ORIGINAL ARTICLE Received 17 August. 2018 Accepted 12 June. 2019

Vol. 8, Issue 3, 160-167, 2019

Academic Journal of Psychological Studies

ISSN: 2333-0821

ajps.worldofresearches.com

Investigation the Effectiveness of Local-Native Games On Hyperactivity/ Childhood Symptoms of Children Aged 7 To 10 with Hyperactivity Disorder

Fatemeh Ebrahimi[1], Naser Bagheri[*2]

1. M.Sc Student of Psychology, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran.
2. Assistant Professor of Psychology, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran.

A B S T R A C T

The purpose of this study was to investigate the effectiveness of local-native games on hyperactivity / childhood symptoms of children aged 7 to 10 with hyperactivity disorder (ADHD). The present study was a pre-test, post-test, and control group. The tools of this study were the Vanderbilt Assessment Questionnaire (Teacher's Form and Parents), a sample of which included 10 children (girl and boy) aged 7 to 10 with hyperactivity disorder (ADHD) in the academic year 3700-3100, who were randomly assigned to the experimental group 10 patients (and control group) were assigned to 10 persons. They completed intervention in both groups and tested the Vanderbilt Questionnaire (Teacher and Parent Form) as a pretest. The experimental group was then subjected to local-native intervention, but the control group did not receive any interventions. After completing the games, both groups were subjected to post-test. The results of multivariate analysis of covariance showed that native-local games significantly improved the attention deficit hyperactivity disorder / attention deficit hyperactivity disorder (ADHD) children aged 7 to 10 years with attention deficit hyperactivity disorder (ADHD).

Keywords: Local-Native Games, Attention Deficit, Hyperactivity / impulsivity, Conflict / Controversial Disobedience, Anxiety / depression.

INTRODUCTION

In every society, the health of children and adolescents is of particular importance and their mental health helps them to have a healthy mental and physical environment and to better play their social role(Artiga & Hinton, 2018; Reynolds & Crea, 2016). In this regard, proper recognition of the various physical and mental dimensions of children and their attempts to provide the material and spiritual conditions appropriate for their physical, emotional and intellectual development is more obvious than the need to emphasize(Fraser-Thomas, Côté, & Deakin, 2005; Hughes et al., 2017).

The descriptive findings of this study, which include indicators such as mean and standard deviation of the studied variables, are presented in Tables 1 and 2. In treating the third wave, attempts are made to increase the individual's psychological relationship with his thoughts and feelings instead of changing the cognition(Van Rooij, Lobel, Harris, Smit, & Granic, 2016).

[*] . Corresponding Author: Bagheri, N.

DOI: In prossing

To cite this article: Ebrahimi, F., Bagheri, N. (2019). Investigation the Effectiveness of Local-Native Games On Hyperactivity/ Childhood Symptoms of Children Aged 7 To 10 with Hyperactivity Disorder. *Academic Journal of Psychological Studies*, 8 (3), 160-167.

Native Iranian games from the perspective of sensory-motor programs and rehabilitation interventions have the potential to be transformed into training-rehabilitation packages. These games can be played independently or as part of rehabilitation programs. (Alternative and Complementary Therapy). Due to computerized syndrome, passive infiltration, and poor stimulation of the neural hardware of young children(Online., 2012; Taheri & Khaghani, 2014); prevalence and incidence of disorders such as crude motor developmental coordination, attention deficit hyperactivity disorder, and learning-behavioral-emotional disabilities Today, not only in terms of therapeutic interventions but also in prevention, the need to pay attention to indigenous sensory-motor programs has become more important. Since neurophysiological growth is the underlying dimension of growth, normal growth and development, and repair and rehabilitation of motor and perceptual problems are both currents that are deeply linked to play. Therefore, indigenous games of Iran, rooted in the ethos and goodwill of its predecessors and shaped in a socio-cultural context, have been able to optimally utilize minimal space and space to create maximum sensory stimulation and motor action and to adapt to their ability. Individuals increase their cognitive-motor ability(Ghafouri, Smaeili, & Sohrabi, 2019; Hjorth, 2011). Therefore, in this study, we investigated the effect of local indigenous games on hyperactivity / childhood symptoms of 7-10 year old children with ADHD.

