



The impact of Saudi cultural norms on the diagnosis, treatment, and support of children with ADHD

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ABSTRACT

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This study examines the impact of Saudi cultural norms on the diagnosis, treatment, and support of children with Attention-Deficit/Hyperactivity Disorder (ADHD) using a mixed-methods approach with a sequential explanatory design. Quantitative data were collected through a questionnaire completed by 113 parents, while qualitative insights were obtained from semi-structured interviews with three professionals. The data analysis employed techniques such as the mean, standard deviation, and independent samples t-test. The results revealed that cultural norms, fear of stigma, and limited awareness significantly shaped parental attitudes and decisions regarding ADHD care. The overall parental perception score was moderate ($M = 1.99$). Parents most frequently reported reliance on medication ($M = 2.29$) and behavioral therapy ($M = 2.19$), while awareness of ADHD symptoms prior to diagnosis was notably low ($M = 1.45$). Families often combined medical and behavioral treatments with traditional remedies such as herbal and spiritual healing. Furthermore, support from the broader community was rated low ($M = 1.90$), which compounded the challenges faced by families. The research underscores the importance of culturally sensitive ADHD management strategies that align with local traditions and values, while emphasizing collaboration between parents, educators, and healthcare providers to create a supportive environment for individuals with ADHD.

Contribution/Originality: This study contributes to the existing literature by addressing the cultural and societal influences on Attention-Deficit/Hyperactivity Disorder (ADHD) diagnosis, treatment, and support within Saudi Arabia, a context rarely explored in prior research. It is one of the few studies that integrates quantitative parental perceptions with qualitative professional insights, documenting the critical role of cultural norms and stigma in shaping ADHD management.

1. INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that affects millions of individuals worldwide. It is characterized by persistent patterns of inattention, hyperactivity, and impulsivity, which can significantly impact daily functioning and quality of life (American Psychiatric Association, 2013). Standardized diagnostic tools, such as the DSM-5 criteria, have facilitated consistency in identifying ADHD across diverse populations. Despite these advancements, the manifestation and management of ADHD often vary due to cultural, environmental, and societal factors (Chan, Shum, & Sonuga-Barke, 2022).

However, numerous international studies have explored ADHD in terms of diagnosis, treatment, and social support; much of this literature is grounded in Western contexts where awareness, service provision, and societal

perceptions differ significantly from those in the Arab world (Lewczuk et al., 2024). In Saudi Arabia, cultural norms, family-centered values, and the influence of religious and social traditions create a unique environment that shapes how ADHD is perceived and managed. Although the prevalence of ADHD in Saudi Arabia is substantial, estimated at approximately 8% in the general population, understanding these cultural factors is essential for effective diagnosis and treatment approaches (Ministry of Health, 2021) and in light of ambitious educational reforms under Vision 2030 aimed at expanding inclusive and modern learning environments (Government of Saudi Arabia, 2016) limited empirical research has examined how these cultural and societal dynamics specifically affect families and service providers. This gap underscores the need for context-sensitive investigations that not only document parental experiences but also integrate professional insights, thereby offering a nuanced understanding that can inform both local policy and contribute to the broader international literature on ADHD within diverse cultural settings.

Cultural contexts play a critical role in shaping perceptions of ADHD and its management. Therefore, research indicates that cultural beliefs and norms influence the recognition of ADHD symptoms, parental attitudes towards the disorder, and treatment-seeking behaviors (Eltyeb, 2023). In Saudi Arabia, cultural norms, social dynamics, and societal attitudes profoundly shape how ADHD is perceived, diagnosed, and treated. These cultural factors influence not only the recognition of ADHD symptoms but also the approaches taken by families, educators, and healthcare professionals to support individuals living with the condition (Canino & Alegría, 2008). Research on ADHD in Saudi society highlights notable cultural influences on its identification, diagnosis, and treatment. For instance, the stigma surrounding mental health issues, such as ADHD, is prevalent in many countries, including Saudi Arabia. Societal stigma continues to be a significant obstacle to early diagnosis and successful treatment of ADHD, as it is associated with increased stress in Saudi families of individuals with ADHD (Aloud & Badahdah, 2025). Furthermore, some families associate ADHD with the spoiling of the parent (Al-Mohsin, Al-Saffar, Al-Shehri, & Shafey, 2020). As a result, they view ADHD as a sign of poor parenting, which leads them to delay seeking medical help. This cultural perspective subjects parents to societal pressure.

