

<https://doi.org/10.23913/ride.v15i30.2284>

Scientific articles

Género y TDAH: Estudiantes mujeres de la Licenciatura en Inclusión Educativa

***Gender and ADHD: Female Students in the Bachelor's Degree in
Educational Inclusion***

***Gênero e TDAH: Alunas do curso de Bacharelado em
Inclusão Educacional***

Juliette Murillo Vinay

Benemérito Instituto Normal del Estado “Gral. Juan Crisóstomo Bonilla”, México

murillovj.lie20@bine.mx

<https://orcid.org/0009-0003-7771-1548>

Luis Ricardo Ramos Hernández

Benemérito Instituto Normal del Estado “Gral. Juan Crisóstomo Bonilla”, México

ramos.hernandez.lr@bine.mx

<https://orcid.org/0000-0002-4410-0623>

Resumen

Esta investigación analizó los testimonios obtenidos en un grupo de discusión integrado por estudiantes mujeres de la Licenciatura en Inclusión Educativa (LIE), con diagnóstico confirmado o probable de Trastorno por déficit de atención e hiperactividad (TDAH), con el objetivo de explorar cómo enfrentan los desafíos académicos, sociales y emocionales asociados a su condición. Se realizó un análisis de los testimonios, atendiendo al énfasis que las participantes otorgaron a las implicaciones de género en la manifestación de los síntomas, así como en el acceso a recursos de apoyo tanto en su vida personal como en su formación como docentes. Los hallazgos, aunque no generalizables, revelan la adopción de estrategias para lidiar con el TDAH. Notablemente, las estudiantes indicaron que se apoyaban en una amiga o “persona de confianza” para mediar en las interacciones con su entorno, así como realizar actividades secundarias que les ayudaran a mantener la atención en tareas principales, como escuchar una conferencia. En ocasiones, los docentes interpretaron tales estrategias como manifestaciones de indisciplina o comportamiento disruptivo, a pesar de tener conocimiento del diagnóstico de TDAH. A partir de los



resultados obtenidos, se concluye la utilidad de comprender y fomentar estrategias colectivas de afrontamiento para mujeres con TDAH, similares a las desarrolladas a partir de las interacciones en el grupo de discusión y la creación de un grupo privado informal en WhatsApp. Estos espacios no sólo facilitaron el apoyo mutuo entre las participantes, sino que también actuaron como un canal para aliviar la tensión asociada al camuflamiento (*masking*) de su condición.

Palabras clave: género, TDAH, trastorno por déficit de atención e hiperactividad, técnicas de estudio, inclusión.

Abstract

This study examined testimonies from a discussion group composed of students enrolled in the Bachelor's Degree in Educational Inclusion (LIE) program who have a confirmed or probable Attention Deficit Hyperactivity Disorder (ADHD) diagnosis. The objective was to analyze how they navigate their condition's academic, social, and emotional challenges, emphasizing the gendered dimensions of symptom expression and the accessibility of support resources within higher education.

While not generalizable, the findings reveal the adoption of spontaneous strategies to manage ADHD within the participants' contexts. Notably, the female students reported relying on a friend or trusted person to mediate interactions with their environment and engaging in secondary activities to maintain attention on primary tasks, such as listening to a lecture. However, these strategies were occasionally misinterpreted as indiscipline or disruptive behavior, leading to negative perceptions from teachers, mainly when the ADHD diagnosis was made public.

Based on these findings, the study concludes that understanding and promoting collective coping strategies among women with ADHD is essential. Such a strategy proved highly effective, as it developed through interactions in the discussion group and establishing an informal private WhatsApp group. These spaces facilitated mutual support among participants and provided a channel to alleviate the tension associated with the persistent masking of their condition.

Keywords: ADHD, Hyperactivity, Gender Differences, Female, Educational Inclusion, Coping Strategies.

Resumo

Esta pesquisa analisou os depoimentos obtidos em um grupo focal composto por alunas do Curso de Bacharelado em Inclusão Educacional (LIE), com diagnóstico confirmado ou provável de Transtorno do Déficit de Atenção e Hiperatividade (TDAH), com o objetivo de explorar como elas enfrentam os desafios acadêmicos, sociais e emocionais associados à sua condição. Foi realizada uma análise dos depoimentos, levando em consideração a ênfase que os participantes deram às implicações de gênero na manifestação dos sintomas, bem como no acesso a recursos de apoio tanto na vida pessoal quanto na formação como docentes. Os achados, embora não generalizáveis, revelam a adoção de estratégias para lidar com o TDAH. Notavelmente, os alunos indicaram que dependiam de um amigo ou “pessoa de confiança” para mediar as interações com seu ambiente, bem como para realizar atividades secundárias que os ajudavam a manter a atenção em tarefas primárias, como ouvir uma palestra. Às vezes, os professores interpretavam essas estratégias como manifestações de indisciplina ou comportamento disruptivo, apesar de estarem cientes do diagnóstico de TDAH. Com base nos resultados obtidos, conclui-se que é útil compreender e promover estratégias coletivas de enfrentamento para mulheres com TDAH, semelhantes às desenvolvidas a partir das interações no grupo de discussão e da criação de um grupo privado informal no WhatsApp. Esses espaços não apenas facilitaram o apoio mútuo entre os participantes, mas também funcionaram como um canal para aliviar a tensão associada ao mascaramento de sua condição.

Palavras-chave: gênero, TDAH, transtorno de déficit de atenção e hiperatividade, técnicas de estudo, inclusão.

Reception Date: July 2024

Acceptance Date: January 2025

Introduction

Attention deficit hyperactivity disorder (ADHD) is considered a neurodevelopmental disorder with neurobiological-genetic origins (Biederman, 2004, p. 1216) and not social (Barkley, 2015, p. 38) but aggravated by socio-environmental aspects (Magnus et al., 2023). The heritability of ADHD is estimated to be between 70% and 90% (Rusca & Cortez, 2020). The perception of people with ADHD varies according to sociocultural contexts since different environments influence how the symptoms are perceived. In this way, culture becomes a fundamental factor in constructing the experiences of those suffering from this disorder (Díaz et al., 2013).



