

Attention-Deficit/Hyperactivity Disorder (ADHD) in Somali Children: A Qualitative Secondary Study of Psychological, Educational, and Social Effects

Abdullahi Ali Ulusow¹

¹Independent Researcher, Somali National University Mogadishu, Somalia

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Abstract: Attention-Deficit/Hyperactivity disorder (ADHD) is a neurodevelopmental condition characterized by persistent inattention, hyperactivity, and impulsivity, affecting both functioning and development (American Psychiatric Association, 2013; Barkley, 2015). Research conducted globally and within Africa indicates that children diagnosed with ADHD encounter significant educational, social, and emotional difficulties, a situation frequently exacerbated in environments with limited resources and those affected by conflict (Polanczyk & Rohde, 2014; Schulze et al., 2023). This qualitative secondary study investigates the psychological, educational, and social ramifications of ADHD on Somali children, achieved through the synthesis of evidence derived from reviews of ADHD within Africa, studies concerning child mental health in Somalia, and qualitative research focused on Somali perspectives regarding mental disorders and neurodevelopmental disabilities (Guerin et al., 2004; Naeem et al., 2024; Schulze et al., 2023). This study utilizes a narrative review and thematic analysis, referencing peer-reviewed journals, reports from the World Health Organization and UNICEF, publications from non-governmental organizations, and case studies focused on Somali or analogous environments. The analysis identifies several critical themes: academic challenges and classroom disturbances, behavioral conflicts and the implementation of severe disciplinary actions, social ostracism and occurrences of bullying, emotional turmoil and reduced self-worth, as well as a considerable strain on caregivers, all situated within a framework marked by stigma and insufficient service availability (Naeem et al., 2024; Schulze et al., 2023; Willcutt et al., 2012). The results are analyzed through the lenses of neurodevelopmental, behavioral, and ecological systems, illustrating the interplay between biological predispositions and cultural norms, educational settings, and vulnerable healthcare infrastructures in determining the trajectories of Somali children exhibiting ADHD-like characteristics (Bronfenbrenner, 1979; Barkley, 2015). This research posits that ADHD is probably underdiagnosed and inadequately addressed within the Somali child population, advocating for culturally sensitive awareness initiatives, fundamental psychosocial and educational strategies, and additional primary qualitative investigations to guide policy and practical applications.

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I. INTRODUCTION

ADHD is a common neurodevelopmental condition in children, characterized by developmentally excessive inattention and/or hyperactivity-impulsivity that is widespread and detrimental across several contexts (American Psychiatric Association, 2013; Barkley, 2015). Meta-analytic and epidemiological research demonstrates that ADHD is prevalent throughout cultures, with childhood prevalence estimates often ranging from 5% to 7%, however these percentages fluctuate based on diagnostic criteria and methodology (Polanczyk & Rohde, 2014; Willcutt et al., 2012). Children with ADHD have heightened risks of academic challenges, social rejection, behavioral issues, and

subsequent psychosocial difficulties if their needs are not sufficiently met (Barkley, 2015; Willcutt et al., 2012).

In African contexts, emerging evidence indicates that ADHD occurs at similar rates but is frequently under-recognized and undertreated due to limited awareness, stigma, insufficient specialist services, and educational systems that are often inadequately prepared for inclusive support (Schulze et al., 2023; Olashore et al., 2020). Somalia represents a particularly challenging context characterized by enduring conflict, insufficient healthcare infrastructure, and heightened psychological distress among its population (Naeem et al., 2024; World Health Organization [WHO], 2022). Qualitative and review studies on Somali communities highlight strong cultural and

religious frameworks for understanding mental health, significant stigma surrounding mental illness, and substantial barriers to accessing appropriate care (Guerin et al., 2004; Said et al., 2020; Naeem et al., 2024). Although there is a scarcity of direct research on ADHD in Somali children, relevant literature about child mental health, autism, and neurodevelopmental impairments offers significant insights into the understanding and management of ADHD-like behaviors. This study combines secondary qualitative and conceptual data to examine the psychological, scholastic, and social effects of ADHD in Somali children.

➤ *Background of Study*

Somalia's protracted civil strife, political volatility, recurrent droughts, and widespread displacement have profoundly affected its health, education, and social welfare systems (Naeem et al., 2024; WHO, 2022). Mental health resources are significantly constrained, marked by a scarcity of psychiatrists, a lack of child psychiatry specialists, and disjointed psychosocial assistance, especially in locations beyond large urban centers (Naeem et al., 2024; WHO, 2022). A comprehensive national evaluation of mental health concerns in Somalia reveals considerable psychological distress, insufficient service accessibility, and a substantial reliance on familial, religious, and communal structures, rather than formal mental health services (Naeem et al., 2024).

