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

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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 the academic, social, and emotional challenges associated with their condition; emphasizing the gendered dimensions of symptom expression, and the accessibility of support resources within the context of higher education.

The findings, while not generalizable, 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, for example, listening to a lecture. However, these strategies were occasionally misinterpreted as indiscipline or disruptive behavior, leading to negative perceptions from teachers, particularly when the ADHD diagnosis was disclosed.

Based on these findings, it is concluded that understanding and promoting collective coping strategies among women with ADHD is essential. Such strategies, as exemplified by those developed through interactions in the discussion group and the establishment of an informal private WhatsApp group, proved highly effective. These spaces not only facilitated mutual support among participants but also 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.

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 between 70% and 90% (Rusca and 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 the construction of the experiences of those who suffer 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 major differences in ADHD prevalence were found between the Americas, Europe, Asia, and Oceania. However, significant differences exist between Europe, Africa, and the Middle East. These disparities are largely explained by socioeconomic, regional, or geographic factors, which affect diagnoses (Vasiliadis , et al, 2024). Cultural perceptions of what is considered "normal" in terms of behavior, or ADHD characteristics, can influence how assessments are conducted.

To understand the symptoms of ADHD, it is essential to remember that the DSM-5 (APA, 2014) divides it 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), cognitive 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 main indicators of ADHD are inattention, over-alertness, and impulsivity. In children, these symptoms are more visible 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 listen when spoken to... 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 to comprehensively address the needs of those who suffer from it. A crucial aspect of ADHD is its frequent comorbidity with other disorders, which complicates both its diagnosis and treatment. According to Zúñiga and 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, often 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 clear work environment and performing novel tasks.

Impulsivity in adults may be expressed in mild forms, such as interrupting conversations or compulsive shopping, or more severely, 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.

The educational inclusion of people with ADHD is supported by global initiatives such as the World Declaration on Education for All (WCEFA, 1990), 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, as well as to prevent discrimination (Barragán and de la Peña, 2008).

The importance of researching ADHD in the Bachelor's Degree in Educational Inclusion lies in the possibility of generating data that reflects the realities and needs of students in Puebla, as well as contributing to the development of culturally relevant support strategies. As part of the statistical overview, it is important 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 and 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 and 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, even without a formal diagnosis, tend to consider themselves less cognitively flexible compared to their peers. 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 of them carry a "heavy burden of discouragement and self-reproach ", the result of 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 psychopedagogical perspective, it is recommended 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 , characteristics such as hyperactivity, curiosity, and risk-taking can become significant advantages in adult life, fostering entrepreneurship, creativity, and the ability to make unusual connections. This view has been supported by 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 by 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 certain topics and projects. This balanced perspective offers a valuable framework to promote their inclusion and academic success.

Women and ADHD

In relation to ADHD, gender differences are significant. During childhood, its prevalence is higher in boys than in girls, with a ratio of 3:1, although this difference tends to balance out in adulthood (Ortega et al, 2015). This could be 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 significant associated hyperactivity, may not be identified as needing a specific assessment and therefore often do not benefit from adequate treatment (Fraticelli et al, 2022).

It has been documented that women tend to camouflage the symptoms of certain neuropsychiatric disorders, such as autism spectrum disorder (ASD), which could, to some extent, be replicated 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 difficult 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). Psychological distress, feelings of inadequacy, chronic

stress (Zamora, 2023); as well as feelings of rejection and a tendency to protect other people (Henry and 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, reflected in the female overrepresentation in the enrollment of Bachelor's Degrees in Education. 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 Benem érito 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 and 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 symptomatology of the disorder and its impacts on academic performance, relationships with authority figures, social

interactions, emotional aspects, and organizational strategies (Sepúlveda and Espina, 2021, p. 104).