Just as context influences perceptions of ADHD symptomatology, it can also impact estimates of its prevalence. Polanczyk et al. (2007, p. 947) note that no significant differences in ADHD prevalence appear between the Americas, Europe, Asia, and Oceania. However, considerable differences exist between Europe, Africa, and the Middle East. These disparities are primarily explained by socioeconomic, regional, or geographic factors affecting diagnoses (Vasiliadis et al., 2024). Cultural perceptions of what is considered “normal” in terms of behavior or ADHD characteristics can influence assessments and relationships.

DSM-5 (APA, 2014) divides ADHD into three subtypes: ADHD with a predominance of attention deficit, ADHD with a predominance of hyperactive-impulsive disorder, and ADHD of combined type.

People with ADHD have a deficit in executive functions, such as behavioral inhibition (motor and cognitive inhibition), mental flexibility, and planning and organization of tasks (Rubiales et al., 2016). The literature links these four parts of the brain with ADHD symptoms. Despite the variety of symptoms, the leading indicators of ADHD are inattention, over-alertness, and impulsivity. These symptoms are visible in children in the academic and social spheres. According to the DSM-5 (APA, 2014, p. 59), some symptoms include:

“Inattention: Not paying attention to details, short attention span, not seeming to follow the conversation. Hyperactivity: Playing with hands or feet, difficulty sitting still, running or talking a lot, discomfort when standing still. Impulsivity: Moving in inappropriate situations, acting without thinking, responding before being asked a question, interrupting conversations.”

Knowing and understanding the manifestations of Attention Deficit Hyperactivity Disorder (ADHD) is essential for its diagnosis and effective treatment, allowing it to address the needs of those who suffer from it comprehensively. A crucial aspect of ADHD is its frequent comorbidity with other disorders, which complicates both its diagnosis and treatment. According to Zúñiga & Durán (2014, p. 644), the most common comorbidities include Learning Disorders (46% vs. 5%), Conduct Disorders (27% vs. 2%), Anxiety (18% vs. 2%), Depression (14% vs. 1%), Language Disorders (12% vs. 3%), Autism Spectrum Disorders (6% vs. 0.6%) and Epilepsy (2.6% vs. 0.6%). Souza et al. (2005) highlight that it is difficult to identify an isolated manifestation of ADHD due to these frequent associations.

ADHD on the road to adulthood

Although ADHD is often detected in childhood, it does not disappear with age; in adulthood, symptoms adapt, usually going unnoticed by allowing some level of functionality (Sepúlveda & Espina, 2021). Ginapp et al. (2023) describe how adults with ADHD face persistent difficulties in regulating attention, manifesting as hyperfocus or an inability to concentrate. Facilitators of focus in adults include a transparent work environment and performing novel tasks.

Impulsivity in adults may appear in mild forms, such as interrupting conversations or compulsive shopping, or more severe, such as reckless behavior (Marifil et al., 2021); on the other hand, hyperactivity is considered to be less evident than in childhood but presents as motor restlessness, constant limb movement, or frequent rearrangement. In addition, adults with ADHD often experience difficulties in emotional regulation, including sensitivity to rejection and exaggerated emotional expression (alexithymia). Rogers et al. (2017) also observe a higher prevalence of fatigue in this population.

Global initiatives such as the World Declaration on Education for All (WCEFA, 1990) support the educational inclusion of people with ADHD, whose article 3 promotes equal access to education for all. Statistically, in Mexico, according to the *Institute for Health Metrics and Evaluation* (IHME, 2019), the prevalence is approximately 1,128 cases per 100 thousand adults. The first Latin American consensus on ADHD, captured in the Mexico Declaration, highlighted the need to strengthen legislation to ensure timely diagnosis and treatment and prevent discrimination (Barragán & de la Peña, 2008).

The importance of researching ADHD in the Bachelor's Degree in Educational Inclusion lies in generating data that reflects the realities and needs of students in Puebla and contributing to developing culturally relevant support strategies. As part of the statistical overview, it is essential to mention that, according to a 2007 study, the global prevalence of ADHD was 5.3% across all ages (Polanczyk et al., 2007, p. 942). By 2019, among children and adolescents with mental health disorders, ADHD affected 19.5%, making it the third most common mental health disorder, after depression-anxiety (42.9%) and behavioral disorders (20.1%) (UNICEF, 2022, p. 37).

Higher education students

The transition to higher education represents a considerable challenge for students with Attention Deficit Hyperactivity Disorder (ADHD) due to the high demands for concentration, organization, and autonomy that increase from childhood (Rubiales et al., 2016, p. 108). Granados et al. (2020) point out that students with ADHD often have deficiencies in emotional self-regulation, organization, and attention, while Michalek, cited in Sepúlveda & Espina (2021), highlights that factors such as noise can negatively impact the acquisition of information, affecting their academic performance.

To cope with their condition, students with ADHD need to implement management strategies to regulate their impulsive behavior and adapt to the educational environment; for example, the phenomenon called *masking* (Mylett, 2020, p. 19), which consists of the behavioral modification that people with ADHD make to camouflage others' impression of their condition. These strategies often involve rigidity and self-demand, which can lead to mental exhaustion (Ortiz & Jaimes, 2007). Although there are no precise statistics on the proportion of students with ADHD in higher education, research indicates that this group faces greater probabilities of poor academic performance, discipline problems, school failure, and difficulties in achieving professional success (Evans et al., 2020).

Furthermore, academic history and developmental contexts play a key role in understanding the study, attention, and stillness strategies designed by students with ADHD. However, they do not always manage to overcome these barriers. Kercood et al. (2017, p. 342) found that students with attention deficits consider themselves less cognitively flexible than their peers, even without a formal diagnosis. This lack of flexibility affects their performance in key areas such as reading, mathematics, and writing. For his part, González (2018) warns that university teaching staff often perceive students with ADHD as problematic, which generates tensions and frictions that hinder their integration.

On the other hand, the emotional impact of ADHD is also significant, especially in undiagnosed adults. According to Juan Sangüesa (2012), many carry a "heavy burden of discouragement and self-reproach," resulting from years of criticism and disapproval from family members, teachers, friends, and partners. To address this impact, Sangüesa suggests a therapeutic rewriting of the negative narratives of both individuals and their families. From a psycho-pedagogical perspective, it is helpful to structure specific routines and strategies that include the use of tools such as organizational notebooks and time management techniques, such as the *Pomodoro technique*, which allow students to dose their attention and meet established deadlines; however, risky practices prevail on the part of students with ADHD, especially in secondary and higher education, such as forcing hyperfocus to study

(Hupfeld et al., 2019) and the development of friendships or school alliances; However, the number of friendships maintained by girls and boys with ADHD is significantly lower and their interactions are less significant (Spender et al, 2023).