Somali cultural perceptions of mental health sometimes encompass spiritual, moral, and social aspects, with disorders occasionally ascribed to spirit possession, divine trials, or shortcomings in social responsibilities (Guerin et al., 2004; Said et al., 2020). Behavioral abnormalities in children may be perceived as indicators of inadequate upbringing or insufficient discipline, whereas mental illness is associated with significant stigma that can result in secrecy and social marginalization (Guerin et al., 2004; Naeem et al., 2024). Many Somali children receive education in overcrowded, inadequately funded schools where educators possess insufficient training in inclusive education and child mental health, and corporal punishment may still be employed as a disciplinary measure (UNICEF, 2021; Save the Children, 2023). In this situation, children exhibiting ADHD-like symptoms face an increased risk of misinterpretation, punishment, and isolation, with their challenges potentially obscured by more prominent crises like starvation, displacement, and infectious disease.

➤ *Problem Statement*

Despite the established link between Attention Deficit Hyperactivity Disorder (ADHD) and functional difficulties in childhood, Somali children displaying the disorder's symptoms frequently remain undiagnosed and unsupported within existing healthcare and educational frameworks.

➤ *Assessments of ADHD in Africa*

Numerous children do not receive formal diagnoses or access to evidence-based interventions, with significant deficiencies in awareness, assessment, and treatment

observed across various settings (Schulze et al., 2023; Olashore et al., 2020).

Based on qualitative and policy-level data, families in Somalia may turn more to traditional or religious healers than to mental health specialists for assistance, and behavioral and developmental challenges are rarely thought of as neurodevelopmental disorders (Guerin et al., 2004; Naeem et al., 2024).

Thus, Somali children who exhibit impulsivity, hyperactivity, and persistent inattention may face social rejection, disciplinary sanctions, and repeated academic failure without any explanation that normalizes their struggles or provides specialized support (Barkley, 2015; Schulze et al., 2023). This situation undermines individual developmental trajectories and impacts broader educational and social equity, as children with untreated ADHD are at a higher risk of school dropout and ensuing psychosocial challenges (Willcutt et al., 2012; Schulze et al., 2023). To comprehensively assess the potential effects of ADHD on Somali children and to inform culturally and contextually appropriate interventions, it is imperative to consolidate the existing secondary research.

➤ *Research Objective*

This qualitative secondary study primarily aims to investigate the psychological, educational, and social effects of ADHD on Somali children. This will be done by analyzing existing research on ADHD, Somali mental health, and related neurodevelopmental disorders.

• *The Specific Objectives are as Follows:*

- ✓ To investigate the impact of ADHD symptoms on the academic performance, classroom conduct, and educational trajectories of Somali children, utilizing data from Somali educational environments and African ADHD studies (Olashore et al., 2020; Schulze et al., 2023; UNICEF, 2021).
- ✓ To investigate, based on research on child mental health in Somalia and Somali communities, the psychological and emotional experiences linked to ADHD-like presentations in Somali children, such as self-esteem, internalizing symptoms, and coping (Naeem et al., 2024; Said et al., 2020).
- ✓ To examine the impact of ADHD-related behaviors on the peer connections, social inclusion or exclusion, and experiences of stigma among Somali children (Guerin et al., 2004; Warfa et al., 2012).
- ✓ To examine the influence of ADHD-like behaviors on family dynamics, parental stress, and help-seeking behaviors within Somali cultural contexts (Guerin et al., 2004; Naeem et al., 2024; Said et al., 2020).
- ✓ To examine these consequences through neurodevelopmental, behavioral, and ecological systems theories, highlighting the interaction among individual vulnerabilities, familial responses, educational

environments, and broader structural conditions (Barkley, 2015; Bronfenbrenner, 1979; Schulze et al., 2023).

- ✓ This study aims to offer guidance to parents, educators, healthcare providers, and policymakers on how to culturally and sensitively recognize and assist Somali children facing challenges associated with ADHD (Schulze et al., 2023; WHO, 2022; UNICEF, 2021).

