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# The Medicalisation of Childhood Behaviour and the Rise of Attention Deficit Hyperactivity Disorder (ADHD) Diagnoses in Lagos State, Nigeria

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**Keywords:**
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**ABSTRACT**

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders in children and teens worldwide. Children with ADHD struggle with concentration, conduct, and self-regulation. As ADHD has increased in Nigeria, this research explores how children's conduct has been medicalised. Its objectives are to determine the incidence of ADHD diagnoses in Nigerian children and adolescents, examine their causes, assess their effects, and examine educators' and parents' responsibilities in the diagnosis process. Surveys were the main data collection method in this quantitative investigation. Two-stage purposive and snowball sampling was used to select 200 participants (100 parents and 100 educators) from five Lagos State LGAs: Ikeja, Lagos Island, Agege, Alimosho, and Amuwo-Odofin. SPSS was used to create descriptive statistics (tables) and inferential statistics (correlation and regression analyses). The study found a somewhat positive association between awareness and early diagnosis, as well as a positive correlation between parental education and diagnosis; however, Western culture had no significant influence. The data show that parents are more involved in ADHD assessment. This study supports the need to raise awareness about ADHD and educate medical professionals and educators. Cultural awareness and family education are essential for accurate ADHD diagnosis and effective therapy. Addressing these characteristics may enhance ADHD early detection, stigma reduction, and help in Nigeria.

# إضفاء الطابع الطبي على سلوك الطفولة وظهور اضطراب نقص الانتباه وفرط النشاط (ADHD) في ولاية لاغوس، نيجيريا

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**الكلمات المفتاحية:**
اضطراب نقص الانتباه وفرط الحركة
شخبص
المربين
التطبيب
آباء

**الملخص**

أحد أكثر اضطرابات النمو العصبي شيوعًا لدى الأطفال (ADHD) يعد اضطراب نقص الانتباه وفرط النشاط والمراهقين في جميع أنحاء العالم .يعاني الأطفال المصابون باضطراب فرط الحركة ونقص الانتباه من صعوبة التركيز والسلوك والتنظيم الذاتي .مع تزايد اضطراب فرط الحركة ونقص الانتباه في نيجيريا، يستكشف هذا البحث كيف تم إضفاء الطابع الطبي على سلوك الأطفال .وتتمثل أهدافها في تحديد حالات تشخيص اضطراب فرط الحركة ونقص الانتباه لدى الأطفال والمراهقين النيجيريين، ودراسة أسبابها، وتقييم آثارها، وفحص مسؤوليات المعلمين وأولياء الأمور في عملية التشخيص .وكانت الدراسات الاستقصائية الطريقة الرئيسية لجمع البيانات في هذا التحقيق الكمي .تم استخدام أخذ العينات الهادفة وكرة الثلج على مرحلتين لاختيار 200 مشارك (من الآباء و100 معلم 100)، من خمس مناطق محلية محلية في ولاية لاغوس :إيكيجا، وجزيرة لاغوس، وأجيجي

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لإنشاء الإحصائيات الوصفية )الجداول (والإحصائيات SPSS وأليموشو، وأميوو-أودوفين .تم استخدام برنامج الاستدلالية )تحليلات الارتباط والانحدار .(وجدت الدراسة وجود ارتباط إيجابي إلى حد ما بين الوعي والتشخيص المبكر، وكذلك وجود ارتباط إيجابي بين تثقيف الوالدين والتشخيص؛ ومع ذلك، لم يكن للثقافة الغربية تأثير كبير .تظهر البيانات أن الآباء يشاركون بشكل أكبر في تقييم اضطراب فرط الحركة ونقص الانتباه .تدعم هذه الدراسة الحاجة إلى رفع مستوى الوعي حول اضطراب فرط الحركة ونقص الانتباه وتثقيف المهنيين الطبيين والمعلمين .يعد الوعي الثقافي والتعليم الأسري ضروريين لتشخيص اضطراب فرط الحركة ونقص الانتباه بشكل دقيق والعلاج الفعال .قد تؤدي معالجة هذه الخصائص إلى تعزيز الكشف المبكر عن اضطراب فرط الحركة ونقص الانتباه، وتقليل الوصمة، والمساعدة في نيجيريا.