The study employed a two-phase methodological approach, each aligned with the established objectives; The study was conducted at the Bachelor's Degree in Educational Inclusion (LIE) of the Benemérito Instituto Normal del Estado (BINE) in Puebla, an educational program that 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)
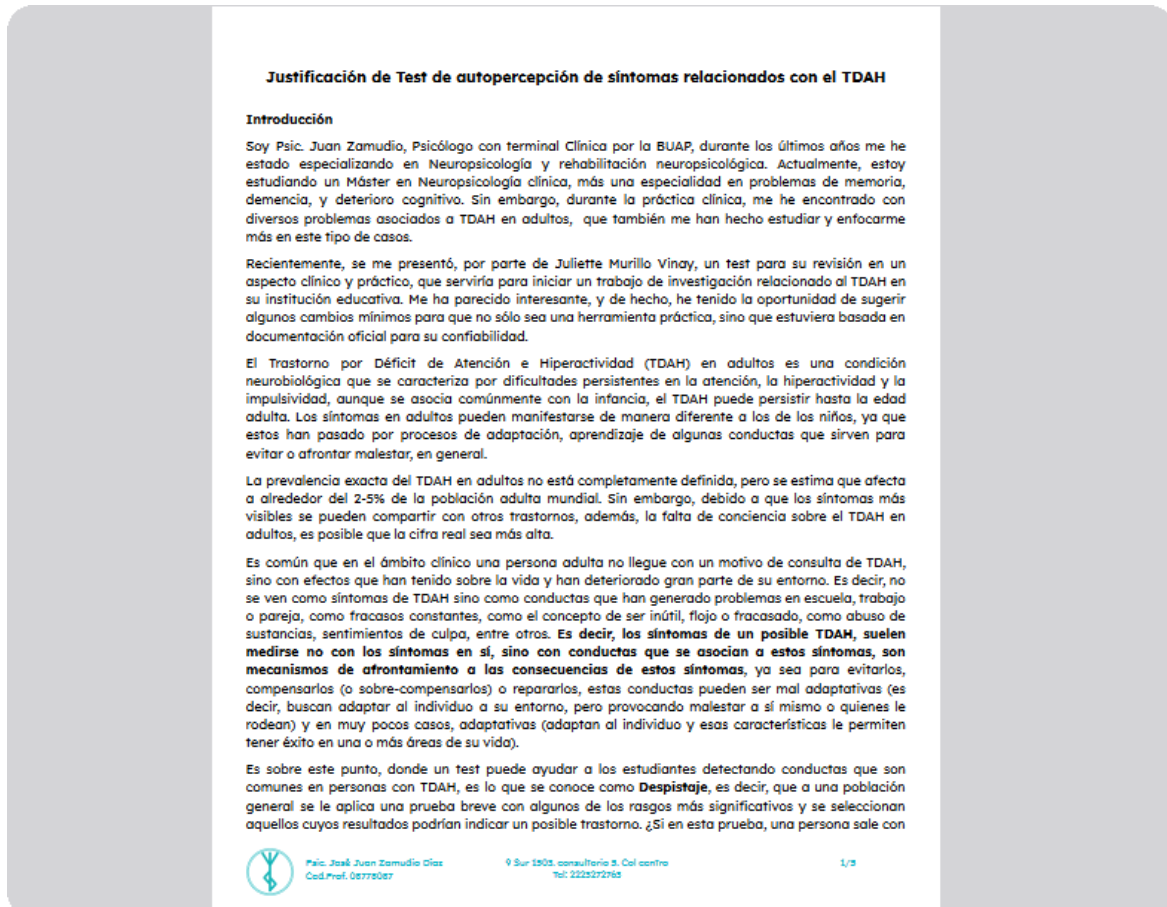
Source : Zamudio Díaz (2024).

This questionnaire was distributed through Google Forms to the entire student population of LIE 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"* , which are inattention, hyperactivity, and impulsivity. The requirements were met by five female students. A focus group thematic guide was used, designed based on the research objectives and validated according to the methodological recommendations for the construction of qualitative guides. In addition, its structure is justified in research on ADHD that addresses emotional, academic, and social dimensions (Sepúlveda and 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 were aligned with the research objectives to cover the dimensions of ADHD in the stages of 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 you received at home?
	What aspects of your childhood do you remember in relation to 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 are combined 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 do you 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. In terms of reliability, the questions were structured in order to generate a

natural flow that encouraged 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).

Source: Prepared by the authors based on transcribed testimonies.

Results

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

According to the results of the " *ADHD Symptoms Self-Perception Test'' , it was identified that five students out of a total of 90 in the 2023-2024 school year have a* diagnosis or probable condition of ADHD, which represents 5.5% of the total population. From the analysis of the session, testimonies were obtained that were 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 experience of ADHD. From the family to the school context, Informants *described* a series of misunderstandings and stigmatizations. 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, originating in the family environment, also manifested itself in the school environment.

Another recurring theme was conflict in communication, especially due to the difficulty of regulating the tone of voice. Informant 4 described how she was accused of wanting to fight for raising her voice: *"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. As a strategy to counteract this perception, several participants mentioned relying on trusted figures, such as close friends, to mediate in their relationships.

Likewise, *Informants* highlighted the inclination to care as a recurring characteristic associated with their gender identity. Informant 5 shared how her peers called her ' *everyone's mother'* , in reference to her empathetic attitude, but also pointed out that this role can be problematic, as it is perceived as an invasion in the lives of others. However, this same role can lead to exclusion, as narrated by Informant 1, who was nicknamed ' *the mother of the chicks'* in her school group, which led to her being isolated by her peers.