➤ *Research Questions*

Given the study's exploratory, qualitative approach, the following research questions are proposed:

- How do families, schools, and communities understand and respond to ADHD-related behaviors in Somali children, as evidenced by existing qualitative and review research on Somali mental health and neurodevelopmental disorders (Guerin et al., 2004; Naeem et al., 2024; Said et al., 2020)?
- How do the inattention, impulsivity, and hyperactivity linked to ADHD affect the learning experiences, academic achievements, and educational involvement of Somali children in situations characterized by limited resources and violence (Olashore et al., 2020; Schulze et al., 2023; UNICEF, 2021)?
- In what manner do Somali children exhibiting ADHD-like characteristics navigate peer relationships, encompassing friendship, bullying, and social exclusion, as deduced from existing literature on neurodevelopmental disorders and mental health stigma within Somali communities (Guerin et al., 2004; Hill et al., 2012; Warfa et al., 2012)?
- What psychological and emotional effects, including anxiety, sadness, guilt, or resilience, are associated with ADHD-related challenges in Somali children (Naeem et al., 2024; WHO, 2021)?
- How does the care of a child displaying ADHD-like behaviors affect parental stress, family dynamics, and the likelihood of Somali caregivers seeking assistance (Guerin et al., 2004; Naeem et al., 2024; Said et al., 2020)?
- How can neurodevelopmental, behavioral, and ecological systems theories be utilized to analyze secondary data to determine multi-level intervention strategies for Somali children with ADHD-related needs (Barkley, 2015; Bronfenbrenner, 1979; Schulze et al., 2023)?

II. METHODOLOGY (QUALITATIVE – SECONDARY DATA)

➤ *Research Approach*

This research utilizes a qualitative secondary design, which includes a narrative review and thematic analysis. A narrative review enables an integrative and interpretive synthesis of varied sources, while thematic analysis provides a structured method for identifying and categorizing recurring patterns related to ADHD and the experiences of Somali children (Braun & Clarke, 2006; Schulze et al.,

2023). This process does not involve the collection of new empirical data; instead, it involves the re-evaluation of existing studies and reports to address the research inquiries.

➤ *Data Sources*

The data corpus includes

- Peer-reviewed scientific publications concerning ADHD in African and low-resource settings, covering prevalence, risk factors, comorbidities, and systemic issues (Olashore et al., 2020; Schulze et al., 2023).
- Qualitative and mixed-methods investigations about Somali mental health, including perceptions of mental illness, help-seeking behaviors, and experiences of stigma and treatment utilization (Guerin et al., 2004; Naeem et al., 2024; Said et al., 2020).
- Research on autism and neurodevelopmental disabilities within Somali communities, particularly among those living in diaspora, offers a comparative perspective on cultural responses to variations in child behavior and development (Barnevik-Olsson et al., 2008; Hewitt et al., 2016; Hill et al., 2012; Warfa et al., 2012).
- Reports from WHO and UNICEF, along with select NGO publications, regarding child and adolescent mental health, education, and protection in Somalia and comparable humanitarian contexts (UNICEF, 2021; WHO, 2021, 2022; Save the Children, 2023).
- Fundamental theoretical and clinical literature on ADHD and child development to support conceptual frameworks (American Psychiatric Association, 2013; Barkley, 2015; Bronfenbrenner, 1979; Willcutt et al., 2012).

➤ *Inclusion and Exclusion Criteria*

• *Inclusion Criteria:*

- ✓ Publications in English that center on children or adolescents.
- ✓ Qualitative, mixed methods, or review studies that examine ADHD in African or other low-resource settings, or that focus on Somali mental health, neurodevelopmental conditions, and child behavior.
- ✓ Institutional reports from organizations like WHO, UNICEF, and major NGOs that offer descriptive or interpretive insights into child mental health, education, or protection in Somalia or among Somali refugees.
- ✓ Peer-reviewed books or handbooks on ADHD and child psychology that are pertinent to conceptual framing.

• *Exclusion Criteria:*

- ✓ Studies that are purely quantitative and lack significant qualitative context, unless they are used only as background information, are excluded.
- ✓ Studies that focus only on adults are also excluded from this review.
- ✓ In addition, online content that isn't academic, lacks clear authorship, or doesn't explain its methods is not considered.

- ✓ Finally, sources that don't relate to Africa or Somalia, and don't offer useful conceptual ideas, are not included.

➤ *Data Analysis*

The data analysis followed Braun and Clarke's (2006) reflexive thematic analysis approach, which included the steps of becoming familiar with the data, coding, developing themes, reviewing, defining, and reporting. The initial coding phase identified content pertinent to academic performance, behavioural patterns, peer dynamics, emotional states, familial stressors, cultural interpretations, stigma, and service accessibility within the selected sources (Braun & Clarke, 2006; Schulze et al., 2023). Subsequently, these codes were consolidated into overarching themes that corresponded with the study's aims: academic challenges, behavioural issues, social interactions, emotional well-being, and family stress. This study employed ideas about brain development, behavior, and the environment to investigate how individual symptoms connect to environmental factors in Somali communities (Barkley, 2015; Bronfenbrenner, 1979). To ensure the study's reliability, we compared information from different sources, clearly stated the criteria for including studies, and carefully considered the limitations of applying findings from related but non-ADHD-specific Somali research, given that only one person reviewed the material.