## 1. Introduction

Attention deficit hyperactivity disorder (ADHD) is among the most commonly occurring neurodevelopmental diseases afflicting children and teenagers around the globe. Children with ADHD fall short in areas like concentration, behaviour control, and self-regulation [1]. The symptoms vary greatly; some children are mostly inattentive, some are hyperactive or impulsive, and many show a combination of the three [2]. Rising globally in recent years, the diagnosis of ADHD has drawn more public health and therapeutic interest. Between 5% and 10% of children globally suffer from ADHD [3]. However, variations in diagnosis criteria, cultural views on behaviour, and availability of healthcare facilities affect the occurrence of the disorder country-wide. Psychiatric models in the West, especially those outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM), which is used mostly in the US and other European countries, have greatly affected much of what is known about ADHD and how academics examine it [4]. The growing influence of Western diagnostic systems has raised questions about the medicalisation and over-diagnosis of children's behaviours that could be perceived differently in non-Western places depending on their cultural or contextual background. This raises some questions regarding the general applicability of ADHD's clinical notion.

This study aims to examine the causes of the growing diagnosis of ADHD among Nigerian children as well as how this influences Nigerian society and institutions generally. The following specific goals seek to be the major focus of this study:

- To assess the prevalence of ADHD diagnoses among Nigerian children and adolescents.
- To explore the factors influencing the diagnosis of ADHD in Nigeria;
- To assess the impact of ADHD diagnoses on the lives of Nigerian children;
- To evaluate the roles of educators and parents in the ADHD diagnostic process in Nigeria.

Nigeria's discussion of ADHD and diagnosis is becoming increasingly crucial, much like in other non-Western countries where local doctors are using Western diagnostic criteria more and more. Rather than seeing children's actions through the prism of their unique psychological makeup, traditional Nigerian society stresses societal rules [5]. Families and communities may help children control what we consider unfocused or impulsive conduct in the West instead of professional help. This might result from regular growth phases or a child's active personality being normal. Historically, families, teachers, and community leaders have managed children's behavioural issues in an informal setting instead of seeking medical assistance with the goal of either punishing or helping the child to adapt to societal standards [6]. Products of a complicated interaction between national cultural standards and global medical trends are the establishment of ADHD as a medical disorder and the rising use of medication to treat it.

Due to Nigeria's adoption of Western diagnostic criteria, ADHD has been diagnosed in an increasing number of children there. This has generated discussions on how medicalising ADHD in Nigerian children may be feasible. Given the rising frequency of ADHD diagnosis in Nigeria, the concept of medicalisation, that is, the transformation of non-medical problems into medical ones, becomes even more important [7]. For example, diagnostic methods in Nigerian healthcare shaped by Western medical systems could lead to a pathologisation of behaviours that were formerly understood in non-medical terms [8]. Methylphenidate and other ADHD drugs have opened a new pharmacological route for behaviour control that could affect the diagnosis of the disorder and parents' view of their child's behavioural concerns [9]. Public health campaigns and social media have brought attention to ADHD, which may lead teachers and parents to see their children's behaviour from a medical perspective [10], therefore resulting in more children being diagnosed with the condition and being provided with medication. Some worry that this predisposition might lead to an over-reliance on medical treatments for difficult social and educational issues, as activities that are culturally acceptable or contextually intelligible run the danger of being mistakenly categorised as unwell.

## 2. Materials And Methods

### Research Design

Using standardised questionnaires, this quantitative study examined the incidence, diagnostic elements, and impact of ADHD on Nigerian children and teenagers. Using quantitative designs, which allow for objective measurement and statistical analysis, one may look at frequency rates and spot diagnostic trends [11]. Structured questionnaires ensure that participants routinely provide data, therefore enhancing dependability and simplifying comparisons [12]. Quantitative methods greatly assist public health research as they allow one to generalise data and offer insights into communities using big sample sizes [13]. Following this road would enable us to ensure that in Nigeria, parents, teachers, and medical experts will all assist in a thorough evaluation of ADHD-related aspects.