METHODOLOGY

Sample of which included 10 children aged 7 to 10 with hyperactivity disorder (ADHD) in the academic year 3700-3100, who were randomly assigned to the experimental group 10 patients (and control group) were assigned to 10 persons. The tools of this study were the Vanderbilt Assessment Questionnaire (Teacher's Form and Parents), a. They completed intervention in both groups and tested the Vanderbilt Questionnaire (Teacher and Parent Form) as a pretest. The experimental group was then subjected to local-native intervention, but the control group did not receive any interventions. After completing the games, both groups were subjected to post-test. The results of multivariate analysis of covariance showed that native-local games significantly improved the attention deficit hyperactivity disorder / attention deficit hyperactivity disorder (ADHD) children aged 7 to 10 years with attention deficit hyperactivity disorder (ADHD).

RESULTS

Table 1 shows the mean and standard deviation of attention deficit deficits, hyperactivity / impulsivity, coping / conduct disorder / anxiety / depression (in teacher's form) in both pretest and post-test stages in both groups.

Table 1. Mean and standard deviation of scores of attention deficit deficits, hyperactivity / impulsivity, coping / conduct disorder / anxiety / depression (in teacher's form), test and control groups in pre-test and post-test stages

Variable	Groups	The level			
		Pre-exam		Post-test	
		Mean	Std. deviation	Mean	Std. deviation
Attention Deficit	Experiment	20	3.58	15.66	4.22
	Control	19.26	3.32	19.06	3.19
Hyperactivity / impulsivity	Experiment	19.2	3.72	14.73	3.36
	Control	20.46	5.51	20.06	4.97
Conflict / Controversial Disobedience	Experiment	11.93	5.36	8.93	4.94
	Control	13.46	6.2	13.6	5.77
Anxiety / depression	Experiment	6.26	5.16	4.8	3.58
	Control	5.06	3.63	4.8	3.44

As Table 1 shows, according to the teacher's form in the experimental group, the mean and

standard deviation of attention deficit in the pre-test stage is equal to 20 and 3/58, and in the post-test phase, is 15.66 and 4.22. Also, the mean and standard deviation of hyperactivity / impulsivity of the experimental group in the pre-test stage was 19.2 and 3.72 and in the post-test stage, it was 14.73 and 36.3, respectively.

The mean and standard deviation of coping / conduct disorder in the experimental group were 11.93 and 5.36 in the pretest and 8.93 in the post-test and 4.94 in the post-test phase. The mean and standard deviation of anxiety / depression in the experimental group were 6.6 and 5.16 in the pre-test and 4.3 and 4.3 in the post-test phase.

In the control group, the mean and standard deviation of attention deficits in the pre-test stage was 19.26 and 3.32, and in the post-test stage it was 19.06 and 3.9, respectively. Also, the mean and standard deviation of hyperactivity / impulsivity of the control group in the pre-test stage was 20.46 and 5.05, and in the post-test, it was 20.06 and 4.97. The mean and standard deviation of coping / conduct disorder in the control group were 13.66 and 6.2 at the pretest and 13.66 in the post-test and 5.77 in the post-test phase. The mean and standard deviation of anxiety / depression in the control group were 5.6 and 3.63 in the pre-test and 4.3 and 3.44 in the post-test stage.

