	-		
Teachers	p=0.0001*	-	
Parents of children	p=0.0537	p=0.0001*	-

*p<0.05

From the results of the above table, it can be revealed that, a significant difference is observed in perceived symptoms of ADHD, between children, teachers and parents of children with respect to functional change, cause of ADHD symptoms. The difference between these groups is highly significant at 0.05 level. The Tukeys multiple posthoc value is 1.88. The mean value show that the teachers perceive significant higher functional change cause as compared to children exhibiting symptoms of ADHD.

It is understood from the above table that there is no significant difference perceived in symptoms of ADHD, between children, teachers and parents with respect to functional change

scores of cause pattern at 5% level of significance. It means that the children and parents of children perceive to have similar functional change cause for symptoms of ADHD.

From the results of the above table a significant difference is observed between teachers and parents of children with respect to functional change cause for symptoms of ADHD in children at 5% level of significance. Tukeys multiple posthoc value is 1.11. The mean value shows that the teachers have significant higher functional change cause for symptoms of ADHD in children as compared to parents of children

Table 3.2: Results of ANOVA Test between Children, their Parents and Teachers on Perceived Child Neglect/Abuse cause for Symptoms of ADHD in Children.

Source of variation	Degrees of freedom	Sum of squares	Mean sum of squares	F-value	P-value
Between groups	2	29.14	14.5687	17.1195	0.0001*
Within groups	1497	1273.94	0.8510		
Total	1499	1303.08			

*p<0.05

From the results of the above table, it can be seen that, a significant difference is perceived between children, teachers and parents of children with respect to child neglect/abuse cause for symptoms of ADHD in children. The obtained F value of 17.1195 is significant at 0.05 level of significance.

Further, to know the difference between the three group's pair wise comparisons of children, teachers and parents of children on child neglect/abuse cause for symptoms of ADHD in children Tukeys multiple posthoc procedures was applied and the results are presented in the following table.

Table 3.3: Pair wise Comparison Perceived between Children, Teachers and Parents of Children with respect to Child Neglect/Abuse Cause for Symptoms of ADHD in Children by Tukeys Multiple Posthoc Procedures.

Groups	Children	Teachers	Parents
Mean	1.02	0.94	1.26
SD	0.88	0.87	1.01
Children	-		
Teachers	P=0.3380	-	
Parents	p=0.0001*	p=0.0001*	-

*p<0.05

From the results of the above table, it can be analysed that, there is no significant difference perceived between children, teachers and parents of children with respect to child neglect/abuse cause for symptoms of ADHD in children at 0.05 level. The mean value shows that the children perceive similar symptoms on child/neglect abuse as compared to teachers of children exhibiting symptoms of ADHD.

Further the above table shows that a significant difference is perceived between children, teachers and parents of children respect to child neglect/abuse cause of ADHD symptoms of children at 5% level of significance. Tukeys multiple posthoc value is 1.02. The mean value shows that the children perceive to have significant higher child neglect/abuse scores of cause pattern as compared to parents of children, exhibiting symptoms of ADHD.

The above table explains that there is a significant difference perceived between teachers of children and parents of children with respect to child neglect/abuse cause at 5% level of significance. Tukeys multiple posthoc value is 1.26. The mean value shows that the parents of children have significant higher child neglect/abuse cause for symptoms of ADHD in children compared to teachers

Table 3.4: Results of ANOVA Test Perceived between Children, their Teachers and Parents of Children on Marital Cause for Symptoms of ADHD in Children.

Source of variation	Degrees of freedom	Sum of squares	Mean sum of squares	F-value	P-value
Between groups	2	67.37	33.6860	18.9433	0.0001*
Within groups	1497	2662.05	1.7783		
Total	1499	2729.42			

*p<0.05

From the results of the above table, it can be seen that, a significant difference is noticed between

children, teachers and parents of children on perceived marital cause for symptoms of ADHD

in children.

The obtained F value of 18.933 is significant at 0.05 level of significance. This implies that there is significant difference perceived in the children, their parents and teachers who have different marital cause for symptoms of ADHD in

children. Further, to know the difference between ADHD children, their parents and teachers on perceived marital cause for symptoms of ADHD in children between the three groups pair wise comparisons Tukeys multiple posthoc procedures was applied and the results are presented in the following table.

Table 3.5: Pair wise Comparison between Children, Teachers and Parents of Children with respect to Marital Cause for Symptoms of ADHD in Children by Tukeys Multiple Posthoc Procedures.