### Data Collection

To compile comprehensive data for this study, parents of children with ADHD and their educators or teachers were invited to answer carefully crafted questionnaires. Since they are so effective in obtaining consistent data from big groups, questionnaires find tremendous use in quantitative research [14]. This approach allowed continuous and comparable data collection, therefore enabling a consistent examination of the frequency of ADHD and related implications. Since they allow one to get measurable data, public health studies gain the most from questionnaires. It was explained by Bruce et al. [15] that a questionnaire is used to look for behavioural health trends in an objective and more realistic manner. Both physical and electronic questionnaires were used by the researchers to elicit information from the participants. This is because some of the parents of the parents who agreed to participate in the study were illiterate, although the educators were sent a Google form to fill out through their emails, as they were deemed to be more educated and tech-savvy.

The questionnaire was designed for both parents and educators. However, some questions were meant to be answered by the educators, some by the parents, and others by both parents and educators. 200 copies of the questionnaire were sent out to respondents, but 196 copies were retrieved and found to be useful for analysis. This 98% success rate is due to the researcher’s ability to convince the participants to participate in the study, and each participant was monitored by the researchers. Monitoring the participants was done through follow-up calls to ensure that they filled up the questionnaire correctly and to explain what they did not understand about the questionnaire and the study in general.

### Sample Size and Sampling Techniques

The two-stage sampling method was applied in the study to provide

strong and representative data gathering. In the first stage, purposive sampling was employed to pick five of the twenty Local Government Areas [LGAs] in Lagos State [Ikeja, Lagos Island, Agege, Alimosho, and Amuwo-Odofin]. These areas were selected based on their urban characteristics, as Western medical diagnosis norms are more typically used in metropolitan regions [16]. Purposive sampling allowed a tailored approach to site selection to gather diagnostic tools unique to urban surroundings, which may vary greatly from rural ones. Stage two of the sampling technique, using snowball sampling, identified parents in the chosen LGAs whose children have been diagnosed with ADHD. Early participants led the researchers to others experiencing the same challenge, helping the researchers to accomplish the goal of 20 parents in each LGA, totalling 100 parents. This proved beneficial for discovering respondents, as an official register of all parents within Lagos state who have children with ADHD was not accessible. Parker et al. [17] explained that the snowball sampling technique is employed in contacting hard-to-reach populations or specialised groups. In selecting the educators, the identified parents of the children with ADHD directed the researchers to the teachers of these children. An equal number of teachers [educators] were also selected for the survey. In total, 200 respondents (with 100 parents and 100 educators) were selected from the selected LGAs in Lagos state.

**Data Analysis**

To provide a full picture of patterns and implications of ADHD diagnosis, quantitative data were investigated using descriptive and inferential statistics. Easily accessible summaries of respondent demographics and data presentation were given using descriptive statistics [18]. Using inferential methods to evaluate correlations between diagnostic variables and ADHD frequency, one can identify trends in the acquired sample. Among these methods are correlation and regression analysis. The Statistical Package for Social Sciences [SPSS] was used for this descriptive and inferential analysis. Subramani and Rajiv [19] claim that SPSS software is reliable and offers complete functionality for managing vast amounts of data, hence improving statistical analysis accuracy and efficiency. SPSS's excellent analytical skills help it align well with demanding statistical tasks in public health research.

**Ethical Considerations**

This study's ethical basis was founded on complete regard for cultural sensitivity, informed consent, and confidentiality standards. To maintain confidentiality and data privacy in line with ethical guidelines for research on delicate health concerns, participant identities were anonymised [20]. Following a thorough briefing and knowing the aims and methods of the study, the volunteers willingly joined it [21]. First, we focused on cultural sensitivity, therefore modifying our messaging to honour Nigerian mental health traditions and beliefs. This helps us establish confidence and lessens any slights in our answers. Ethical monitoring helped participant well-being to take the front stage throughout data gathering.