Table 2. Mean and standard deviation of the scores of attention deficit deficits, hyperactivity / impulsivity, coping / conduct disorder / anxiety / depression (in parent form) of the experimental and control groups in the pre-test and post-test stages

Variable	Groups	The level			
		Pre-exam		Post-test	
		Mean	Std. deviation	Mean	Std. deviation
Attention Deficit	Experiment	18	3.66	14.26	4.04
	Control	17.26	3.12	17.33	3.59
Hyperactivity / impulsivity	Experiment	17.53	4.24	14.53	4.5
	Control	19.53	3.27	19.33	3.3
Conflict / Controversial Disobedience	Experiment	10.86	6.01	2.4	1.9
	Control	16	6.8	6.3	5.4
Anxiety / depression	Experiment	2.73	2.12	2.4	1.9
	Control	6.33	5.43	6.33	5.44

AS Table 2 shows, according to the parent form in the experimental group, the mean and standard deviation of attention deficit in the pre-test stage is equal to 18 and 3.66 and in the post-test stage is 14.26 and 4.04 respectively.

Also, the mean and standard deviation of the AD / AD in the pre-test stage was 17.53 and 4.24, and in the post-test phase, it was 14.53 and 4.5. The mean and standard deviation of coping / conduct disorder in the experimental group were 10.8 and 6.1 in the pretest and 4.2 and 1.9 in the post-test phase. The mean and standard deviation of anxiety / depression in the experimental group were 2.73 and 2.12 in the pretest and 2.4 and 1.9 in the post-test phase. In the control group, the mean and standard deviation of attention deficits in the pre-test stage were 17.26 and 3.12, and in the post-test phase, 17.38 and 3.9, respectively. Also, the mean and standard deviation of the hyperactivity / impulsivity of the control group in the pre-test stage were 19.53 and 3.27, and in the post-test, 19.33 and 3.3, respectively. The mean and standard deviation of coping / control disorder in the control group were 16 and 6.8 in the pretest and 6.3 and 6.4 in the post-test. The mean and standard deviation of anxiety / depression in the control group were 6.33 and 5.43 in the pre-test and 6.34 in the post-test and 5.44 in the post-test.

To analyze the hypotheses, multivariate analysis of covariance was used. The implementation of covariance analysis on research data entails the fulfillment of four basic

assumptions including linearity, multi collinearity, homogeneity of variances, and homogeneity of regression.

Chart 1 shows the regression and distribution lines of the pre-test and post-test scores for the attention deficit deficiency score.