From a positive perspective, therapist Kathleen Nadeau (2015) highlights the strengths associated with ADHD. According to Nadeau, hyperactivity, curiosity, and risk-taking can become significant advantages in adult life, fostering entrepreneurship, creativity, and the ability to make unusual connections. This view relies on research such as that of Wiklund et al. (2017, p. 652) and Antshel (2018, p. 263), who link ADHD with valuable entrepreneurial skills, as well as Sedgwick et al. (2019, p. 250), who highlight positive qualities such as cognitive dynamism, resilience, courage, and a sense of transcendence. That is, although young adults with ADHD face significant challenges in higher education, their characteristics can also become unique strengths when they receive adequate support and develop effective coping strategies, especially taking into account creative aspects, such as creative capacity and the depth of their involvement with specific topics and projects. This balanced perspective offers a valuable framework to promote their inclusion and academic success.

Women and ADHD

Regarding ADHD, gender differences are significant. During childhood, its prevalence is higher in boys than in girls, with a ratio of 3:1. However, this difference tends to balance out in adulthood (Ortega et al., 2015) due to factors related to gender socialization and late diagnosis in women since symptoms manifest during childhood (NIMH, 2007). Although ADHD is a multifactorial disorder with genetic components (de Carvalho et al., 2012), it is essential to consider these diagnostic differences to ensure adequate support for those who suffer from it. Women who present exclusively attention-related problems without significantly associated hyperactivity may not be identified as needing a specific assessment and, therefore, often do not benefit from adequate treatment (Fratelli et al., 2022).

Women tend to camouflage the symptoms of certain neuropsychiatric disorders, such as autism spectrum disorder (ASD), which could, to some extent, appear in ADHD (Schuck et al., 2019, p. 2601). Likewise, stereotypes associated with female hormonal dysregulation often lead to ADHD symptoms being confused with regular fatigue, making it even more challenging to identify and treat (Zamora, 2023, p. 18). In women with ADHD, low self-esteem, anxiety, and depression are frequently observed (Zamora et al., 2023, p. 18). Other symptoms are psychological distress, feelings of inadequacy, chronic stress (Zamora, 2023), rejection, and a tendency to protect others (Henry & Jones, 2011, p. 259). It is also known

that women present aggravated comorbid conditions with eating disorders (Groß-Lesch et al., 2016). Specific treatment strategies for the disorder in women should be recognized, such as support groups, which positively impact their sense of recognition (de Jong et al., 2024); however, therapeutic intervention is usually individual, with an emphasis on establishing routines, time control, and stress reduction (Gutman et al., 2020).

This series of factors highlights the importance of addressing gender as a central factor in the analysis of ADHD, both to improve diagnostic processes and to design more inclusive and effective support strategies. Gender is a crucial factor in this research for several reasons. Firstly, it highlights the feminization of Normal education, which produces a female overrepresentation in Bachelor's Degrees in Education enrollment. For example, in the LIE of the BINE, out of 90 students, 82 are women. This female predominance highlights specific problems, such as the documented cases of *burnout syndrome* of female students in the Bachelor's Degree in Educational Inclusion (LIE) of the Benemérito Instituto Normal del Estado (BINE) (Bravo Vallejo, 2024). This reality invites us to analyze the practices and processes associated with gender since the female majority does not guarantee an environment of substantive equality (Báez, 2014). On the contrary, in Mexican higher education, sexist stereotypes persist that relegate women to the domestic sphere and raising children (Yaber & Sotelo, 2022), reinforcing prejudices that describe them as conflictive and problematic in educational contexts such as Normal Schools (Vega Villarreal, 2019).

Taking into account the theoretical and contextual aspects mentioned above, this research aimed to analyze how LIE students diagnosed with ADHD face the academic, social, and emotional challenges associated with their condition, emphasizing the gender implications in the manifestation of symptoms and in access to support resources within the context of higher education.

Materials and methods

This mixed-approach research analyzes how sociocultural and school contexts influence the creation of individual strategies for organization, attention, and self-regulation in higher education students with a confirmed or suspected diagnosis of ADHD. The main objective is to understand the difficulties associated with the disorder's symptomatology and its impacts on academic performance, relationships with authority figures, social interactions, emotional aspects, and organizational strategies (Sepúlveda & Espina, 2021, p. 104).

The study employed a two-phase methodological approach, each aligned with the established objectives. The study materialized at the Bachelor's Degree in Educational Inclusion (LIE) of the Benemérito Instituto Normal del Estado (BINE) in Puebla. This

educational program addresses challenges related to discrimination and exclusion of students. The LIE, with study plans for 2018 and 2022, aims to train professionals capable of designing inclusive learning environments with a humanistic approach. Of the 90 students enrolled, 38 participated in the initial questionnaire, and five who had a confirmed diagnosis of ADHD or symptoms related to the disorder participated in a focus group to explore their experiences linked to ADHD.

"ADHD Symptoms Self-Perception Test" was applied, an instrument validated by clinical psychologist José Juan Zamudio Díaz that consists of three areas: hyperactivity, impulsivity, and inattention. See Figure 1.

Figure 1. Clinical justification of the Test, by psychologist José Juan Zamudio Díaz (fragment)



Source : Zamudio Díaz (2024).

This questionnaire was distributed through Google Forms to the entire LIE student population during the 2023–2024 school year, reaching a sample of 38 responses. The results were analyzed quantitatively to identify students with a diagnosis or probable symptoms of ADHD.

In the qualitative phase, based on the results of the quantitative phase, five students with a diagnosis or possible condition of ADHD were selected to participate in a focus group. The inclusion criteria were: 1. Be a student enrolled in the Bachelor's Degree in Educational Inclusion program. 2. Have a previous medical diagnosis or, where appropriate, have a probable result in two of the three areas of the "*ADHD Symptoms Self-Perception Test*": inattention, hyperactivity, and impulsivity. Five female students met the requirements. The discussion followed a focus group thematic guide designed based on the research objectives and validated according to the methodological recommendations for constructing qualitative guides. In addition, its structure is justified in research on ADHD that addresses emotional, academic, and social dimensions (Sepúlveda & Espina, 2021, p. 105). This design aimed to conduct a deep and natural exploration of participants' experiences, allowing for the identification of relevant patterns, categories, and meanings.