Groups	Children	Teachers	Parents of children
Mean	1.91	2.11	1.59
SD	1.51	1.34	1.12
Children	-		
Teachers	p=0.0558	-	
Parents of children	p=0.0001*	p=0.0001*	-

*p<0.05

From the results of the above table, it can be seen that, there is no significant difference between children, their teachers on perceived marital cause for symptoms of ADHD in children. The difference between these groups is not significant at 0.05 level. The mean value show that the children perceive similar marital cause for symptoms of ADHD in children as compared to teachers.

Further the above table shows that a significant difference is observed between children, their parents and teachers on perceived marital causes for symptoms of ADHD in children at 5% level of significance. Tukeys multiple posthoc value is

1.91. The mean value shows that the children perceive significant higher marital scores of cause for symptoms of ADHD in children as compared to parents of children.

The above table explains that a significant difference is observed between parents of children and teachers of children on perceived marital causes for symptoms of ADHD in children at 5% level of significance. Tukeys multiple posthoc value is 2.11. The mean value shows that the teachers perceive significant higher scores of marital cause for symptoms of ADHD in children as compared to parents of children.

Table 3.6: Results of ANOVA Test between ADHD Children, their Parents and Teachers on Perceived Psychological Causes for Symptoms of ADHD in Children.

Source of variation	Degrees of freedom	Sum of squares	Mean sum of squares	F-value	P-value
Between groups	2	341.38	170.6907	19.8938	0.0001*
Within groups	1497	12844.39	8.5801		
Total	1499	13185.77			

*p<0.05

From the results of the above table, it can be seen that, a significant difference is found between children, their parents and teachers on perceived psychological causes for symptoms of ADHD in children. The obtained F value is 19.8938 significant at 0.05 level of significance. This implies that there is significant difference between children, their parents and teachers on

perceived economic causes for symptoms of ADHD in children. Further, to know the difference between the groups that is children, their parents and teachers on perceived psychological causes for symptoms of ADHD in children Tukeys multiple posthoc procedures was applied

Table 3.7: Pair wise Comparison between Children, their Parents and Teachers on Perceived Psychological Causes for Symptoms of ADHD in Children by Tukeys Multiple Posthoc Procedures.

Groups	Children	Teachers	Parents of children
Mean	7.14	7.14	6.13
SD	3.17	3.17	2.39
Children	-		
Teachers	P=0.9999	-	
Parents of children	p=0.0001*	p=0.0001*	-

*p<0.05

From the results of the above table, it can be seen that, there is no significant difference between children, their teachers on perceived psychological causes for symptoms of ADHD in children. The difference between these groups is not significant at 0.05 level. The mean value show that the children perceive similar psychological cause for symptoms of ADHD in children as compared to teachers.

The above table shows that a significant difference is observed between children, their parents on perceived psychological causes for symptoms of ADHD in children at 5% level of significance. Tukeys multiple posthoc value is 7.14. The mean value shows that the children perceive significant higher psychological scores of cause for symptoms of ADHD in children as compared to parents of children.

Further the above table depicts that a significant difference is observed between parents of children and teachers on perceived psychological causes for symptoms of ADHD in children at 5% level of significance. Tukeys multiple posthoc value is 7.14. The mean value shows that the teachers of ADHD children perceive significant higher scores of psychological cause for symptoms of ADHD in children as compared to parents of children.

Discussions and findings

Rucker (2011) conducted a study to determine whether differences exist between the parenting practices of parents of children diagnosed with ADHD and those of non-ADHD children. The study specifically examined verbal and nonverbal communication practices among parents. Ninety-

five parents participated in an online survey that explored their parenting approaches in various situations. Using the Parenting Practices Interview (PPI), Rucker found that parents of children with ADHD tended to use more appropriate disciplinary techniques; however, they also demonstrated higher levels of harsh and inconsistent discipline. Additionally, these parents were found to set clearer expectations for their children's behavior.

In the present study, similar patterns were observed. Children reported significantly higher perceptions of parent-child relationship factors as causes for exhibiting ADHD symptoms compared to teachers' and parents' perceptions. Children perceived their parents as authoritative, often scolding them for poor performance and maintaining high expectations. Parents acknowledged being strict at times due to work pressures, which occasionally led to arguments and strained relationships with their children.

Teachers, on the other hand, reported significantly higher perceptions of functional change factors contributing to children's ADHD symptoms than children did. Teachers observed that when a new baby is born, parents—particularly mothers—devote more time to the infant, leading to reduced attention toward the child's homework and emotional needs. Additionally, in families experiencing parental changes due to death or divorce, teachers noted that children often require time to adjust to new caregivers. Many children also expressed that their parents were too busy with a newborn to assist with schoolwork. Parents, too, recognized that caring for a new child sometimes limited

their ability to focus on the older child's education.