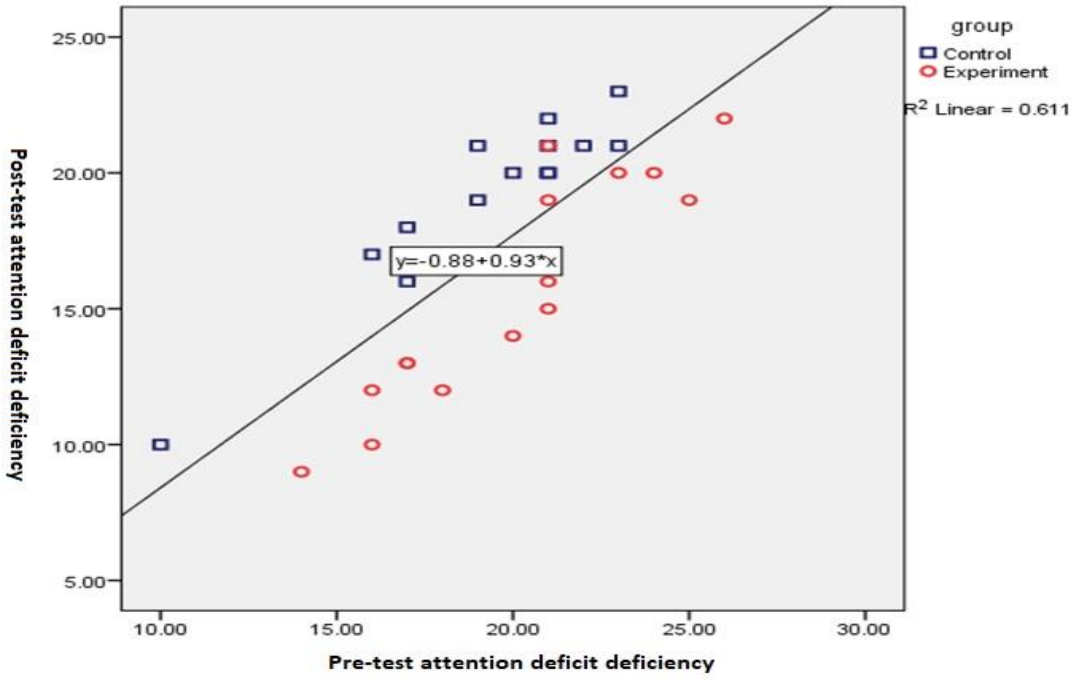

Chart 1. Linear Fuzzy Point Assumptions

Chart 1 shows that the relationship between auxiliary variable (pre-test of attention deficit score) and dependent variable (post-test of attention deficit score) is linear. Therefore, the linear assumption of the relation between the pre-test and the post-test of the defect score is confirmed. Chart 2 shows the regression and distribution lines of the pre-test and post-test of hyperactivity / impulsivity.

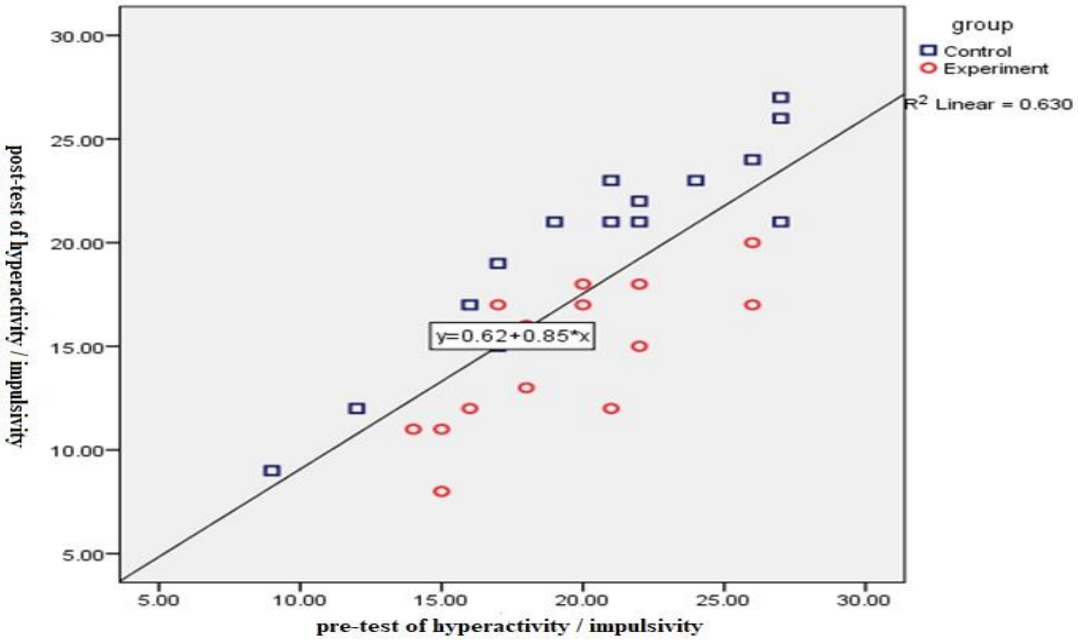

Chart 2. Hypersensitivity / Impulsivity Linear Assumptions

Chart 2 shows that the relationship between auxiliary variable (hyperactivity / impulsivity pretest) and dependent variable (hyperactivity / impulsivity posttest) is linear. Therefore, the linear assumption of the relationship between pretest and post-test of hyperactivity / impulsivity is confirmed. Chart 3 shows the regression and distribution lines of the pre-test and post-test scores of coping / conduct disobedience.