The instrument *Discussion guide The group* study was reviewed for clarity and coherence with the support of BINE LIE teachers Dorisnelda Romano Hernández and Rosalinda Gutiérrez Juárez, which led to the reformulation of the guiding questions, ensuring that the language was accessible and understandable for the participants, eliminating ambiguities and simplifying complex concepts. On the other hand, the questions align with the research objectives to cover the dimensions of ADHD in childhood, adolescence, and university life.

Below are the questions that guided the discussion at each stage of the participants' development. See Table 1:

Table 1. Group discussion guide.

1. Childhood and adolescence	"How would you describe your family life and the care received at home?"
	"What aspects of your childhood do you remember concerning impulsivity and distraction?"
	"Did you perceive yourself as different from your siblings or other children?"
	"Does anyone else in your family have ADHD-like characteristics?"
	"What kind of support or acceptance did you feel from your parents, relatives, and teachers?"
2. School stage	"What study strategies did you use in elementary school?"
	"How was your performance working in a team or individually?"
	"How did you usually build friendships in elementary or high school?"
	"Did you have conflicts with authority figures or peers?"
	"What motivated you to commit to long-term activities?"
	"Do you remember difficulties with learning styles imposed at school?"
3. University life	"How did you experience the transition from high school to college?"
	"Do you think your condition influenced your career choice?"
	"How do you handle changes and adaptation to new spaces or groups?"
	"What strategies do you use to study or concentrate?"
	"What methods do you use to regulate your attention during classes?"
	"Is it better for you to share your diagnosis or keep it private?"
	"Do you perceive that your symptoms converge with other disorders?"
	"How do you manage your time and organize your daily activities?"
	"What kind of environments do you prefer for studying or working?"
	"How do you manage changes and adaptation to new university environments?"
4. Relationships and Teamwork	"How do you feel about working in a team or prefer individual activities?"
	"Have you experienced the phenomenon of hyperfocus? In what situations?"
	"What strategies do you use to manage external stimuli in the classroom?"
5. Self-regulation and emotions	"Have you experienced intense emotional changes?"
	"What techniques do you use to regulate yourself emotionally?"

Source: Own elaboration.

In the group session, Central topics in the diagnosis and management of ADHD were addressed, from family and school dimensions to emotional and organizational challenges

at university. Regarding reliability, the questions propitiate a natural flow, encouraging spontaneous and detailed responses. The focus group followed models proposed by similar qualitative studies on ADHD, ensuring its relevance and applicability to the educational context. The session lasted two hours and was transcribed in its entirety, resulting in the transcription of 78 pages of testimonies. The testimonies were qualitatively analyzed using *Taguette software*, an open-source tool for qualitative data management and labeling.

After transcription, the testimonies were segmented and labeled according to emerging categories. These were then grouped into sub-themes to facilitate analysis and comparison. See Figure 2.

Figure 2. Testimony transcription page and analysis table by categories (Fragments).

–Hablante 7 (03:28). Y sí, sí, o sea, por ejemplo, en mi caso, nadie sabía que tenía TDAH en la escuela. Yo lo intentaba ocultar, yo sea el más que lo más perfecto de la vida, ¿no? Bueno, no, no me salía, pero lo intentaba hasta que un profe salió, un profe que ya no está ahonta o a ver si vuelve. Dijo ¿tú tienes TDAH, ¿verdad? ¿Ay, profe, cómo supo? ¿Es muy obvio? Y entonces el profe le dijo a todos los demás profes de la academia y bum. Para que **me empezaron a tratar muy diferente a como me trataban**. Entonces no sé, quiero preguntarles si a ustedes les pasó eso, si a ustedes algún profe ya les dijo y empezó el comportamiento diferente o algo así.

–Hablante 1 (04:02). Bueno, yo no estoy diagnosticada, vuelvo a repetir, mis papás siempre me han **tomado como loca y punta**, ¿Nunca han querido como ver de esta manera, no? ¿Y no me arrepiento, digo, al final de cuentas, no sé si lo tengo o no, pero en la secundaria había un maestro de matemáticas que yo soy muy mala con las matemáticas, no me concentro bien, me estreso, no? Y ese maestro se dio cuenta y me tomó más atención y en lugar de aislarme, al contrario, me dijo no pues inténtalo de esta manera. Y me gustaban las matemáticas, extrañamente, porque dije y cuando el maestro se dio cuenta de esto, a todos los maestros les dijo y todos los maestros me hacían **actividades diferentes** y era como de ¿pues por qué yo sí puedo?

–Hablante 1 (04:53). Entonces fue como la que era su subdirectora mando llamar a mi mamá y le dijo Oiga, lleve a su hija con un especialista porque a lo mejor tiene algo, porque es

Género	Estrategias de organización	Estrategias de atención	Consecuencias
Min 5:16 H2: Igual mi mamá y mi papá, siempre para ellos he sido como la rarita, de hecho, en mi casa me dicen que soy la loca, entonces es como que ya normal, no, y mi abuela nunca me dijo así.	Min 8:39 H4 tengo una amiga. Pero eso tengo un amigo, porque es mi autorregulador.	10:14 H6 ¿Pero Doris es más directa, no? Entonces dices como que jala la atención.	7:24 H4: hablas muy rápido y mi me regañan mucho.
Min 6:15 H4 llevan es que siempre quieren pelear y siempre yo quiero dar mi opinión. Era como es que no estamos peleando, solamente estamos hablando. No pelean. Entonces cuando estaba yo hablando, y si algo no estaba como bien, pues yo empezaba ya a gritar y era como.	Min 23:06 H3 dije "Las faltas Ortográficas", "Demuéstralo",	Min 14:02 H1 el maestro se dio cuenta de esto, a todos los maestros les dijo y todos los maestros me hacían actividades diferentes y era como	Min 8:39 H3 Bueno, a mí me ha pasado muchas veces que hago comentarios muy groseros. Bueno, se interpretan groseros

Source: Prepared by the authors based on transcribed testimonies.