## 3. Results

**Table 1: Demographic Characteristics of the Respondents**

| Characteristics | Frequency | Percentage |
|---|---|---|
| ***Status*** | | |
| Parent | 105 | 53.6 |
| Educator | 91 | 46.4 |
| ***Age*** | | |
| 18-24 years | 19 | 9.7 |
| 25-34 years | 52 | 26.5 |
| 35-44 years | 52 | 26.5 |
| 45-54 years | 54 | 27.6 |
| 55 years and above | 19 | 9.7 |
| ***Gender*** | | |
| Male | 89 | 45.4 |
| Female | 107 | 54.6 |
| ***Marital Status*** | | |
| Single | 36 | 18.4 |
| Married | 88 | 44.9 |
| Divorced | 53 | 27.0 |
| Widowed | 19 | 9.7 |
| ***Education*** | | |
| Primary School | 19 | 9.7 |
| Secondary School | 19 | 9.7 |
| Diploma/Certificate | 70 | 35.7 |
| Undergraduate Degree | 71 | 36.2 |
| Postgraduate Degree | 17 | 8.7 |
| ***Occupation*** | | |
| Unemployed | 36 | 18.4 |
| Self-employed | 52 | 26.5 |
| Employed (Private Sector) | 37 | 18.9 |
| Employed (Public Sector) | 71 | 36.2 |
| ***Monthly Income*** | | |
| Below N50,000 | 73 | 37.2 |
| N50,000 - N100,000 | 56 | 28.6 |
| N100,001 - N200,000 | 34 | 17.3 |
| N200,001 - N500,000 | 16 | 8.2 |
| N500,000 and above | 17 | 8.7 |
| **Total** | **196** | **100.0** |

The demographic data reveal that parents and educators are equally represented within the study. The concentration in the middle-aged groups (25–54 years) shows that participants with more age experience (80.6%) are more likely to have come across youngsters exhibiting ADHD behaviours. Typical of gender compositions in Nigerian schools and daycare, the distribution is very feminine (54.6%). The educational profile shows that most respondents (36.2%) had bachelor's degrees; 35.7% had master's degrees, showing that over 70% have post-secondary certificates. This great degree of education may influence the frequency of ADHD diagnosis and recognition [22]. The public sector is visible in the occupational distribution (36.2%), and a large share of the income distribution (65.8%) falls below N100,000 per month, implying possible socioeconomic impediments to ADHD diagnosis services. A study by Agberotimi et al. [23] indicates that these findings support the theory that socioeconomic level significantly influences the availability of mental health treatment. Given that 44.9% of respondents are married, most of the participants most likely have first-hand experience with child-rearing, so their opinions on normal patterns of behaviour in children are much more important.

**Test of Hypotheses**

**Hypothesis 1**

$H_0$: The prevalence of ADHD diagnoses among Nigerian children is not positively correlated with increased awareness of ADHD symptoms among educators and parents.

**Table 1: Correlation of Prevalence of ADHD Diagnoses Increased Awareness of ADHD Symptoms**

| | | Age Diagnosed with ADHD | Importance of Early Diagnosis |
|---|---|---|---|
| Age Diagnosed with ADHD | Pearson Correlation | 1 | .294** |
| | Sig. (2-tailed) | | .000 |
| | N | 196 | 196 |
| Importance of Early Diagnosis | Pearson Correlation | .294** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 196 | 196 |

**. Correlation is significant at the 0.01 level (2-tailed).

The age at which ADHD is identified and the apparent importance of early diagnosis show a significant positive link ($r = 0.294$, $p = 0.01$), according to the correlation results. Although the link is not very strong, it does imply that early detection is becoming more and more crucial, which could be why the number of children diagnosed with ADHD at all ages is increasing. These results mirror those of Aljohani [24], who discovered that the knowledge of parents and teachers greatly affects the ADHD diagnosis. Thus, refuting the null hypothesis, we find that, although modest scale, there is a positive connection between ADHD diagnosis among Nigerian children and rising awareness among teachers and parents.