III. LITERATURE REVIEW

➤ *ADHD in Children: Global and African Perspectives*

ADHD is understood as a neurodevelopmental condition, significantly influenced by genetic and neurobiological factors, characterised by deficits in executive function, self-regulation, and reward processing (Barkley, 2015; Willcutt et al., 2012). Children diagnosed with ADHD often exhibit enduring patterns of inattention, hyperactivity, and impulsivity, which disrupt academic performance, social interactions, and family dynamics (American Psychiatric Association, 2013). Furthermore, international research linked ADHD with scholastic difficulties, higher rates of school dropout, a larger chance of accidents, and the prevalence of related diseases. These include oppositional defiant disorder, anxiety, and depression (Barkley, 2015; Willcutt et al., 2012).

In African settings, a multi-country analysis reveals that ADHD is both prevalent and frequently underdiagnosed, with stigma, insufficient awareness, and a scarcity of specialized services presenting significant obstacles to effective treatment (Schulze et al., 2023). For instance, a community-based investigation conducted in Gaborone, Botswana, indicated an ADHD prevalence of approximately 12% among school-aged children, characterized primarily by inattentive presentations and a high incidence of comorbid conditions (Olashore et al., 2020). Furthermore, the review emphasizes that educational institutions frequently lack the necessary training and resources to adequately assist affected children, thereby contributing to academic difficulties and behavioral issues within the classroom environment (Schulze et al., 2023).

➤ *ADHD in Low-Resource and Conflict-Affected Settings*

In environments characterized by limited resources and conflict, the challenges associated with managing ADHD are exacerbated, considering that educational and healthcare infrastructures are already strained by numerous, urgent needs (Schulze et al., 2023; WHO, 2022). Educators operating within these environments frequently contend with overcrowded classrooms, insufficient resources, and inadequate training in child mental health, thereby diminishing the likelihood of timely and effective ADHD identification and intervention (Olashore et al., 2020; UNICEF, 2021). Furthermore, healthcare provisions may be deficient in child psychiatrists, psychologists, and evidence-based therapeutic approaches, while mental health concerns often receive comparatively low policy emphasis when juxtaposed with communicable diseases and malnutrition (Naeem et al., 2024; WHO, 2022).

Studies show that Somali populations and Somali refugees often face high levels of trauma, displacement, and economic hardship, along with limited access to mental health services and a lack of mental health integration in primary care (Naeem et al., 2024; Warfa et al., 2012). As a result, developmental and behavioral disorders, like ADHD, may be overlooked, misdiagnosed, or confused with trauma-related symptoms, which can delay proper diagnosis and treatment (Schulze et al., 2023; WHO, 2022).

➤ *Cultural Perceptions of ADHD-Like Behavior's in Somali Communities*

Research specifically addressing ADHD within Somali communities is limited; however, study into autism, mental health, and help-seeking behaviors offer perspectives on the interpretation of children's behavioral variations. Guerin et al. (2004) discovered that Somali individuals residing in New Zealand understood mental illness through a framework encompassing spiritual, social, and moral dimensions, exhibiting considerable stigma towards observable disturbances and a lack of familiarity with Western psychiatric classifications. Furthermore, qualitative studies involving Somali migrant families navigating autism in the United Kingdom and the United States indicate that parents frequently interpret their children's difficult behaviors in religious or spiritual contexts, encounter confusion when presented with diagnostic labels, and experience communication challenges with healthcare professionals (Hill et al., 2012; Warfa et al., 2012).

These studies further indicate that behaviors deemed highly disruptive, including elopement, vocal outbursts, or aggressive actions, can precipitate social disapproval, feelings of shame, and parental pressure to manage the child's conduct, occasionally culminating in physical discipline or social isolation (Hill et al., 2012; Naeem et al., 2024). Although the primary focus is on autism, the identified patterns of stigma, explanatory frameworks, and familial strain are also pertinent to ADHD, which similarly manifests through observable behavioral discrepancies. Consequently, the existing literature implies that Somali children exhibiting ADHD-like behaviors may initially be interpreted through moral and spiritual lenses, with

biomedical explanations for ADHD developing gradually, if at all, and that stigma and insufficient knowledge can hinder the pursuit of assistance (Guerin et al., 2004; Said et al., 2020).