While previous studies have consistently highlighted the role of stigma, cultural beliefs, and limited awareness as barriers to ADHD diagnosis and treatment (Al-Mohsin et al., 2020; Slobodin & Crunelle, 2019), there is disagreement on the extent to which families rely on medical versus non-medical approaches. Some international research emphasizes the effectiveness of pharmacological and behavioral interventions as the primary pathways to improved outcomes (Cortese, Coghill, & Swanson, 2019; Peh, Tan, Ibrahim, & Sidik, 2021), whereas studies conducted in Arab and collectivist societies stress the continued reliance on traditional or spiritual remedies alongside clinical care (Alqasir & Ohtsuka, 2024). This contrast reveals a cultural divergence in how ADHD management is understood and practiced, suggesting that Western-centric models of care may not be fully applicable in contexts such as Saudi Arabia.

Moreover, although recent works (2023–2024) have advanced the global literature on ADHD by addressing issues of prevalence, treatment effectiveness, and social impact, very few have examined how cultural and societal norms specifically shape the lived experiences of families and service providers in the Gulf region. While there is broad agreement that stigma remains a persistent barrier across societies, unresolved gaps remain in explaining how local traditions, community structures, and policy reforms interact to either facilitate or hinder ADHD support. Addressing these gaps through culturally contextualized research, as this study aims to do, can contribute to building a more inclusive body of knowledge that bridges global findings with local realities.

Gender roles also affect how ADHD is viewed and treated in Saudi culture. Gender plays a significant role in ADHD diagnosis, as boys are more likely than girls to be diagnosed with and receive treatment for ADHD. Cultural customs that require girls to be quieter and more obedient while tolerating hyperactivity in boys are the cause of this discrepancy (AlZaben et al., 2018). Therefore, girls with this disorder are sometimes misdiagnosed because inattentiveness, rather than disruptive conduct, may be the hallmark of their ADHD. Additionally, a study conducted

in Saudi Arabia indicated that the procedures for diagnosing, referring, planning, and implementing programs for students with ADHD were not clearly defined (Abaaoud, 2020).

Cultural expectations can influence parental engagement in managing ADHD. Saudi parents tend to choose behavioral therapies over pharmaceutical treatments since they are generally concerned about the negative consequences of medications (Alenezi et al., 2021). Besides, Saudi Arabs frequently seek out traditional healing methods, such as herbal remedies and religious consultations, before considering medical treatments (Qureshi, Khalil, & Alsanad, 2020). These practices are deeply rooted in cultural and religious beliefs, where many individuals turn to religious scholars or herbal remedies as the first line of defense against health issues.

The Saudi education system supports the use of ADHD programs in schools. However, Saudi Arabian educators are insufficiently prepared to address the problems they encounter in their classrooms with pupils who struggle with ADHD (Kamal, 2016). Therefore, students with ADHD struggle academically and lag due to the use of ineffective teaching tactics. In addition, a large number of educators lack sufficient understanding of the presence, causes, consequences, and treatments of ADHD (Alzahrani & Abd El-Fatah, 2023). For example, it is contended that education is highly regarded in Saudi Arabia and that parents have strong hopes for their kids' academic achievement. This Saudi culture frequently results in negative perceptions about kids with ADHD who have academic difficulties (Alothman et al., 2024). Another study also indicated that special education services for students with ADHD are below the desired standard, hindered by challenges such as limited teacher awareness. It recommended adopting specialized programs, clear procedural guidelines, and enhanced teacher training to improve support (Alnaim, 2023).

Families play a central role in Saudi culture, particularly in the upbringing and care of children, where they serve as the cornerstone of a strong and integrated social framework. In this close-knit society, parents are typically the primary decision-makers responsible for managing their children's behavior and education, ensuring that their needs are met within the family structure (Al-Shahrani & Hammad, 2020). Consequently, when a child is diagnosed with ADHD, families may face significant emotional and financial challenges, especially if they encounter barriers to accessing essential services or support systems, which can further compound the strain on the family unit (Kazda et al., 2021).

This research aims to delve into the unique impact of Saudi cultural norms on the diagnosis, treatment, and support of children with ADHD from the insights of parents and professionals. Gaining a deeper understanding of these cultural elements is crucial for developing approaches that are not only culturally competent but also aligned with the values and needs of the Saudi community. Such efforts are essential to ensuring that individuals with ADHD receive tailored care and support that respects their cultural context while addressing their specific needs. Therefore, the research questions are:

1. What are the perceptions of parents and professionals regarding the influence of cultural norms and societal attitudes on the diagnosis, treatment, and support of children with ADHD in Saudi Arabia?
2. Are there statistically significant differences in parents' perceptions of ADHD-related services based on the child's gender and age?
3. What challenges do parents encounter in utilizing diagnostic, therapeutic, and support services for children with ADHD within the framework of Saudi cultural and societal norms?