Results

The discussion group met in a space provided by the Substantive Research Area, where the research team set up a round table with seven chairs. Five students from the BINE Bachelor's Degree in Educational Inclusion shared their ADHD-related experiences for two hours. Guided by questions from the authors, the participants explored key themes for the study's objectives.

According to the results of the "*ADHD Symptoms Self-Perception Test*," *five students out of 90 in the 2023-2024 school year have a diagnosis or probable condition of ADHD, which represents 5.5% of the total population. The session's analysis obtained testimonies divided into two main categories: gender and attention and organization strategies.*

Gender

The participants, hereafter referred to as *Informants*, recounted experiences that reflect how gender influences the perception and understanding of ADHD. Informants *described* a series of misunderstandings and stigmatizations from the family to the school context. For example, Informant 1 expressed how her mother did not trust her and labeled her as “crazy” due to behaviors related to her condition: “*My mom said: —No, she is crazy, leave her, ignore her.*” When teachers reported on the difficulties, she faced in high school. This type of stigma originates in the family environment and manifests in the school environment.

Another recurring theme was conflict in communication, mainly due to the difficulty of regulating the tone of voice. Informant 4 described how she raised her voice and the teacher scolded her for wanting to fight: “*He always wants to fight, and I always want to give my opinion,*” while Informant 5 noted: “*Normally it seems like we shout.*” These situations generated misinterpretations in their social interactions, reinforcing stereotypes that classified them as conflictive. Several participants mentioned relying on trusted figures, such as close friends, to mediate in their relationships to counteract this perception.

Likewise, *Informants* highlighted the inclination to care as a recurring characteristic of their gender identity. Informant 5 shared how her peers called her ‘*everyone’s mother*’ and about her empathetic attitude, but also pointed out that this role can be problematic, as people perceive this as an invasion of the lives of others. However, this same role can lead to exclusion, as narrated by Informant 1, nicknamed ‘*the mother of the chicks*’ in her school group, leading to her isolation by her peers.

The diagnosis of ADHD also showed gender inequalities. Informant 4 explained how her brother's diagnosis was more straightforward, while in her case, the specialists did not identify the condition due to the lack of specific tools for women: “*That is what the psychiatrist had a hard time detecting (...) they said 'she is very quiet and so on'.*” This case highlights the need to adjust diagnostic instruments to take gender differences into account, given that gender influences diagnosis, family and school relationships, as well as social expectations towards female students with ADHD.

These issues highlight the importance of recognizing the particularities of women with this condition, promoting more sensitive and up-to-date approaches.

Organization and attention strategies

During the discussion, *Informants* shared various strategies for managing their attention and organization, highlighting how these affect their performance and emotional well-being. The duality between order and chaos was a recurring theme. Informant 3, for example, noted how cleaning her space influenced her mood: *"When it is messy, I feel sad."* Similarly, Informant 4 recounted her frustration when someone else tidied her room: *"Now, I am going to have to keep the room tidy."*

In terms of school strategies, participants showed varied approaches. Informant 1 admitted that she rarely studied, relying on her ability to pick up information in class: *"It always happens to me that I forget the topic, but they start talking about it. 'Oh, right'—and now I remember."* In contrast, others like Informant 3 described how they did extra work, creating supplementary materials to understand the topics: *"It is double work, but I do it so I can understand."*

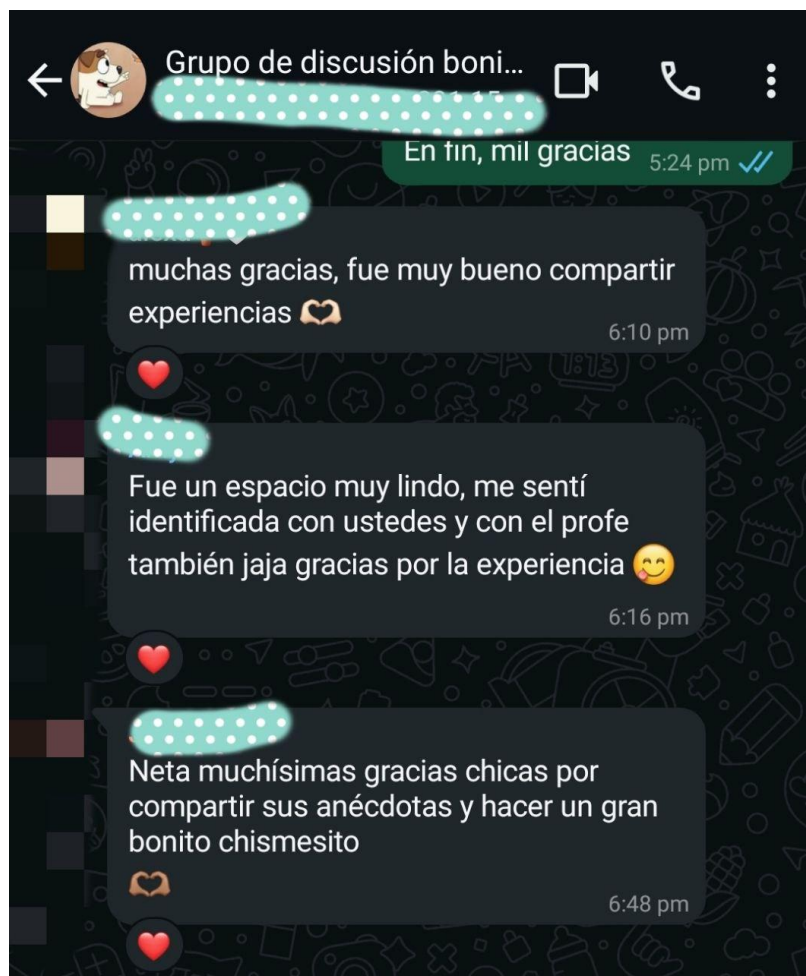
Time management was also central to attention strategies. Several participants agreed they could concentrate better at night, between 11:00 pm and 12:00 am, due to reduced distractions: *"I concentrate more on doing my homework at that time"* (Informant 5). However, the informants agreed on how long class periods affected their performance: *"What is this about 2 hours in a row? It sucks."* (Informant 1).