IV. THEORETICAL FRAMEWORK

➤ *Neurodevelopmental Theory*

Neurodevelopmental theory posits that ADHD arises from atypical maturation within neural circuits responsible for attention, inhibitory control, and executive functions, with genetic factors and early environmental influences exerting a considerable impact (Barkley, 2015; Willcutt et al., 2012). This framework clarifies why certain children continue to exhibit substantial inattention and hyperactivity, despite the implementation of consistent discipline and supportive caregiving. When considering Somali children, neurodevelopmental theory underscores that ADHD-like behaviors are not simply reflective of insufficient upbringing or intentional wrongdoing; instead, they signify manifestations of intrinsic, brain-based vulnerabilities that require specialized understanding and intervention (American Psychiatric Association, 2013; Schulze et al., 2023).

➤ *Behavioral Theory*

Behavioral theory suggests that reinforcement schedules and observational learning considerably alter observed behavior over time (Skinner, 1953). Within cultural settings that prioritize obedience and respect, such as numerous Somali families, children demonstrating hyperactivity and impulsivity may experience frequent reprimands, punishment, and negative attention (Guerin et al., 2004; Said et al., 2020). Consequently, consistent harsh responses can unintentionally sustain or exacerbate problematic behaviors, foster oppositional patterns, and undermine parent-child relationships; conversely, structured positive reinforcement, clearly defined rules, and predictable routines are more likely to encourage adaptive behavior (Barkley, 2015). Therefore, behavioral theory provides a framework for understanding how Somali family and school practices can either alleviate or amplify the functional consequences of ADHD symptoms.

➤ *Ecological Systems Theory*

According to Bronfenbrenner's (1979) Ecological Systems Theory, child development takes place within nested systems, ranging from immediate microsystems (family, school) to larger macrosystems (culture, policy, economy). For Somali children with ADHD-like difficulties, the microsystem consists of family interactions shaped by cultural expectations and religious beliefs, while schools function within resource-constrained infrastructures influenced by conflict and fragile governance (Naeem et al., 2024; UNICEF, 2021). The exosystem and macrosystem include national mental health policies, humanitarian programs, and prevailing social discourses about mental illness and disability (WHO, 2022; Save the Children, 2023). The theoretical model posits that outcomes associated with ADHD are shaped by factors beyond the mere intensity of individual symptoms; these include

educators' perspectives, the accessibility of services, societal stigma, and socioeconomic status. As a result, the model supports multi-faceted interventions designed to address family dynamics, school settings, community perceptions, and the structural elements that influence mental health for Somali children diagnosed with ADHD.

V. FINDINGS (QUALITATIVE THEMES)

➤ *Academic Difficulties and Attention Problems*

In African studies on ADHD, there is a notable correlation between inattention and poorer academic results, such as incomplete assignments and difficulties following directions (Olashore et al., 2020; Schulze et al., 2023). Children diagnosed with ADHD are at a greater risk of grade retention, academic underperformance, and early school leaving, particularly when educational environments do not accommodate their specific needs (Barkley, 2015; Willcutt et al., 2012). Furthermore, educators often misinterpret inattentiveness as laziness or a lack of motivation, rather than acknowledging it as a manifestation of a neurodevelopmental disorder, which can lead to a reduction in both empathy and support (Schulze et al., 2023).

In Somali contexts, where educational institutions often encounter overcrowding, insufficient resources, and inadequately educated educators, these academic obstacles are likely exacerbated (UNICEF, 2021; Save the Children, 2023). Qualitative studies into Somali children diagnosed with developmental disorders suggest that these individuals encounter difficulties in their academic pursuits, potentially leading to inappropriate grade placements or exclusion stemming from behaviors deemed disruptive (Naeem et al., 2024; Warfa et al., 2012). Thematic analysis further elucidates that Somali children exhibiting ADHD-like characteristics are vulnerable to the emergence of core skill deficits in both literacy and numeracy, potentially resulting in enduring repercussions for their educational attainment and future employment opportunities.

➤ *Behavioral Challenges and Hyperactivity*

Hyperactivity and impulsivity, as identified by the American Psychiatric Association (2013) and Barkley (2015), often manifest in behaviors that can disrupt both familial dynamics and classroom environments, including fidgeting, seat leaving, interrupting, and acting impulsively. Within African educational settings, such behaviors frequently result in disciplinary actions, encompassing corporal punishment, especially in situations characterized by insufficient teacher training in positive behavior support strategies (Olashore et al., 2020; Schulze et al., 2023). These responses may provide transient suppression of behavior but fail to resolve fundamental self-regulation challenges, thereby exacerbating emotional distress and oppositionality (Barkley, 2015).