**Hypothesis 2:**

$H_0$: Parents with higher levels of education are less likely to seek a medical diagnosis for their children's behavioural problems.

**Table 2: Regression Results of Hypothesis 2**

**Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .452[a] | .205 | .196 | .55445 |

a. Predictors: (Constant), Education

**ANOVA[a]**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 7.590 | 1 | 7.590 | 24.689 | .000[b] |
| | Residual | 29.512 | 96 | .307 | | |
| | Total | 37.102 | 97 | | | |

a. Dependent Variable: Practitioner who Diagnosed the Child
b. Predictors: (Constant), Education

**Coefficients[a]**

| Model | | Unstandardized Coefficients B | Unstandardized Coefficients Std. Error | Standardized Coefficients Beta | t | Sig. |
|---|---|---|---|---|---|---|
| 1 | (Constant) | 1.403 | .182 | | 7.696 | .000 |
| | Education | .263 | .053 | .452 | 4.969 | .000 |

a. Dependent Variable: Practitioner who Diagnosed the Child

The degrees of parental education and patterns of ADHD diagnosis show a strong relationship according to the regression analysis ($F = 24.689$, $p < .001$). The model explains 20.5% of the variation ($R^2 = .205$), so educational level affects diagnostic-seeking behaviour. Higher parental education is connected, according to the positive regression coefficient ($\beta = .452$, $p < .001$), with a larger risk of a professional ADHD diagnosis. These results match the research of Li et al. [25], which revealed that the behaviour of healthcare searchers is much influenced by educational level. We reject the null hypothesis, even if other elements could also influence ADHD diagnosis rates.

**Hypothesis 3**

$H_0$: There is no relationship between the level of exposure to Western culture and the prevalence of ADHD diagnoses among children in Lagos State.

**Table 3: Correlation Between the Level of Exposure to Western Culture and the Prevalence of ADHD Diagnoses**

**Correlations**

| | | Watching Western TV Shows | Which practitioner diagnosed the Child |
|---|---|---|---|
| Watching Western TV Shows | Pearson Correlation | 1 | .073 |
| | Sig. (2-tailed) | | .309 |
| | N | 196 | 196 |
| Which practitioner diagnosed the Child | Pearson Correlation | .073 | 1 |
| | Sig. (2-tailed) | .309 | |
| | N | 196 | 196 |

Western media exposure and ADHD diagnostic patterns have a modest and statistically negligible link according to the correlation results ($r = 0.073$, $p = 0.309$). This result rejects the null hypothesis and suggests that cultural factors influencing ADHD diagnosis may be more suppressed than previously indicated. The findings go counter to what Adebayo et al. [26] had earlier found, that Western culture greatly influences mental health diagnosis in African contexts. Western cultural exposure seems not to have a significant effect on Lagos State rates of ADHD diagnosis. Local cultural and medical elements are most likely more important in these trends. We therefore accept the null hypothesis.

**Hypothesis 4**

$H_0$: Educators play a less influential role than parents in initiating ADHD assessments for children in Nigeria.

**Table 4: Correlation Between Educator's Role and Teachers' Role in Initiating ADHD Diagnosis**

| | | Importance of the Role Schools Play in Identifying and Supporting Children with ADHD | Who plays a more significant role in identifying ADHD: Parents or Teachers |
|---|---|---|---|
| Importance of the Role Schools Play in Identifying and Supporting Children with ADHD | Pearson Correlation | 1 | -.130 |
| | Sig. (2-tailed) | | .069 |
| | N | 196 | 196 |
| Who plays a more significant role in identifying ADHD: Parents or Teachers | Pearson Correlation | -.130 | 1 |
| | Sig. (2-tailed) | .069 | |
| | N | 196 | 196 |

The result ($r = -0.130$, $p = 0.069$) reveals a modest negative association between the perceived relevance of schools' involvement and thereby indicates the relative worth of parents and teachers in recognising ADHD. Given this link is not statistically significant, we accept the null hypothesis, that parents are more likely than instructors to initiate ADHD assessments, as true. These results imply that diagnosing ADHD in Nigeria would need a team effort. The findings confirm Ramsay's [27] claim that a balanced approach combining parents and teachers guarantees a good ADHD diagnosis instead of one group dictating to the other. This suggests that in the Nigerian setting, the conventional wisdom on the necessity of teachers as the primary participants in beginning ADHD testing may require some reassessment.