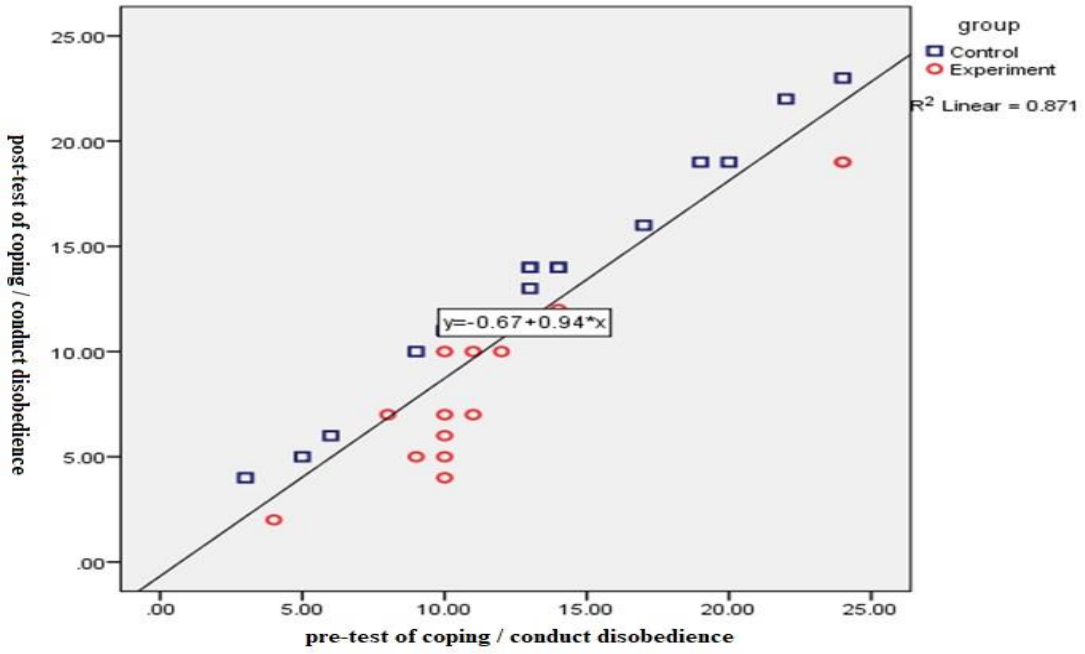

Chart 3. Linear Assumptions for Coping / Conduct Disobedience

Chart 3 shows that the relationship between the auxiliary variable (pre-test of coping / conduct disobedience / conduct) and the dependent variable (post-test coping / conduct disobedience) is linear. Therefore, the linear assumption of the relationship between pre-test and post-test of coping / conduct disobedience is confirmed. Chart 4 shows the regression and distribution lines of pre-test and post-test scores of anxiety / depression scores.