Studies on Somali families managing autism and other developmental disorders indicate that conspicuous or disruptive behaviors elicit intense community responses, with parents experiencing embarrassment, criticism, and

pressure to regulate their kid (Hill et al., 2012; Warfa et al., 2012). Certain parents limit their children's outside activities to evade public scrutiny, thereby diminishing opportunities for social engagement and learning (Naeem et al., 2024). Similarly, Somali children exhibiting hyperactivity and impulsivity associated with ADHD are prone to experience severe discipline at home and in educational settings, exacerbating parent-child conflict and reinforcing adverse self-perceptions.

➤ *Social Interaction and Peer Relationships*

Children diagnosed with ADHD frequently encounter bullying, unstable friendships, and peer rejection, a consequence of their impulsive rule-breaking, difficulties with turn-taking, and socially intrusive conduct (Barkley, 2015; Willcutt et al., 2012). Within educational settings characterized by inadequate supervision and a lack of robust anti-bullying programs, students labeled as "troublesome" are particularly vulnerable to exclusion (Schulze et al., 2023). Research in Somalia reveals that children exhibiting observable behavioral or developmental impairments frequently encounter stigma, ridicule, and social exclusion from peers and community members (Guerin et al., 2004; Hill et al., 2012). Parents of Somali children with autism have reported that their children face teasing, name-calling, and are labeled as "mad," which leads families to withdraw from community activities (Hill et al., 2012; Warfa et al., 2012). Thematic analysis shows that Somali children displaying behaviors similar to ADHD—like interrupting games, breaking social rules, or acting impulsively—are more likely to be rejected by their peers and bullied. This, in turn, can worsen their self-esteem and lead to them avoiding school.

➤ *Emotional Well-being and Self-Esteem*

According to Barkley (2015) and Willcutt et al. (2012), ADHD is closely linked to emotional problems, such as frustration, depression, anxiety, and low self-esteem, which are frequently brought on by social rejection, criticism, and recurrent failure. Children may internalize detrimental labels such as "lazy" or "naughty," resulting in feelings of shame and diminished motivation. In societies with restricted emotional expression and inadequate mental health literacy, these internal conflicts may remain unacknowledged (Guerin et al., 2004; Naeem et al., 2024).

Qualitative studies suggest that widespread psychological distress in Somalia often appears as physical symptoms, feelings of hopelessness, and spiritual expressions. Mental health issues commonly arise in situations of poverty, displacement, and war (Naeem et al., 2024). Parents of children with developmental problems often suffer despair, regret, and concern about their children's future, which is made worse by societal stigma and a lack of adequate support (Hill et al., 2012; Warfa et al., 2012). These findings, when applied to ADHD, suggest that Somali children who continuously struggle academically and receive negative attention might experience significant internal distress. This distress could then be misinterpreted by parents as increased misbehavior.

➤ *Family and Parental Stress*

Caring for someone with neurodevelopmental disorders can be very difficult, especially in places with few resources and no established support systems (Barkley, 2015).

Studies of Somali families with autistic children have shown ongoing stress, social isolation, difficulties in marriages, and feelings of blame and guilt (Hill et al., 2012; Warfa et al., 2012).

Parents often face difficulties while dealing with healthcare and educational systems, and they also encounter language and cultural barriers. Moreover, they usually receive little support or psychological education (Hill et al., 2012; Said et al., 2020).

Moreover, research on ADHD in Africa highlights the difficulties faced by caregivers, along with the limited availability of behavioral therapies, medications, and coordinated support services (Schulze et al., 2023).

Somali families might observe that behaviors resembling those of Attention Deficit Hyperactivity Disorder (ADHD)—specifically, ongoing restlessness, difficulties in following directions, and impulsive actions—demand close oversight, a responsibility that is exacerbated within larger family units and amidst financial hardship (Naeem et al., 2024; UNICEF, 2021).

Thematic analysis suggests that parental stress can increase the chance of harsh discipline or emotional separation. Conversely, the absence of explanatory frameworks and resources might lead families to feel neglected and isolated.