**Discussion of Findings**

This study sought to find the incidence of ADHD diagnosis among Nigerian children and teens, determine the elements affecting this diagnosis, look at how these diagnoses affect children's lives, and examine what role teachers and parents play in delivering these diagnoses. We investigated demographic, educational, and cultural characteristics using quantitative approaches to reach these goals. Not surprisingly, variables like parental education, exposure to Western culture, and the responsibilities of both parents and teachers were revealed to be strongly correlated with ADHD diagnosis.

The results of the study support the idea that parents and teachers significantly affect their children's behavioural health evaluations. Although cultural stigmas may still prevent early interventions, the data shows a positive correlation between age at diagnosis and the perceived value of early detection, therefore demonstrating rising awareness in Lagos in favour of earlier detection. The link between educational attainment and diagnosis frequency shows that parents with more degrees of education are more likely to seek diagnosis against what would be expected, and parents with more education are less prone to medicalise their children's behaviour. Better health literacy on the part of educated parents, who may also be more sensitive to their children's behavioural health needs, would explain the correlation between parental education and their children's health-seeking activities.

The hypothesis that more Western cultural influences directly cause more ADHD diagnoses in Lagos is called into doubt by the weak relationship between exposure to Western media and the practitioner in charge of the diagnosis of ADHD. This result implies a more nuanced cultural interaction whereby traditional Nigerian notions of child discipline and behavioural standards decrease Western behavioural health norms [28]. This study implies that although Western media may introduce the idea of ADHD, long-standing cultural norms may prevent full acceptance of the ADHD diagnosis, therefore leading to partial rather than entire adoption of Western medical ideas.

The involvement of parents and teachers in the ADHD diagnostic process helps to underline these connections even more. Regarding behavioural health evaluations, parents are still the primary decision-makers; the influence of teachers against parents in commencing diagnosis has a weak negative connection with the perceived significance of school involvement in ADHD assistance. This is in line with other studies revealing that children with ADHD can go untreated in the classroom, as Nigerian instructors might not have had enough training to identify the disorder [29]. Although cultural norms on parental control in child health decisions may restrict the effect of teachers, even if they might be very important in identifying ADHD. Moreover, the large degree of parental engagement may reflect the negative social attitudes toward mental health in Nigerian society. This is so since an official diagnosis might lead to reprimand, hence parents' first line of protection when evaluating their children's behaviour.

**Implications and Recommendations**

The findings of this study underline the need for culturally relevant methods for ADHD awareness, diagnosis, and intervention, as well as

have major implications for policy, education, and research in Nigeria concerning the diagnosis of ADHD. To raise awareness of mental health issues, policy initiatives should offer culturally appropriate frameworks compliant with Nigerian societal norms priority. No evidence exists connecting Western cultural effects to Lagos' ADHD diagnosis. This implies that local attitudes on discipline and behaviour in children might be in contradiction with or refractory to any attempt to merely mimic Western ways of ADHD diagnosis and treatment. Policymakers should try to narrow this difference by creating diagnostic criteria based on Nigerian perspectives on child development. Frequent behavioural assessments at educational institutions allow rules supporting early diagnosis to help mainstream ADHD, a real medical condition free from Western preconceptions. Policies should also encourage cooperation among local leaders, educators, and healthcare experts to customise ADHD education and treatments to cultural preferences, thereby lowering stigma and raising community acceptability.