Another aspect that stood out was hyperfocus, an intense and narrow concentration on specific tasks. Informant 4 explained how she took advantage of these moments to carry out activities such as cleaning or doing chores: *"Out of nowhere, it is like: I felt like doing my homework, so I turned everything off and started doing it."*

Attention strategies included complementary activities, such as coloring or listening to music, to maintain focus during classes. Some participants mentioned how certain teachers adapted their methods to support them, while others found these interventions uncomfortable. For example, Informant 3 recounted: *"The teacher tries to look at me, and although it makes me uncomfortable, it helps me pay attention."*

The focus group not only allowed for exploring the experiences and strategies of students with ADHD but also for building a space of sisterhood where participants shared and validated their experiences. This exchange served as a strategy of mutual support and an opportunity to alleviate the impact of *"masking."* The richness of their testimonies highlights the need to recognize gender differences in the experience of ADHD and to promote strategies that consider both their challenges and their strengths. See Figure 3.

Figure 3. Screenshot of feedback on WhatsApp discussion group.



Source: Own elaboration

The feedback obtained through the WhatsApp group reflects the positive perception of the participants about the discussion space. Comments such as: "Thank you very much, it was great to share experiences (heart-shaped hands emoji, white skin)" highlight the opportunity to share experiences in an environment of trust. Another testimony, "I felt confident, like here you can talk without having to be careful about what you say," shows the sense of intimacy and emotional connection generated between the participants and the facilitator, reinforcing the value of collective exchange. Finally, the expression "Thank you very much, girls, for sharing your anecdotes and making a great little *gossip* (heart-shaped hands emoji, brown skin)" highlights the relevance of the group not only as an academic space but also as a means to generate informal support networks and strengthen personal ties, promoting a sense of community among the participants.

Discussion

At the beginning of this research, a fundamental dilemma arose: determining whether or not it was pertinent to diagnose the participating population. Ultimately, the research team decided that such an action was not only outside the scope of the study but also incompatible with its objectives. Therefore, the team took an alternative approach: using the "*ADHD Symptoms Self-Perception Test*" as a screening tool.

However, the students perceived some resistance to sharing their testimonies during the process. This reluctance came from the fear that the information provided could reach the Bachelor's Degree in Educational Inclusion tutorial program. Faced with this concern, the authors guaranteed the confidentiality of the data collected, generating an environment of trust both in the discussion group sessions and the subsequent information handling.

On the other hand, the small population size raised questions about the sample's representativeness. Added to this was the initial resistance of the Tutoring area, which was reluctant to collaborate, arguing the absence of registered cases of ADHD in the students' records and pointing out that the research team lacked the authority to make diagnoses. In response, the research team emphasized that participation in the study was completely voluntary and was aimed exclusively at students with a previous diagnosis or those who tested positive in two of the three areas of the Test (inattention, hyperactivity, and impulsivity). To facilitate logistics and respect privacy, the team established a WhatsApp group as a communication channel between the participants, through which the focus group sessions were organized and held in an isolated space suitable for this purpose.

On the other hand, within the research team, there was a divergence regarding using gender as an analytical category. One of the authors argued that it was necessary to first address ADHD "in general" without including gender perspectives. This position reflected his concern regarding possible biases derived from his identity and experience, given that his previous work occurred in Masculinities, where there is often tension around men getting involved in Women's and Feminism studies.

Despite initial doubts, the data obtained during the research showed the centrality of gender in the experience of ADHD in higher education students. In light of this, the research team adopted a feminist perspective, which allows us to examine how gender structures influence the experience of ADHD in women, which is essential in higher education. The methodology builds on the analytical framework of García et al. (2010), which recognizes the capacity of this methodology to explore and understand inequalities between women and men in specific social, cultural, and economic contexts. Likewise,

this perspective does not exclude male participation but instead allows us to interpret the different conceptions that men and women have about themselves. This approach strengthened the validity of the results by guaranteeing an ethical analysis that respected the trust of the participants and the co-author in the research team.

Conclusions

The objective of this research was to analyze how students with a Bachelor's Degree in Educational Inclusion (LIE) diagnosed with ADHD face the academic, social, and emotional challenges derived from their condition. The study focused on the implications of gender and access to support resources in the context of higher education.

Participants reported facing differential treatment due to their gender and diagnosis, both at home and at school. The informants face gender stereotypes in negative comments such as "being called '*crazy*' or '*troubled*' by others," and this contributes to their low self-esteem and psychological distress. This stigma reinforces the perception that women with ADHD are problematic, especially in settings such as Teacher Training Schools, which have a majority of female students.

Regarding study strategies, participants employ flexible methods tailored to their emotional and academic needs, such as freely organizing their space or using unconventional techniques. Many organize their study spaces in unique ways, and some use complementary activities, such as drawing or moving, to maintain attention in class. However, these behaviors are sometimes misinterpreted as undisciplined, contributing to their social and academic isolation. They also mentioned strategies at home, such as creating silent environments and resorting to periods of "hyperfocus" (an intense concentration on specific tasks), often during the night, to concentrate on their tasks.

In addition to individual study strategies, the development of the discussion group facilitated the creation of a space for exchange, understanding, and sisterhood, serving not only as a strategy of mutual support but also as a respite from masking and the adverse effects that it entails.

Future lines of research

Attention deficit hyperactivity disorder (ADHD) in female higher education students could focus on exploring teachers' perceptions and attitudes towards these students, paying special attention to their preparation and willingness to implement inclusive strategies. In this context, it is pertinent to analyze the impact of these attitudes on the academic and personal development of students with ADHD, particularly in educational programs with

a predominance of women, such as the Bachelor's Degree in Educational Inclusion and Teacher Training Schools in general.

In particular, in an inclusive educational setting, it is of interest to study how cultural and social factors influence self-perception and management of ADHD symptoms. We consider investigating how social norms, gender stereotypes, and mental health conceptions affect the experiences of women with ADHD and other neurodivergent conditions in higher education contexts.

Finally, the development and evaluation of interventions aimed at promoting inclusive and supportive educational environments for students with ADHD should be considered a priority. Evaluating the effectiveness of ADHD awareness programs, inclusive teaching methodologies, and other support mechanisms, such as mentoring, can provide valuable information. Future research could also examine the role of emotional and social support systems—such as friends, family, and especially groups specific to women with ADHD—that can be instrumental in helping students navigate their academic and personal lives. In this regard, identifying best practices for creating support networks in teacher training colleges and other educational institutions is crucial. We believe that an action-research-based intervention could yield satisfactory results in future studies.