The diagnosis of ADHD also showed gender inequalities. Informant 4 explained how her brother's diagnosis was easier, while in her case the specialists did not identify the condition due to the lack of specific tools for women: *"That's what the psychiatrist had a hard time detecting (...) they said 'she's 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 both 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's really messy, I feel sad ."* Similarly, Informant 4 recounted her frustration when her room was tidied by someone else: "Now, I'm 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's double work, but I do it so I can understand ."*

Time management was also central to attention strategies. Several participants agreed that they were able to concentrate better at night, between 11:00 pm and 12:00 am, due to the reduction in distractions: *"I concentrate more on doing my homework at that time"* (Informant 5). However, it was also mentioned 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's like: I felt like doing my homework, I turn everything off and start 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 more 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.
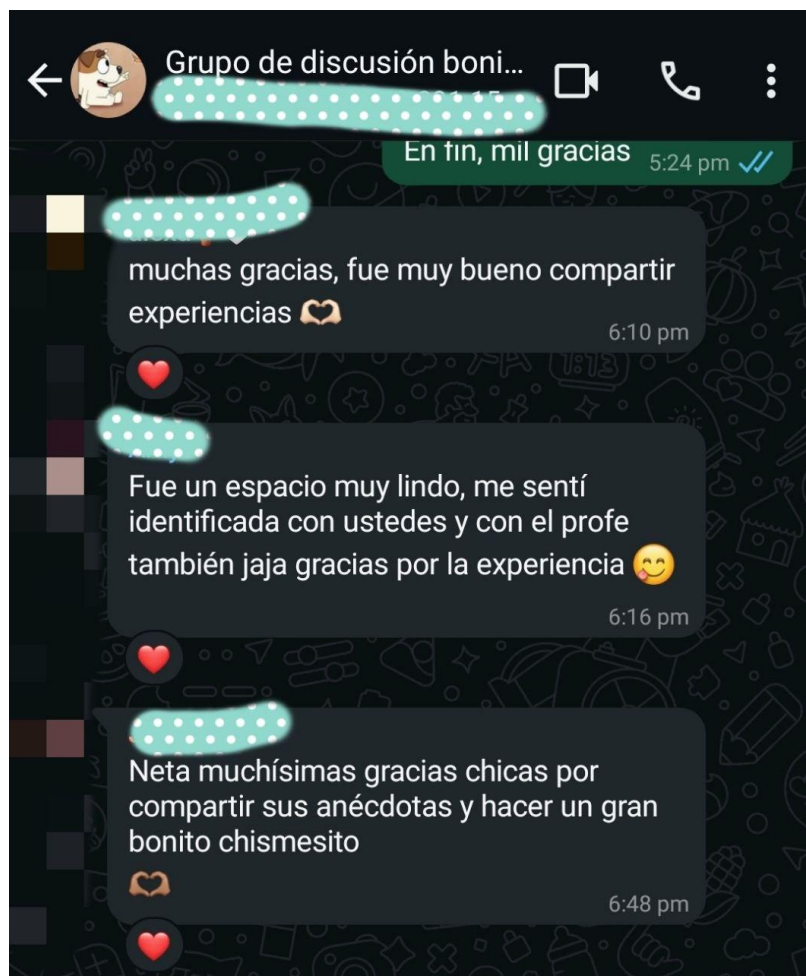
Source: Own elaboration

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, it was decided that such an action was not only outside the scope of the study, but also incompatible with its objectives. Therefore, an alternative approach was chosen through the use of the " *ADHD Symptoms Self-Perception Test"* as a screening tool.

However, during the process, some resistance was perceived on the part of the students to share their testimonies. This reluctance seemed to be motivated by the fear that the information provided could be used by the care agencies of the Bachelor's Degree in Educational Inclusion. 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 in the subsequent handling of the information.

On the other hand, the small size of the population raised questions about the representativeness of the sample. 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, it was 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, a WhatsApp group was established as a communication channel between the participants, through which the focus group sessions were organized, held in an isolated space suitable for this purpose.

On the other hand, within the research team there was a divergence regarding the use of 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 personal concern regarding possible biases derived from his identity and experience, given that his previous work was framed in the field of Masculinities, where there is often a tension around studies on women and feminisms.

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, a feminist perspective was adopted, which allows us to examine how gender structures influence the experience of ADHD in women, which is essential in higher education. The methodology was used as an analytical framework, based on the proposal of García, Jiménez, Martínez Morante and Río Lozano (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 rather allows us to interpret the different conceptions that men and women have about themselves. This approach contributed to strengthening 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 of the 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 gender implications 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. They are often viewed through gender stereotypes, which is reflected 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.

In terms of study strategies, participants employ flexible study 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 indiscipline, which contributes 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 negative 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 in 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. This involves 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.

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