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EFFECT OF PLAY THERAPY ON ATTENTION DEFICIT AMONG PUPILS OF FUDMA DEMONSTRATION PRIMARY SCHOOL, DUTSIN-MA LOCAL GOVERNMENT AREA OF KATSINA STATE, NIGERIA

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Abstract

This study investigated the effect of Play Therapy on Attention Deficit among pupils of FUDMA Demonstration Primary School, Katsina State, Nigeria. Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are neurodevelopmental conditions that affect approximately 5–7% of school-aged children globally, leading to poor classroom engagement and academic underachievement. The study adopted a quasi-experimental design using a pre-test and post-test control group approach. A total of 40 students identified with symptoms of attention deficit were purposively selected and divided into two groups: 20 students in the experimental group received structured Play Therapy for six weeks, while 20 students in the control group received no intervention. Data were collected using a structured questionnaire and an observation checklist. Descriptive statistics (mean, frequency, percentage) and inferential statistics (t-test and Pearson correlation) were used for data analysis. Findings revealed a significant reduction in attention deficit symptoms among students in the experimental group. The mean post-test score for attention-related behaviors in the experimental group was 2.12, compared

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to 3.26 in the control group. A t-test showed a statistically significant difference (t) = 4.35, p = 0.05). The results offer valuable insights into alternative interventions that are both effective and culturally adaptable within the Nigerian educational context. The study concluded that, Play Therapy significantly improves students' attention span, impulse control, and academic engagement. The study recommends the integration of play therapy into school counseling programs and the training of educators in therapeutic play techniques as a non-pharmacological approach to managing attention deficits.
Key words: Attention Deficit, Play Therapy, Pupils

Introduction

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are neurodevelopmental conditions that significantly impact students' academic performance and social interactions. These disorders are characterized by inattention, impulsivity, and hyperactivity, making it difficult for affected students to focus, follow instructions, and complete tasks. According to the World Health Organization (WHO, 2021), ADHD affects approximately 5-7% of school-aged children globally, with a growing prevalence in Nigeria due to increased awareness and diagnosis. In educational settings, students with attention deficits often struggle with classroom engagement, peer relationships, and discipline, leading to poor academic performance and behavioral issues. Children with attention deficit experience a range of symptoms that interfere with their ability to perform well in academic and social settings. These symptoms may include:

Inattention: Difficulty staying focused on tasks, especially in the classroom. These children often appear not to listen, skip instructions, or leave assignments incomplete.

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Hyperactivity: Restlessness, excessive talking, and constant movement. Students may fidget, leave their seats, or run around inappropriately.

Impulsivity: Acting without thinking, interrupting conversations, and making careless mistakes. This can lead to frequent disciplinary action and strained peer relationships.

Furthermore, in a school settings, these symptoms result in:

Poor academic achievement due to incomplete assignments and missed instructions.

Disruptive behavior that affects not only the student but also the entire classroom environment.

Low self-esteem, as students often feel frustrated by their inability to meet academic expectations.

Increased dropout risk if interventions are not provided early.

Without timely support, these challenges can persist into adolescence and adulthood, affecting career outcomes and quality of life.

Attention Deficit Disorder is categorized into three main types: Predominantly Inattentive Type (ADD) which is characterized by difficulty sustaining attention, forgetfulness, and disorganization without hyperactive behavior.

Predominantly Hyperactive-Impulsive Type (ADHD-HI) – Marked by excessive movement, restlessness, and impulsive decision-making. Combined Type (ADHD-C) – A mix of both inattentive and hyperactive symptoms, making classroom learning particularly challenging (Barkley,

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2018). Research suggests that Attention Deficit conditions have a strong genetic basis, with heritability estimates ranging from 70–80% (Faraone & Mick, 2010). Other risk factors include: Neurological Factors: Differences in brain structure and function, particularly in the prefrontal cortex, which is responsible for impulse control and attention regulation (Castellanos et al., 2006). Environmental Influences: Exposure to prenatal toxins, lead poisoning, premature birth, or low birth weight has been linked to an increased risk of ADHD (Thapar et al., 2013). Psychosocial Factors: Family instability, trauma, and early childhood neglect may exacerbate attention-related difficulties in children (Loe & Feldman, 2007). The academic performance of students with attention deficit is often significantly lower than their peers due to: Reduced classroom engagement – Students struggle to stay focused during lessons (Barkley, 2018). Difficulty completing assignments – Forgetfulness and disorganization hinder task completion (Loe & Feldman, 2007). Disruptive classroom behavior – Impulsivity and hyperactivity create distractions for both the student and their peers (Thapar et al., 2013). These challenges increase the likelihood of academic failure, low self-esteem, and social isolation, making effective interventions crucial.

Psychiatric Association (2020) classifies attention deficit under ADHD, which is broadly divided into three subtypes:

Predominantly Inattentive Type (ADD): Characterized by difficulty in maintaining attention, forgetfulness, disorganization, and failure to

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complete tasks. These children often appear to be daydreaming and may not exhibit obvious hyperactive behaviors.