Acknowledgments

The research was supported by the National System of Researchers of the Secretariat of Science, Humanities, Technology and Innovation (SECIHTI); Government of Mexico.

References

- American Psychological Association [APA]. (2014). Manual de diagnóstico y estadístico de los trastornos mentales (DSM-5).
- Antshel, K. M. (2018). Attention deficit/hyperactivity disorder (ADHD) and entrepreneurship. *Academy of Management Perspectives*, 32(2), 243-265
- Báez, I. (2014). La feminización en las escuelas normales del Estado de México. *Ra Ximhai*, vol. 10, núm. 5, julio-diciembre, 2014, pp. 321-338. Universidad Autónoma Indígena de México. El Fuerte, México.
- Barkley R.A. (2015). *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment, Fourth Edition*. The Guilford Press, New York.
- Barragán, E. y de la Peña, F. (2008). Primer Consenso Latinoamericano y declaración de México para el trastorno de déficit de atención e hiperactividad en Latinoamérica. *Rev Med Hondur*.
- Biederman J. (2004). Attention-deficit/hyperactivity disorder: A selective overview *Biological psychiatry*, 57 (11) (2004), pp. 1215-1220.
- Bravo Vallejo, M. (2024). *Burnout: Efectos y opiniones entre estudiantes normalistas del BINE*. Ponencia presentada ante el CONISEN en Durango, México, el 26 de septiembre de 2024. <https://conisen.mx/memorias>
- de Carvalho, J. A., de Carvalho, M. P., de Souza, L. S. A., y Braga, R. M. (2012). TDAH: Considerações sobre o transtorno do déficit de atenção e hiperatividade. *Revista científica do ITPAC, Araguaína*, 5(3).
- de Jong, M., Wynchank, D. S. M. R., Michielsen, M., et al, (2024). A Female-Specific Treatment Group for ADHD—Description of the Programme and Qualitative Analysis of First Experiences. *Journal of Clinical Medicine*, 13(7), 2106. <https://doi.org/10.3390/jcm13072106>
- Díaz, A., Jiménez, J. E., Rodríguez, C., Afonso, M., y Artiles Hernández, C. (2013). Consideraciones de los estudios de prevalencia del trastorno por déficit de atención con o sin hiperactividad (TDAH). *Revista de Psicología y Educación*.
- Evans, S. W., Van der Oord, S., & Rogers, E. E. (2020). Academic functioning and interventions for adolescents with ADHD. *ADHD in adolescents: Development, assessment, and treatment*, 148-169.
- Fratricelli S, Caratelli G, De Berardis D, et al, (2022). Gender differences in attention deficit hyperactivity disorder: an update of the current evidence. *Riv Psichiatr* 2022;57(4):159-164. <http://doi.org/10.1708/3855.38380>

- García, M. D. M., Jiménez, M. L., Martínez Morante, E., y Río Lozano, M. D. (2010). Guía para incorporar la perspectiva de género a la investigación en salud. Escuela Andaluza de Salud Pública.
- González, J. (2018). Encuesta a profesorado universitario sobre el déficit de atención e hiperactividad en personas jóvenes adultas. *Revista Educación*, vol. 42, núm. 1, 2018. Universidad de Costa Rica, Costa Rica.
<https://dx.doi.org/10.15517/revedu.v42i1.22714>
- Granados, D, E., Figueroa, S., Hernández, T. y Álvarez, M.M. (2020). Indicadores de trastornos por déficit de atención e hiperactividad y hábitos de estudio en universitarios de Psicología. *Eduscientia*.
- Groß-Lesch, S., Dempfle, A., Reichert, S., et al, (2016). Sex-and subtype-related differences in the comorbidity of adult ADHD. *Journal of Attention Disorders*, 20(10), 855-866.
- Gutman, Balasubramanian, Herzog, et al, (2020). Effectiveness of a Tailored Intervention for Women With Attention Deficit Hyperactivity Disorder (ADHD) and ADHD Symptoms: A Randomized Controlled Study. *The American Journal of Occupational Therapy*, 2020, Vol. 74(1), 7401205010p1–7401205010p11.
<https://doi.org/10.5014/ajot.2020.033316>
- Henry E. y Jones S. (2011). Experiences of older adult women diagnosed with attention deficit hyperactivity disorder. *J Women Aging*. 2011;23(3):246-62.
<https://doi.org/10.1080/08952841.2011.589285>
- Hupfeld, K., Abagis T. y Shah, P. (2019). Living “in the zone”: Hyperfocus in adult ADHD Attention Deficit and Hyperactivity Disorders, 11 (2019), pp. 191-208,
<https://doi.org/10.1007/s12402-018-0272-y> Institute for Health Metrics and Evaluation (2019). Global Burden of Disease (GBD).
- Kercood, S., Lineweaver, T. T., Frank, C. C., et al., (2017). Cognitive flexibility and its relationship to academic achievement and career choice of college students with and without attention deficit hyperactivity disorder. *Journal of Postsecondary Education and Disability*, 30(4), 329–344. <https://eric.ed.gov/?id=EJ1172788>
- Magnus W, Nazir S, Anilkumar AC, et al, (2023). Attention Deficit Hyperactivity Disorder. StatPearls Publishing; 2024 Jan-. Available from:
<https://www.ncbi.nlm.nih.gov/books/NBK441838/>
- Marifil, T. P., Sepulveda, D. C., Lorca, R. T., Aro, C. P., Fuentes, C. C., & Paredes, A. C. (2021). Cambios en los síntomas de inatención, hiperactividad e impulsividad en