VI. DISCUSSION

The analysis of secondary sources shows that both universal neurodevelopmental processes sociocultural and structural factors in Somalia can contribute to ADHD-related challenges in Somali youngsters. Neurodevelopmental theory elucidates why certain children exhibit enduring attentional and self-regulation challenges despite sufficient discipline; however, in Somali contexts, these issues are more frequently perceived as moral or spiritual rather than as manifestations of ADHD (American Psychiatric Association, 2013; Barkley, 2015; Guerin et al., 2004). The discrepancy between biomedical and cultural explanatory models leads to delayed or missed diagnoses and fosters dependence on disciplinary and spiritual interventions instead of educational and psychosocial support (Naeem et al., 2024; Said et al., 2020).

The results are in line with African literature on ADHD, which shows how problems with the health and school systems can affect results (Olashore et al., 2020; Schulze et al., 2023). In Somali educational institutions, inadequate teacher preparation, excessive class sizes, and a lack of inclusive education resources render the recognition and accommodation of ADHD-related challenges

improbable, thereby heightening the risks of academic failure and dropout (UNICEF, 2021; Save the Children, 2023). Ecological Systems Theory emphasizes the interaction of mesosystem and exosystem factors with familial stress and stigma, indicating that interventions should address not only individual children but also families, educational institutions, community perceptions, and policy structures (Bronfenbrenner, 1979; WHO, 2022).

In Somali contexts, ADHD-related challenges are embedded within broader trajectories of risk associated with conflict, poverty, and weak social protection, as indicated by the convergence of themes such as academic difficulties, behavioral conflicts, social exclusion, emotional distress, and caregiver burden (Naeem et al., 2024; Warfa et al., 2012). Kids who are punished, excluded, or misunderstood may be more likely to develop mental health problems, engage in dangerous behaviors, or be taken advantage of later on, but this needs to be studied. The discourse thus sees ADHD in Somali children as both a clinical matter and a problem for fairness and child rights. This requires health, education, and child safety to work together.

➤ *Ethical Considerations*

Since this study relies solely on secondary data, there was no direct participation of children, families, or professionals. Ethical issues emphasize the truthful portrayal of existing research, the avoidance of cultural stereotypes, and the respect for the dignity of participants in the studies examined (Braun & Clarke, 2006; Naeem et al., 2024). The findings are articulated to recognize both the vulnerabilities and strengths within Somali communities, encompassing resilience, faith, and robust family networks, while critically analyzing the impact of stigma and systemic neglect on children with ADHD-like challenges (Guerin et al., 2004; Said et al., 2020).

Child protection principles are based on the ideas of school exclusion, neglect, and physical punishment. These ideas are seen as dangerous, and supportive, non-violent tactics in families and schools are seen as good (UNICEF, 2021; WHO, 2021). A clear difference between direct findings and interpretive extrapolation, the use of institutional and peer-reviewed sources, and the public articulation of methodologies all help to keep academic integrity. No identifiable personal data is utilized, and all sources are accurately attributed and referenced in accordance with APA requirements.

VII. LIMITATIONS OF THE STUDY

The primary limitation is the limited availability of direct empirical research on ADHD among Somali children, whether within Somalia or in the diaspora. A significant portion of the research pertains to ADHD in general African populations or to autism and mental health within Somali groups, necessitating careful extrapolation (Olashore et al., 2020; Hill et al., 2012; Warfa et al., 2012). The study relies on a narrative review and a thematic analysis carried out by a single author, which may include selection and interpretive biases despite efforts to maintain a methodical and reflexive

approach (Braun & Clarke, 2006). The included sources exhibit variability in methodological quality, context, and sample characteristics, thereby limiting the generalizability of the conclusions; the absence of quantitative data and primary fieldwork prevents the study from estimating prevalence or directly seeing present practices, highlighting the need for thorough qualitative and mixed methods research involving Somali children, caregivers, and professionals.

VIII. RECOMMENDATIONS

This qualitative secondary study makes the following suggestions for parents, caregivers, teachers, healthcare workers, lawmakers, and future research. These suggestions are based on the problems that Somali kids with ADHD-like behaviors have said they face, and they are backed up by other research.

➤ *For Parents and Caregivers*

Because the study showed limited knowledge, and reliance on harsh punishment, it is suggested that parents and caregivers:

- Get accurate information about ADHD and child growth from trustworthy sources like healthcare professionals, NGOs, and educational materials. When a child is constantly inattentive, hyperactive, and impulsive in different settings, parents should think about neurodevelopmental issues instead of just blaming poor parenting or a lack of morals (Barkley, 2015; Schulze et al., 2023).
- Implement supportive parenting techniques, such as establishing clear daily routines, providing straightforward and consistent directions, and utilizing positive reinforcement to promote desired behaviors. Severe physical punishment should be eschewed, as it may amplify emotional turmoil, aggravate behavioral issues, and adversely impact parent-child interactions (Barkley, 2015; WHO, 2021).
- Collaborate productively with religious and community leaders receptive to merging Islamic viewpoints with modern mental health insights. This partnership may mitigate stigma, enhance comprehension of neurodevelopmental disorders, and cultivate more supportive community responses to children facing ADHD-related difficulties (Guerin et al., 2004; Naeem et al., 2024).