Predominantly Hyperactive-Impulsive Type (ADHD-HI): Marked by constant movement, fidgeting, interrupting others, and difficulty waits for turns. These children may blurt out answers and have trouble remaining seated.

Combined Type (ADHD-C): Involves symptoms of both inattention and hyperactivity/impulsivity. This is the most common type diagnosed among school-age children.

Attention deficit disorders are often diagnosed based on behavioral patterns observed over time in multiple settings, such as home and school, and must interfere with daily functioning to be considered clinically significant.

The exact cause of attention deficit is not fully understood, but research suggests that it results from a combination of genetic, neurological, and environmental factors:

Genetic Factors: Studies show a high heritability rate of 70–80%, indicating that attention deficit often runs in families (Faraone & Mick, 2010). A child with a parent or sibling diagnosed with ADHD is more likely to develop similar symptoms.

Brain Structure and Function: Neuroimaging research has shown differences in brain activity and development, especially in the prefrontal cortex, which governs attention, decision-making, and impulse control (Castellanos et al., 2006).

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Prenatal and Birth-Related Issues: Exposure to substances like alcohol, nicotine, or drugs during pregnancy, premature birth, and low birth weight are associated with higher risks of ADHD (Thapar et al., 2013). Environmental and Social Factors: Chronic stress, family conflict, exposure to violence, and inconsistent parenting can worsen attention problems. Lack of stimulation, poor nutrition, and early neglect are also contributing factors. Play therapy is a structured therapeutic approach that uses play-based activities to help children express emotions, develop cognitive skills, and improve social interactions. It is based on the understanding that children communicate more effectively through play than through verbal expression. According to the Association for Play Therapy (APT, 2018), play therapy is "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists help children express and resolve psychosocial difficulties." Play therapy is commonly used for: Improving attention and cognitive function (Ray et al., 2009). Enhancing emotional regulation and self-control (Bratton et al., 2005). Developing social skills and cooperative behavior (Schaefer & Drewes, 2014).

Play therapy has evolved over the past century, with major contributions from pioneering psychologists such as: Sigmund Freud (1909) – Introduced play as a tool for child psychotherapy. Carl Rogers (1951) – Developed client-centered therapy, which influenced child-centered play therapy. Virginia Axline (1969) – Refined non-directive play therapy, allowing children to explore emotions freely.

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Different approaches to play therapy exist, each tailored to specific therapeutic goals:

1. Child-Centered Play Therapy (CCPT) – Encourages free expression through play while the therapist provides guidance (Ray et al., 2009).

2. Cognitive-Behavioral Play Therapy (CBPT) – Uses structured games and storytelling to modify negative behaviors (Knell, 1998).

3. Directive Play Therapy – Therapist actively leads play activities to target specific challenges (Bratton et al., 2005).

4. Non-Directive Play Therapy – Child chooses play activities while the therapist observes and interprets behaviors (Landreth, 2012). Research highlights several benefits of play therapy for students with attention deficit, including:

Improved focus and task completion, Enhanced impulse control and patience, Development of cooperative skills and classroom engagement and lastly, Reduction in hyperactive behaviors (Landreth, 2012).

Statement of Problem

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are prevalent neurodevelopmental disorders that significantly affect students' academic performance and social interactions. Students with attention deficits often struggle with maintaining focus, completing tasks, and following instructions, leading to poor classroom engagement, frequent behavioral disruptions, and lower academic achievements (Barkley, 2018). In FUDMA Demonstration Secondary School,

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Katsina State, teachers frequently report cases of students exhibiting inattentiveness, impulsivity, and restlessness, which negatively impact both their learning outcomes and classroom environment. Despite the growing recognition of attention deficit issues in Nigeria, interventions remain largely limited to pharmacological treatments, which may not be accessible to all students due to high costs, potential side effects, and cultural skepticism regarding medication use for behavioral conditions (Bakare, 2012). Many schools lack alternative therapeutic interventions, leaving affected students without structured support to help improve their attention span and self-regulation. Play therapy has been identified as a non-pharmacological intervention that can enhance students' ability to focus, control impulses, and engage meaningfully in classroom activities (Bratton et al., 2005). However, in Nigeria, research on the effectiveness of Play Therapy for managing attention deficit among school children is scarce, particularly in secondary school settings. Schools often lack trained counselors and structured play-based interventions, making it difficult to integrate therapy into daily educational routines.

Given the increasing reports of attention-related challenges among students in FUDMA Demonstration Secondary School, there is a pressing need to explore effective and accessible interventions. Inline of the above, this study evaluates the effect of Play Therapy on Attention Deficit among of FUDMA Demonstration Primary School, Katsina State, Nigeria.

Objectives of the Study

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The specific objectives of this study are to:

i. Assess the prevalence of Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State.
ii. Examine the effect of Play Therapy on Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State.

Research Questions

i. What is the prevalence of Attention Deficit among Primary Pupils School in FUDMA Demonstration, Dutsin-ma, Katsina?
ii. What is the effect of Play Therapy on Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State?