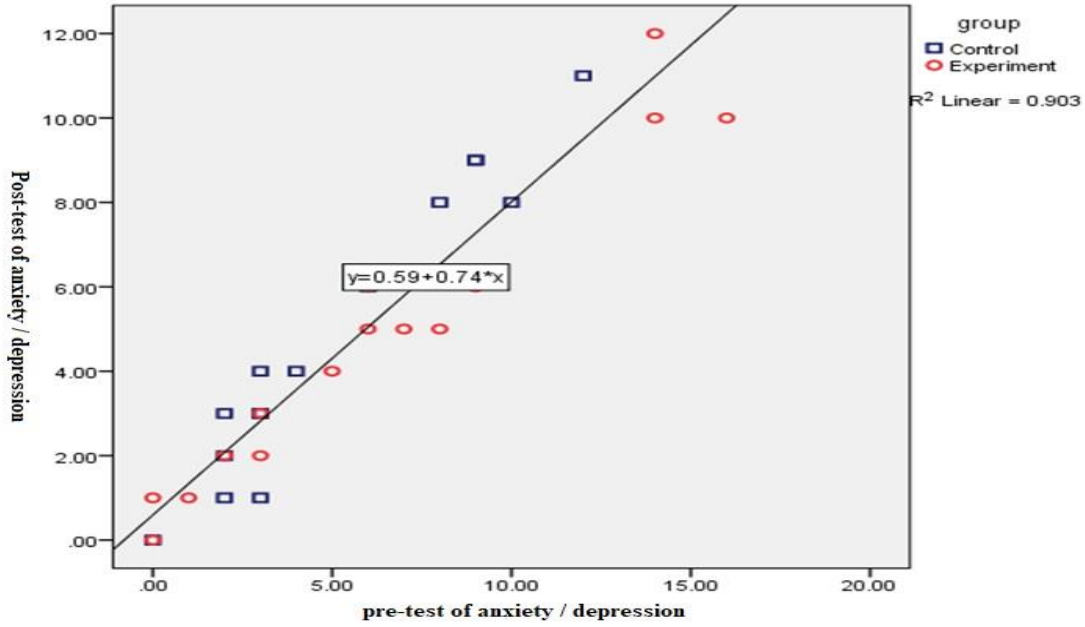

Chart 4. Linear Assumptions of Anxiety / Depression Score

Chart 4 shows that the auxiliary variables (anxiety / depression score pre-test) and dependent variable (post-test anxiety / depression score) are linear. Therefore, the linear assumption of the relationship between pre-test and post-test of anxiety / depression score is confirmed. Chart 5 shows the regression and distribution lines of the pre-test and post-test scores for the attention deficit disorder.