2. MATERIALS AND METHODS

2.1. Research Design

To best serve the goal of the study, a mixed-methods research methodology was adopted. Gathering, processing, and combining quantitative and qualitative data constitute a mixed methods research design. According to this approach, integrating both quantitative and qualitative methodologies yields a better understanding of the study problem and its related questions than using just one method (Creswell, 2012).

To guide the data collection and analysis processes, the researcher adopted a sequential explanatory design within the mixed-methods approach. In this design, quantitative data were collected first through a questionnaire administered to one group of participants (parents), followed by qualitative interviews conducted with a different group (specialists). This approach was chosen because the two types of data were gathered from distinct participant groups and at different stages of the study. The primary purpose of the qualitative phase was to deepen the understanding and interpretation of the quantitative findings, offering professional insights and contextual perspectives. As Creswell (2012) explains, this design is especially effective when the researcher aims to explain or elaborate on statistical results using qualitative data collected after the quantitative phase.

2.2. Data Collection

In this study, quantitative data were obtained through a structured questionnaire designed to capture the views and experiences of parents regarding ADHD-related services and challenges. This method enabled the collection of standardized, analyzable data across a broad sample, allowing for the identification of general trends and patterns. To collect quantitative data, the researcher employed QuestionPro, an online survey platform, leveraging the accessibility and convenience of digital tools. The questionnaire link, accompanied by an informed consent form, was distributed electronically via email and WhatsApp groups to ensure broad and efficient participation.

Following the survey phase, the qualitative component involved conducting semi-structured interviews with professionals in the field, offering a platform for deeper exploration of issues that may not emerge through closed-ended survey responses. Given the study's focus on exploring complex and often intangible phenomena, qualitative interviews were utilized to gain deeper insight. These phenomena cannot always be observed directly and are better understood through dialogue that captures the experiences, interpretations, and perspectives of knowledgeable individuals. Thus, the use of semi-structured interviews enabled the researcher to uncover rich, detailed information that complemented and contextualized the quantitative findings (Al-Abdul Karim, 2012).

Individual interviews were conducted with male specialists, following the acquisition of informed consent from each participant regarding both their willingness to participate and their preferred mode of communication. All participants opted to conduct the interviews via the Telegram application. The interviews proceeded with follow-up questions until data saturation was reached, when responses became repetitive and no new significant insights emerged. Throughout the process, the researcher systematically transcribed and saved the interview dialogues, transferring them via email to securely organized files on the computer for subsequent analysis.

2.3. Participants

To align with the mixed-methods design, the study engaged two distinct participant groups, each corresponding to a different phase of data collection. The quantitative phase focused on 113 parents of children formally diagnosed with attention deficit hyperactivity disorder (ADHD) in Saudi Arabia's Eastern Province. These participants were selected using purposeful sampling, a strategy that targets individuals who are especially knowledgeable or experienced in relation to the research topic (Maxwell, 2009). In the qualitative phase, a series of semi-structured interviews was conducted with three psychologists. While the number of participants may seem limited, this decision was guided by the depth and expertise required for the study. Access to highly specialized professionals in Saudi Arabia posed practical challenges, as experts are few in number, widely distributed across institutions, and often have heavy clinical and administrative responsibilities that restrict their availability for research interviews. Despite the small sample, the interviews provided rich, in-depth insights that complemented the quantitative findings, offering valuable contextual understanding of the cultural and societal dimensions of ADHD. The participants were selected based on their willingness to participate in the research, whereby each participant was provided with a consent form containing basic information related to the research and its procedures, and they were asked to sign the form if they agreed to participate voluntarily.

2.4. Survey Instruments

To address the objectives of the study, a tailored questionnaire was developed, consisting of two main parts. The first section gathered demographic information, specifically focusing on the child's gender and age. The second section comprised 12 items designed to explore parental perspectives on cultural norms influencing the diagnosis, treatment, and support of children with ADHD within Saudi society. These items were formulated to align closely with the study's central themes and research questions.