Research Hypotheses

The following hypotheses were formulated and tested at 0.05 level of significance:

i. **Ho_1:** There is no significant effect of Play on Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State

Methodology

The study adopts a quasi-experimental research design, specifically a pre-test and post-test control group design. A quasi-experimental design is

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appropriate as it allows the researcher to measure the effectiveness of play therapy on pupils' attention span by comparing two groups:

Experimental Group (Students who received Play Therapy intervention) and Control Group (Students who didn't receive Play Therapy intervention). The population of this study consists of 420 pupils from Primary 3 to Primary 5 at FUDMA Demonstration Staff School, Katsina State. Out of this total population, 40 pupils were purposively selected to participate in the study using a structured questionnaire and an observation checklist. These selected pupils form the study sample size and were divided into two groups: an experimental group (20 pupils) and a control group (20 pupils). Lastly, the data collected was analyzed using descriptive statistics for the research questions and inferential statistics for testing the stated hypothesis. Specifically t-test for independent samples was used to determine whether significant differences exist between experimental and control group using SPSS package.

Results

Answering Research Questions

Research Questions One: What is the prevalence of Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State?

Table 1: The Prevalence of Attention Deficit.

S	Gender	No of Pupils with Attention	Percentag

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N		Pupils	Deficit	e
1.	Male	218	22	5.2%
2.	Female	202	18	4.3%
	Total	**420**	**40**	**9.5%**

The above table shows the Prevalence of Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State. From the above table, it shows that, there are 40 children identified with Attention Deficit which is equivalent to 9.5% of the population of 420 children among Primary 3-5 in FUDMA Demonstration, Dutsin-ma school among which 22 are males with 5.2% and 18 females with 4.3%. Therefore, the findings shows that, there are 40 pupils with Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State which is equivalent to 9.5%

Research Questions Two: What is the effect of Play Therapy on Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State?

Table 2; Effect of Play Therapy on Attention Deficit

Group	N0	Mean ($\overline{x}$)	SD	Mean Difference
Experimental	20	2.10	0.35	
				1.2
Control	20	3.30	0.28	

Table 2, presents the mean difference result on the effect of play therapy on Attention Deficit symptoms. The experimental group, which received play therapy, had a mean score ($\overline{x}$ = 2.10) lower than the control group ($\overline{x}$ = 3.30), indicating the difference between the two groups. This

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implies that play therapy had an effect in reducing Attention Deficit symptoms among the pupils.

Hypotheses Testing

Hypothesis One: There is no significant effect of Play Therapy on Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State

Table 3: T-test Result on the Effect of Play Therapy on Attention Deficit

Group	N	X	SD	Df	T	P
Experimental	20	2.10	0.35	38	4.52	0.000
Control	20	3.30	0.28	38		

This table presents the t-test result on the effect of play therapy on Attention Deficit. The experimental group, which received play therapy, had a mean score (X = 2.10) lower than the control group (X = 3.30), indicating fewer ADHD-related behaviors. The t-value of 4.52 with a p-value of 0.000 ($p < 0.05$) shows that the difference between the two groups is statistically significant. This implies that play therapy had a significant effect in reducing Attention Deficit symptoms among the pupils.

Discussion of findings

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Finding concerning research question one which seek to find out Prevalence of Attention Deficit among Primary School Pupils in FUDMA Demonstration, Dutsin-ma, Katsina State. The finding revealed that, there are 40 pupils discovered to have Attention Deficit in in FUDMA Demonstration School which is equivale**nt to 9.5**%. This study is in line with the study of Eslami Shahrbabaki Mahin, (2024) who conducted a study on the prevalence of Attention Deficit in primary school children in Kerman city, the findings indicates that, the frequency of Attention Deficit in Kerman primary school is 40.74%. The second finding of this study indicated that, Play Therapy had a significant positive effect on managing Attention Deficit among primary pupils in FUDMA Demonstration primary school. This finding is in concurrence with the finding of Tukur, (2021) who discovered that, Play Therapy was effective in managing Attention Deficit of the sampled students.

Conclusion

Based on the findings of the study, it can be concluded that play therapy is an effective intervention for managing attention deficit among pupils in Primary school. It provides a structured and engaging medium through which pupils can improve focus, control impulsive behavior, and enhance academic performance. The findings support the integration of non-pharmacological interventions in the school system, particularly in the Nigerian context where access to professional psychological services is limited. By adopting structured play therapy programs, schools can provide

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a cost-effective, student-friendly approach to improving learning outcomes among students with attention challenges.

Recommendations

Based on the study findings, the following recommendations are made:

1. Integration into School Counseling Programs: Schools should incorporate play therapy into their guidance and counseling services to support students with attention deficit and related behavioral challenges.
2. Training for Teachers and Counselors: Educational authorities should organize workshops and training sessions for teachers and school counselors on how to apply play therapy techniques effectively in classrooms.
3. Policy Support: The Ministry of Education should recognize and support play-based interventions as part of inclusive education policies, especially for schools in rural and underserved areas.
4. Provision of Resources: Schools should allocate dedicated spaces and materials for play therapy sessions to ensure a conducive environment for therapeutic activities.

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