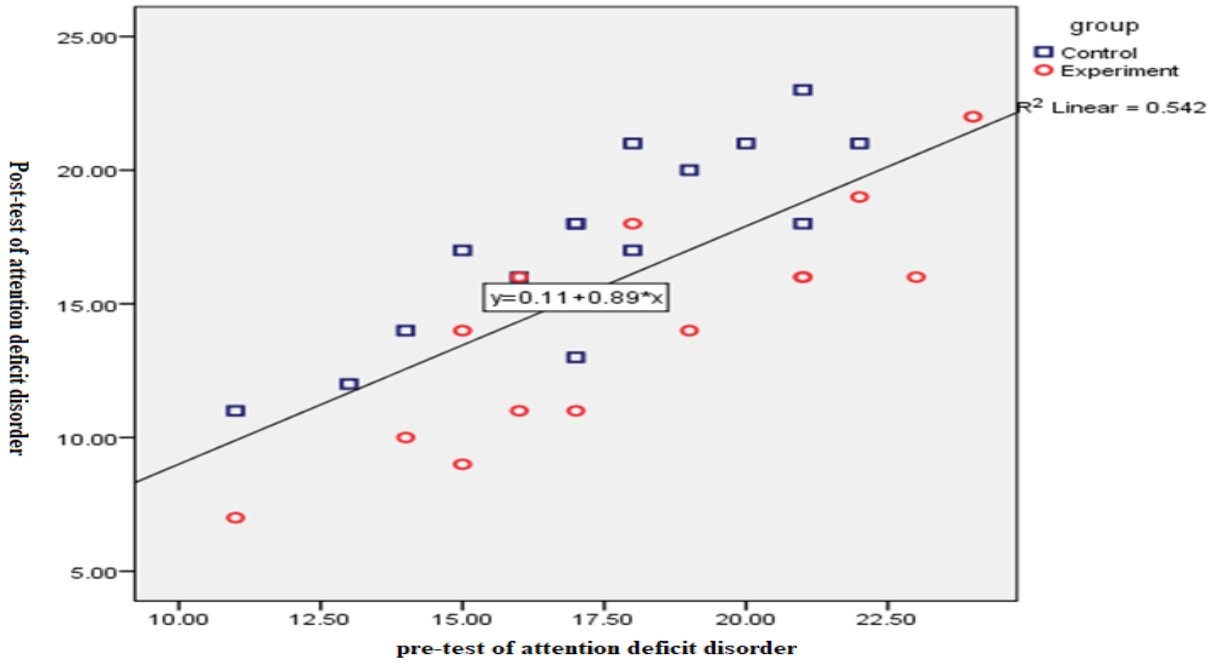

Chart 5. Linearity of Attention Deficit Score

Chart 5 shows that the auxiliary variable (pre-test of attention deficit score) and dependent variable (post-test of attention deficit score) are linear. Therefore, the linear assumption of the relation between the pre-test and the post-test of the defect score is confirmed. Chart 6 shows the regression and distribution lines of the pre-test and post-test of hyperactivity / impulsivity.

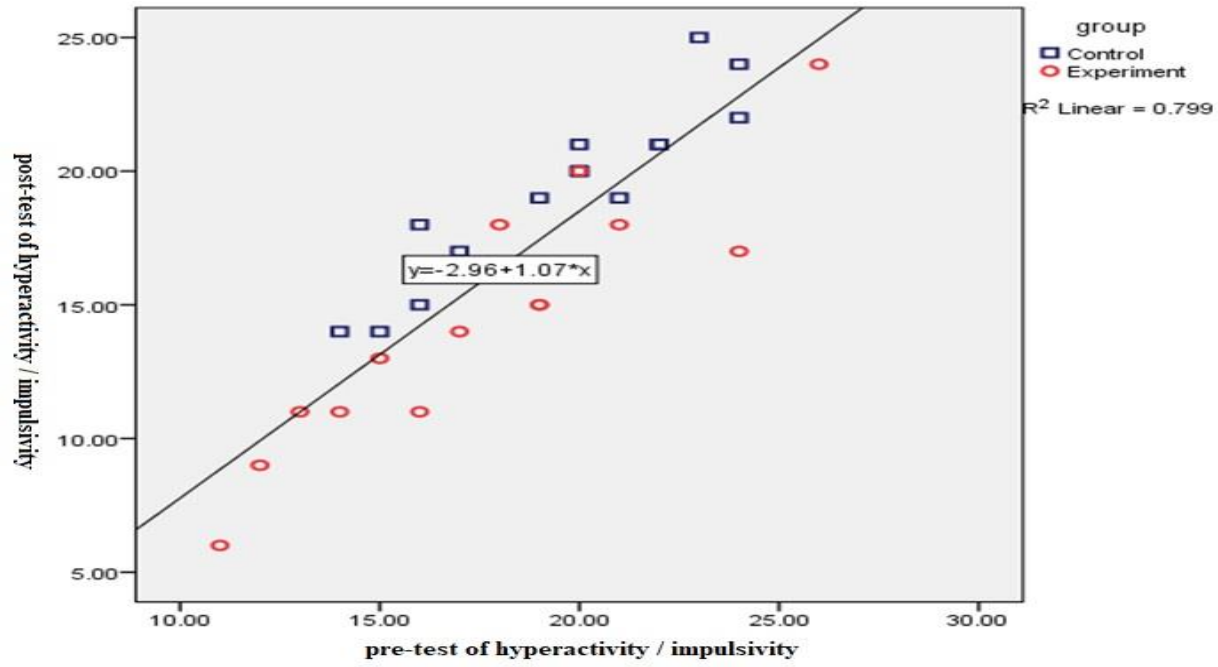

Chart 6. Linear Hypersensitivity / Impulsivity Assumptions

Chart 6 shows that the auxiliary variable is a linear (pre-test of hyperactivity / impulsivity) and dependent variable (post-test of hyperactivity / impulsivity). Therefore, the linear assumption of the relationship between pretest and post-test of hyperactivity / impulsivity is confirmed. Chart 7 shows the regression and distribution lines of the pre-test and post-test scores of coping / conduct disobedience.