➤ *For Teachers and Educational Institutions*

Given the research on how ADHD-like behaviors are often misunderstood, leading to negative consequences in schools, it's recommended that educational institutions:

- Include basic training on ADHD and child mental health in both pre-service and ongoing teacher training programs. This would allow Teachers to identify ADHD-related behaviors and differentiate them from deliberate misconduct, therefore minimizing incorrect disciplinary measures (Olashore et al., 2020; Schulze et al., 2023).

- Employ economical, inclusive pedagogical approaches that facilitate attention and self-regulation. These may encompass preferential sitting, segmenting work into smaller, manageable steps, offering frequent and constructive feedback, and permitting brief movement breaks to augment engagement and learning (Barkley, 2015; UNICEF, 2021).
- Schools should establish clear referral pathways to readily available health and psychosocial services, while simultaneously improving communication channels between schools and families. Improved parental communication regarding behavioral support and individualized learning strategies could potentially yield better educational and social outcomes for affected children (UNICEF, 2021; WHO, 2022).

➤ **For Healthcare Practitioners and Policymakers**

Given the considerable limitations within specialized services and the insufficient recognition of ADHD, healthcare systems and policymakers are urged to:

- Integrate child and adolescent mental health, including ADHD, into primary healthcare by providing essential training for general practitioners, nurses, and community health workers in early identification, psychoeducation, and referral processes (Schulze et al., 2023; WHO, 2022).
- Adapt ADHD testing instruments, protocols, and psychoeducational materials to be culturally and linguistically appropriate for Somali populations. This procedure must include local expressions of distress and explanatory frameworks, ensuring that all materials are available in the Somali language (Guerin et al., 2004; Naeem et al., 2024).
- Prioritize investment in pediatric mental health within national health and educational policies. This include the establishment of school-based counseling services, public awareness initiatives to mitigate stigma, and the enactment of laws that foster inclusive education while forbidding detrimental disciplinary methods (UNICEF, 2021; WHO, 2022).

➤ **For Future Researchers**

Considering the scarcity of original research on ADHD within Somali contexts, subsequent investigations should:

- Perform comprehensive qualitative study including Somali children displaying ADHD-like behaviors, together with their parents, educators, and religious leaders, to record lived experiences, cultural explaining frameworks, and coping mechanisms (Naeem et al., 2024; Schulze et al., 2023).
- Investigate the relationship between ADHD-related challenges and experiences of trauma, displacement, and socio-economic adversity within Somali communities through mixed-methods research approaches (Warfa et al., 2012; WHO, 2022).
- Assess culturally tailored psychosocial and educational treatments for Somali children experiencing attention and behavioral challenges, focusing specifically on

feasibility, acceptability, and effects on academic, social, and emotional outcomes (Schulze et al., 2023; WHO, 2021).

IX. CONCLUSION

This qualitative secondary research suggests that the difficulties faced by Somali children with ADHD are likely substantial, yet they remain under-recognized, potentially leading to considerable repercussions for their psychological well-being, scholastic performance, and social inclusion. Academic underperformance, behavioral conflicts, peer rejection, emotional distress, and elevated caregiver burden constitute interconnected themes influenced by neurodevelopmental vulnerabilities, cultural interpretations, and systemic limitations within health and educational systems (Barkley, 2015; Naeem et al., 2024; Schulze et al., 2023). Neurodevelopmental, behavioral, and ecological perspectives together illuminate the complex nature of these difficulties, emphasizing the need for culturally informed, integrated interventions. While these observations are tentative due to the lack of extensive primary research on ADHD within the Somali child population, they nonetheless underscore the ethical and policy imperative to recognize and assist this at-risk group. By increasing awareness, reducing stigma, implementing essential psychosocial and educational support mechanisms, and bolstering child mental health infrastructure, it is possible to foster improved developmental outcomes and safeguard the rights and dignity of Somali children facing ADHD-related difficulties (UNICEF, 2021; WHO, 2022).

➤ **Purpose of the Study:**

To qualitatively synthesise existing research on the psychological, educational, and social consequences of Attention-Deficit/Hyperactivity Disorder (ADHD) among Somali children, using narrative review and thematic analysis of prior studies and institutional reports.

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