2.5. Interview Protocol

To complement the survey findings, the researcher also developed a set of seven open-ended interview questions. These were crafted to encourage participants, experts in the field, to share their personal and professional insights freely, allowing for a more detailed and nuanced understanding of the cultural and systemic dimensions surrounding ADHD in the Saudi context. The interview questions are:

1. Do you think there is enough awareness in the community about ADHD symptoms? How does this affect the diagnostic process?
2. Do you believe there is a social stigma associated with an ADHD diagnosis in Saudi society? How does this stigma affect families?
3. How willing are families in Saudi society to accept an ADHD diagnosis? Are there any resistance or delays in seeking a diagnosis due to cultural influences?
4. What are the most common treatment options offered in Saudi society for individuals with ADHD? And does the surrounding community influence their treatment decisions?
5. Do you think families in Saudi Arabia provide adequate support for their children with ADHD?
6. How would you assess the level of community support for individuals with ADHD?

2.6. Validity

2.6.1. Content Validity

The scale underwent a validation process by being reviewed by four faculty members specializing in Special Education. These experts were asked to evaluate the instrument for content validity, focusing on the clarity of the items and the extent to which each item effectively measured the intended construct. Based on their feedback, several refinements were made to enhance clarity and relevance. An 80% agreement threshold was adopted to determine the appropriateness of each statement.

Modifications included rewording certain items for greater precision and removing redundant or overly similar statements to ensure variety and distinctiveness. The researcher incorporated the experts' suggestions and revisions, considering their input as evidence of face and content validity, and as an indication that the scale is both appropriate and comprehensive for addressing the study objectives.

2.6.2. Construct Validity

Construct validity of a questionnaire is a good procedure to verify that the item belongs to its dimension and measures what it was designed for by extracting correlation coefficients using the Pearson correlation coefficient test. The item is considered appropriate if the correlation coefficient exceeds 0.30, and whenever the value of the correlation coefficient reaches 1.00, it is strong, excellent, and appropriate for the structure of the questionnaire. However, if the value of the correlation coefficient for the item is less than 0.30, it is unacceptable or needs to be modified, due to the study sample individuals' lack of sufficient understanding of this item, as shown in Table 1.

Table 1. Pearson Correlation test to show the construct validity for the questionnaire.

#	R	#	R
1	0.510**	7	0.772**
2	0.840**	8	0.827**
3	0.554**	9	0.842**
4	0.579**	10	0.841**
5	0.839**	11	0.850**
6	0.805**	12	0.673**

Note: **Correlation is significant at the 0.01 level.

Table 1 shows that the Pearson correlation (R) values ranged between 0.510 and 0.850. This range reflects a good level of construct validity. These coefficients are considered acceptable for the current study (Rest, 1979).

2.6.3. Interview Questions' Validity

To ensure content validity, the interview guide comprising open-ended questions was reviewed by three experts in the field. These specialists provided feedback on the clarity, relevance, and appropriateness of the questions in relation to the study's objectives. Their comments were used to refine and adjust the guide to better elicit meaningful responses. Given that the qualitative data collection relied primarily on the personal views and experiences of participants and not on standardized or repeatable measures, reliability was not assessed, as it is not typically applicable in this context.

2.7. Reliability

Just as validity is important for the suitability of the questionnaire to its intended purpose, the reliability of the instrument can also be considered important. Reliability serves as a scale for the responses of the study sample members, through which the consistency of the responses of the study sample members to the item and the dimension as a whole is measured. If the value of the reliability coefficient using the Cronbach's alpha test is higher than 0.70, this value is considered acceptable. The closer the values of the questionnaire's reliability coefficients are to 1.00, the stronger and more reliable they are, making the scale more applicable and capable of being used at later times and in other environments (Hair, Black, Babin, Anderson, & Tatham, 2010) as in Table 2:

Table 2. Cronbach's alpha for the study Statement and all statements.

Statements	Cronbach Alpha
Q1	0.932
Q2	0.919
Q3	0.931
Q4	0.929
Q5	0.919
Q6	0.920
Q7	0.922
Q8	0.919
Q9	0.918
Q10	0.919
Q11	0.918
Q12	0.927
Total	0.929

The Cronbach's Alpha values for the questionnaire items ranged from 0.918 to 0.932, with an overall value of 0.929. This indicates a high level of internal consistency across the items. Therefore, all statements were deemed acceptable for use in this study.

3. RESULTS AND DISCUSSION

This section presents and analyzes the quantitative findings derived from the parent questionnaire, aiming to capture their perceptions and views on the influence of cultural norms and societal attitudes on ADHD diagnosis, treatment, and support. The data are organized and displayed through tables and figures to highlight key patterns and trends. Building on these results, the subsequent discussion integrates the quantitative outcomes with qualitative insights from professional interviews, offering a more comprehensive understanding of the research topic. This integrated analysis situates the findings within relevant theoretical frameworks and previous studies, thereby providing deeper contextual interpretation and highlighting the cultural dimensions that shape ADHD-related practices in Saudi Arabia.