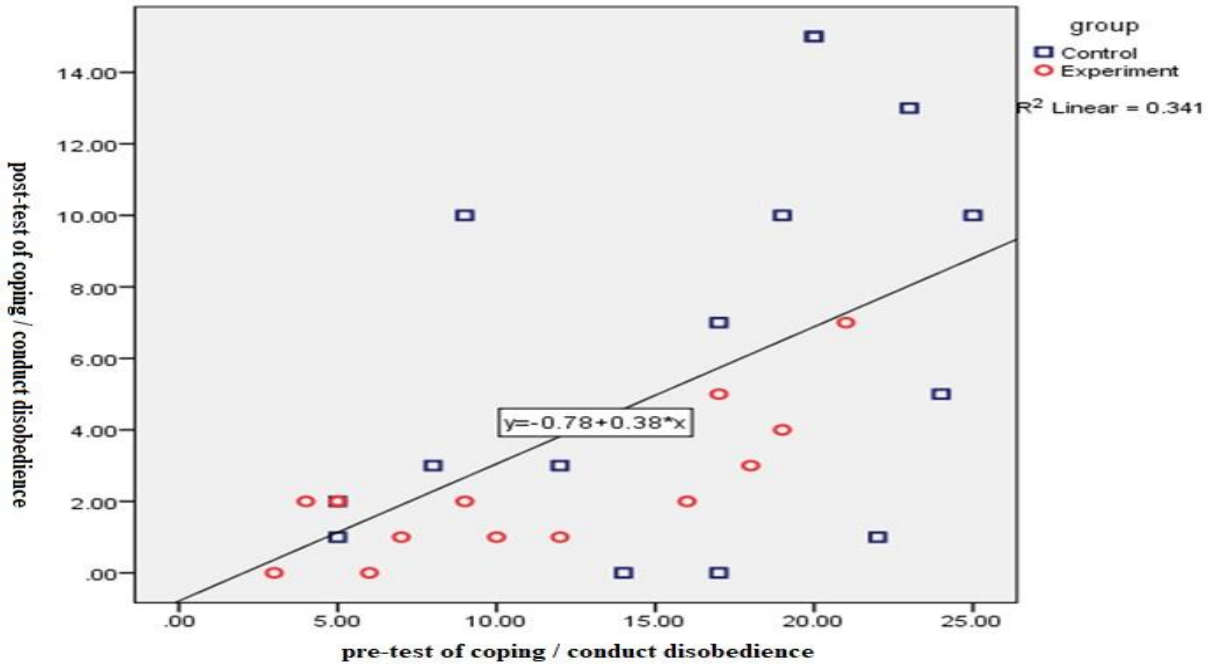

Chart 7. Linear Assumptions for Coping / Conduct Disobedience

Chart 7 shows that the relationship between the auxiliary variable (pre-test of coping disorder / conduct) and the dependent variable (post-test coping / conduct disobedience) is linear. Therefore, the linear assumption of the relationship between pre-test and post-test of coping / conduct disobedience is confirmed. Chart 8 shows the regression and distribution lines of the pre-test and post-test scores of anxiety / depression scores.

CONCLUSION

The results of the analysis of covariance in Table 4-9 of the fourth chapter showed that there is a significant difference between the test and control groups in terms of at least one of the symptoms of hyperactivity / attention deficit in teacher's view, and according to the teacher of native- Local 90% affected the symptoms of hyperactivity / deficiency in children's attention.

Also, Table 11-11 shows that there is a significant difference between the test and control groups in terms of at least one of the symptoms of hyperactivity / attention deficit in terms of parents, and for parents of local-native games 57% of the symptoms Hyperactivity-deficiency in children's attention has been effective. Therefore, it can be concluded that native-local games reduce the symptoms of hyperactivity-deficits in the children in the experimental group.

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