Differences also emerged in perceptions of child neglect or abuse factors as causes of ADHD symptoms. Both children and teachers perceived similar levels of neglect, reporting that parents spent little time with their children, making them feel isolated and disinterested in studies. Children reported significantly higher neglect/abuse scores compared to parents, with some expressing that their fathers returned home late and intoxicated, reducing meaningful interaction.

Regarding marital factors, children, teachers, and parents demonstrated differing perceptions. Children and teachers shared similar views, linking family conflicts and parental fights to inattentiveness and poor academic performance. Teachers often learned about such family issues through children's disclosures or parent-teacher meetings. Children reported higher marital conflict scores than parents, describing frequent arguments and physical altercations between parents, which caused emotional distress and academic disengagement.

In terms of psychological factors, children perceived significantly higher causes for ADHD symptoms compared to parents and teachers. They reported feeling upset due to frequent scolding from both parents and teachers, conflicts with peers, low self-esteem from name-calling, and fear from recurring nightmares. Teachers also perceived higher psychological factors than parents, observing that such children were excitable, overly sensitive to criticism, emotionally reactive, and less expressive—traits that collectively impeded their academic and social development.

Recommendations Based on the Findings

1. Recommendations for Parents

1. **Adopt Positive Parenting Practices:** Chronis-Tuscano(2011)Parents should balance discipline with warmth and consistency. Instead of harsh or inconsistent punishment, strategies such as positive reinforcement, structured routines, and clear communication can help manage ADHD-related behaviors.

2. **Enhance Emotional Availability:** Johnston, C., & Mash, E. J. (2001)Parents need to spend quality time with their children, especially during transitions such as the birth of a new sibling or family changes (divorce, bereavement). Active listening and emotional validation can help prevent feelings of neglect or rejection.

3. Manage Marital and Family Conflicts:

Barkley, R. A. (2015). Exposure to parental conflict and domestic violence can exacerbate emotional distress in children with ADHD. Parents should seek counseling or family therapy to create a stable and supportive home environment.

4. Collaborate with Teachers and Professionals:

DuPaul, G. J (2011)Parents should maintain open communication with teachers and mental health professionals to ensure consistency between home and school interventions.

2. Recommendations for Teachers

1. Implement Classroom Behavior Management Strategies:

Evans, S. W (2014)Teachers can use structured routines, clear instructions, and reward systems to promote self-regulation and focus among students with ADHD.

2. Provide Emotional Support and Positive Reinforcement:

Mikami, A. Y (2006)Teachers should use positive communication, avoid public criticism, and recognize small achievements to build students' self-esteem and motivation.

3. Collaborate with Parents and Counselors:

Sheridan, S. M (2014)Regular communication between teachers, parents, and school counselors helps ensure consistency in behavioral expectations and emotional support.

3. Recommendations for Children

1. Encourage Emotional Expression and Coping Skills:

Zentall, S. S (2007) Children should be guided to express emotions constructively through art, journaling, or counseling. Teaching mindfulness and relaxation techniques can reduce anxiety and frustration.

2. Develop Self-Regulation and Organizational Skills:

Abikoff, H (2008) Children can benefit from visual schedules, checklists, and structured homework routines to enhance focus and task completion.

3. Promote Peer Relationships and Social Skills:

Hoza, B. (2007). Participation in structured group activities and social-skills training can reduce isolation and improve peer acceptance.

Conclusion

The present study highlights that children, parents, and teachers perceive the causes of ADHD symptoms differently, emphasizing the complex interplay of familial, psychological, and environmental factors. Findings revealed that

children often attribute their ADHD-related behaviors to strained parent–child relationships, high parental expectations, and emotional neglect. Teachers observed functional changes arising from family transitions such as the birth of a new sibling or parental separation, while parents recognized their own strict or inconsistent disciplinary practices as contributing factors. Marital conflict, emotional unavailability, and limited parental involvement were also found to significantly affect children’s emotional stability and academic performance.

These results underscore the need for a comprehensive, collaborative approach in addressing ADHD-related challenges. Strengthening positive parenting practices, improving teacher–parent communication, and fostering emotional awareness among children can mitigate behavioral and psychological difficulties. Furthermore, early identification of stressors within the home and school environments can enhance intervention outcomes. A supportive ecosystem involving parents, teachers, and mental health professionals is essential to promote the well-being and holistic development of children exhibiting ADHD symptoms.

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