- niños y adolescentes con TDAH mediante los Deportes: Una revisión. Retos: nuevas tendencias en educación física, deporte y recreación, (41), 701-707.
- Mylett, M. (2020). "I wish I could just be myself": Social camouflaging, internalized stigma, and internalizing mental health problems in adult ADHD. MA Thesis in Psychology. Simon Fraser University. <https://summit.sfu.ca/item/35794>
- Nadeau, K.G. (2015). The ADHD Guide to Career Success: Harness your Strengths, Manage your Challenges (2nd ed.). Routledge.
<https://doi.org/10.4324/9781315723334>
- NIMH (2007). Brain Matures a Few Years Late in ADHD, But Follows Normal Pattern. NIH
- Ortega, A., Ariza, A., Delgado, D., y Riaño, M. (2015). Programa de estimulación sobre procesos atencionales en niños con TDAH. Revista Fronteras del Saber, 6, 31-38.
- Ortiz, S. y Jaimes, A. L. (2007). Prevalencia de déficit atencional en estudiantes de medicina de la Pontificia Universidad Católica de Chile. Departamento de psicología médica, psiquiatría y salud mental. UNAM.
- Polanczyk, G., De Lima, M. S., Horta, B. L., et al, (2007). The worldwide prevalence of ADHD: a systematic review and meta-regression analysis. *American journal of psychiatry*, 164(6), 942-948.
- Ramos Quiroga, J.A., Bosch Munsó, M., Castells Cervelló, M., et al, (2006). Trastorno por déficit de atención con hiperactividad en adultos: caracterización clínica y terapéutica. Revista Neurológica.
- Rogers, D. C., Dittner, A. J., Rimes, K. A., y Chalder, T. (2017). Fatigue in an adult attention deficit hyperactivity disorder population: A trans-diagnostic approach. *British Journal of Clinical Psychology*, 56(1), 33-52.
- Rubiales, J., Bakker, L., Russo, D., et al, (2016). Desempeño en funciones ejecutivas y síntomas comórbidos asociados en niños con Trastorno por déficit de atención con hiperactividad (TDAH). Revista CES Psicología.
- Rusca, F., Cortez, C. (2020). Trastorno por déficit de atención con hiperactividad (TDAH) en niños y adolescentes. Una revisión clínica. Revista de Neuro-psiquiatría.
- Sangüesa, J. (2012). La historia que el Déficit Atencional ha escrito sobre tu identidad (y cómo evitar sus efectos negativos). En el blog Vivir Mejor con TDAH del Adulto. 23 de mayo de 2012. <https://juansanguesa.com/la-historia-que-el-deficit-atencional-ha-escrito-sobre-tu-identidad-y-como-evitar-sus-efectos-negativos/>

- Schuck, R., Flores, R., y Fung, L. (2019). Brief Report: Sex/Gender Differences in Symptomology and Camouflaging in Adults with Autism Spectrum Disorder. *J Autism Dev Disord*, 49(6), 2597–2604.
- Sedgwick, J.A., Merwood, A. & Asherson, P. (2019). The positive aspects of attention deficit hyperactivity disorder: a qualitative investigation of successful adults with ADHD. *ADHD Atten Def Hyp Disord* 11, 241–253.
<https://doi.org/10.1007/s12402-018-0277-6>
- Sepúlveda, V.J., Espina, V.F (2021). Desempeño académico en estudiantes de educación superior con Trastorno por Déficit de Atención. *Revista Estudios pedagógicos*.
<http://doi.org/10.4067/S0718-07052021000100091>
- Spender K, Chen Y-WR, Wilkes-Gillan S, et al. (2023). The friendships of children and youth with attention-deficit hyperactivity disorder: A systematic review. *PLoS ONE* 18(8): e0289539. <https://doi.org/10.1371/journal.pone.0289539>
- Vasiliadis, H. M., Lunghi, C., Rahme, E., et al, (2024). ADHD medications use and risk of mortality and unintentional injuries: a population-based cohort study. *Translational Psychiatry*, 14(1), 128.
- Vega Villarreal, S. (2019). Estereotipos de género en las escuelas normales. Indicios de una pedagogía sexista. *RECIE. Revista Electrónica Científica De Investigación Educativa*, 4(2), 1291-1302. <https://doi.org/10.33010/recie.v4i2.434>
- WCEFA (1990). Declaración mundial sobre educación para todos y Marco de acción para satisfacer las necesidades básicas de aprendizaje. Conferencia Mundial sobre Educación para Todos.
- Wiklund, J., Yu, W., Tucker, R., y Marino, L. D. (2017). ADHD, impulsivity, and entrepreneurship. *Journal of Business Venturing*, 32(6), 627-656.
- UNICEF (2022). En mi mente. Promover, proteger y cuidar la salud mental de la infancia. Estado mundial de la infancia 2021. UNICEF para cada infancia.
- Yaber, J. Y., y Sotelo, C. E. (2022). La violencia oculta en alumnas de educación superior. *RECIE. Revista Electrónica Científica De Investigación Educativa*, 6, e1720. <https://doi.org/10.33010/recie.v6i0.1720>
- Zamora, L. (2023). Infradiagnóstico de TDAH en mujeres y sesgo de género: una revisión sistemática. Tesis de grado, licenciatura en Psicología. Universidad Unilider. <http://dx.doi.org/10.13140/RG.2.2.20407.29606>
- Zamudio Díaz, J.J. (2024). Justificación de “*Test de Autopercepción de Síntomas de TDAH*”.

<https://drive.google.com/file/d/1sF7zdjIxBY877Okkkge1N7TfSz1tQCcb/view?usp=sharing>

Zúñiga, A. y Durán, O. (2014). El TDAH y su comorbilidad. *Pediatría Infantil*. SEPEAP.

Rol de Contribución	Autor (es)
Conceptualización	Juliette Murillo Vinay
Metodología	Luis Ricardo Ramos Hernández
Software	Luis Ricardo Ramos Hernández
Validación	Rosalinda Gutiérrez Juárez, Dorisnelda Romano Hernández (igual).
Análisis Formal	Juliette Murillo Vinay, Luis Ricardo Ramos Hernández (igual).
Investigación	Juliette Murillo Vinay, Luis Ricardo Ramos Hernández (igual).
Recursos	Juliette Murillo Vinay, Luis Ricardo Ramos Hernández (igual).
Curación de datos	Juliette Murillo Vinay, Luis Ricardo Ramos Hernández (igual).
Escritura - Preparación del borrador original	Juliette Murillo Vinay,
Escritura - Revisión y edición	Luis Ricardo Ramos Hernández
Visualización	Luis Ricardo Ramos Hernández
Supervisión	Luis Ricardo Ramos Hernández
Administración de Proyectos	Luis Ricardo Ramos Hernández
Adquisición de fondos	Luis Ricardo Ramos Hernández