Courses of education and training aimed at assisting teachers and medical professionals in better understanding and managing ADHD will be highly welcomed. The findings of this study imply that inadequate knowledge in spotting and addressing behavioural health problems might contribute to explaining why parents are more prone than teachers to find children with ADHD. Included in teacher certification courses, training programs should be reinforced by ongoing professional development to enable instructors to spot early symptoms of ADHD and offer initial support. School systems should enhance their tools and processes to support this kind of training, which aims to motivate educators to cooperate with parents and medical experts. Like local views could influence parental involvement with mental health treatments, healthcare personnel should be taught culturally adapted techniques to diagnose ADHD. Those properly educated in ADHD may assist parents in handling conversations about their child's disease, lower related stigma, and increase parental knowledge of treatment alternatives that promote their child's growth and the family unit generally.

Additional research is necessary to examine the frequency, cultural perspectives, and treatment outcomes of ADHD in African communities to address this knowledge lacuna. This is especially accurate in non-Western environments, such as Nigeria. In the future, the research could compare the incidence of ADHD in urban and rural locations to illuminate how cultural norms influence the perception of behavioural disorders, a process that may be facilitated by geographic variations. To comprehend the impact of cultural attitudes on the results of ADHD diagnostic techniques and to account for variations in healthcare and education systems, comparative studies of ADHD diagnostic techniques outside of Western contexts would be highly advantageous. To develop a more thorough comprehension of the disparities in demographic knowledge, availability, and acceptability of ADHD treatment, it is essential to grasp the importance of socioeconomic characteristics. This is especially true for parents who have a range of educational backgrounds. Research should concentrate on the successful collaborations between parents and educators to foster a more comprehensive comprehension of the methods for promoting collaborative ADHD management within the cultural context of Nigerian culture. Lastly, longitudinal studies are necessary in Nigeria to ascertain the long-term efficacy of ADHD therapies for children who are not from the Western world. These studies may examine the effectiveness of these treatments for individuals with ADHD in Nigeria.

## 4. Conclusion

This research provides a comprehensive study of the factors influencing ADHD awareness and diagnosis in Nigeria, therefore providing important knowledge on the frequency, consequences, and prevalence of ADHD diagnosis among Nigerian children. If parents have better knowledge, they might be more open to identifying and managing ADHD, as the likelihood of a medical diagnosis for behavioural issues is somewhat low, but still important. Although knowledge of ADHD is growing globally, cultural attitudes significantly influence how children's behaviour is seen and controlled in Nigeria. Better educational institutions and teacher engagement are vitally needed, as the results suggest that instructors participate in the diagnosis process less than parents. This might be the outcome of inadequate instruments and education meant to spot early ADHD signs.

By addressing important cultural and institutional elements impacting diagnosis and treatment approaches in Nigeria, this study adds to the limited knowledge of ADHD in non-Western nations. Analysing the responsibilities of parents, teachers, and cultural beliefs allows one to build a diagnostic framework with cultural sensitivity, integrating local points of view on child development. This point of view is essential in helping to normalise the disease and reduce its stigma since parents may be afraid that a diagnosis of ADHD indicates a lack of competence on their side, either as parents or as a control over their child's conduct. Sensitive to the social and cultural aspects of an ADHD diagnosis, healthcare providers might have more successful interactions with parents, therefore improving their involvement and likelihood of following their treatment plan.

Conclusively, the findings of this study reveal the need for diagnostic methods incorporating indigenous beliefs and scientific understanding. Using culturally appropriate diagnostic methods can allow Nigeria to develop a friendly environment for children with ADHD, where healthcare and educational institutions are striving to offer mental health support. More successfully managing attention deficit hyperactivity disorder (ADHD) might result from a well-rounded approach to evaluating children's behaviour that takes cultural views into account and simultaneously advances awareness of mental health. Applying this approach helps children with ADHD not only themselves but also their families and schools, thereby improving their developmental paths. Given Nigeria's unique socioeconomic context, this article underlines the need for an inclusive and sensitive cultural approach. It also underlines the requirement of providing children with ADHD, which is becoming increasingly understood to be relevant and offers aiding routes.

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