The study population consists of parents who have children with ADHD. The sample of the study included 113 participants from the population, and Table 3 shows the demographic data for the children's gender and age whose having ADHD and about whom information will be provided.

Table 3. Demographic characteristics for the sample of the study.

Children gender	Frequency	Percentage
Male	62	54.9
Female	51	45.1
Total	113	100.0
Children age	Frequency	Percentage
06 – 15 years	80	70.8
13 – 15 years	33	29.2
Total	113	100.0

The demographic distribution shows a high degree of homogeneity among students with ADHD based on gender, with the percentage of males reaching 54.9%, while the percentage of females with the same disorder is 45.1%. Children with ADHD aged between 06-15 years constitute 70% of the distribution, while children aged 13-15 years with ADHD represent 29.2% of the overall distribution.

3.1. Research Question 1

What are the perceptions of parents and professionals regarding the influence of cultural norms and societal attitudes on the diagnosis, treatment, and support of children with ADHD in Saudi Arabia?

To address Research Question 1, the researcher calculated the means and standard deviations to assess parents' perceptions regarding the influence of cultural norms and societal attitudes on the diagnosis, treatment, and support of children with ADHD in Saudi Arabia, as presented in Table 4.

Table 4 showed that the statements reflect parents' perceptions regarding the influence of cultural norms and societal attitudes on the diagnosis, treatment, and support of children with ADHD in Saudi Arabia, with mean scores ranging from 1.45 to 2.29. The overall dimension received a total mean of 1.99, indicating a medium level. Statement (6) (I rely on medication for my child diagnosed with ADHD) ranked first with a mean of 2.29 and a standard deviation of 0.81, representing a medium level. Statement (7) (I rely on behavioral therapy for my child diagnosed with ADHD) ranked second with a mean of 2.19 and a standard deviation of 0.83, also at a medium level. Statement (9) ranked third with a mean of 2.13 and a standard deviation of 0.82; this statement indicated that one of the factors influencing the choice of treatment was the doctor's recommendation. Statement (1) (I was aware of ADHD symptoms before my child was diagnosed) ranked last with a mean of 1.45 and a standard deviation of 0.67, reflecting a low level.

Table 4. Arithmetic mean, SD, item importance, and importance level of the perceptions of parents regarding the research topic.

No.	Statements	Mean	Std. Deviation	Item Importance	Importance Level
6	I rely on medication for my child, who was diagnosed with ADHD.	2.29	0.81	1	Medium
7	I rely on behavioral therapy for my child, who is diagnosed with ADHD.	2.19	0.83	2	Medium
9	One of the factors that influenced my choice of treatment for my child was the doctor's recommendation.	2.13	0.82	3	Medium
5	I believe that social customs and traditions, such as fear of stigma and the influence of relatives' opinions, influence the family's decision to seek an ADHD diagnosis.	2.12	0.79	4	Medium
11	I receive support from my family members regarding my child's diagnosis of Attention-Deficit Hyperactivity Disorder (ADHD).	2.12	0.79	5	Medium
2	I faced difficulties due to social beliefs or customs when trying to diagnose my child.	2.09	0.81	6	Medium
8	I rely on other treatments, such as herbal remedies and Ruqyah (recitation of Islamic Ruqyah), for my child diagnosed with ADHD.	2.04	0.74	7	Medium
10	Cultural customs and beliefs influenced my choice of treatment for my child.	2.03	0.76	8	Medium
12	I receive support from the local community, such as schools, medical centers, and associations, regarding my child's diagnosis of ADHD.	1.90	0.77	9	Medium
3	I personally and my family accepted my child's diagnosis with ADHD.	1.79	0.73	10	Medium
4	I believe that society is accepting of my child, who is diagnosed with ADHD.	1.76	0.66	11	Medium
1	I was aware of ADHD symptoms before my child was diagnosed.	1.45	0.67	12	Low
	Total		1.99	0.57	Medium

To address Research Question 1 effectively, the data discussion will be organized into three main themes: diagnosis, treatment, and support. For each theme, the quantitative data derived from the questionnaire, which explored parents' perspectives on the research subject, will be presented. This will be followed by a detailed discussion of the findings, enriched and substantiated with qualitative insights gathered from interviews with professionals.

3.1.1. Diagnosis

The quantitative results revealed a moderate level of acceptance among parents and society regarding children diagnosed with ADHD, as indicated by average scores for parental acceptance (1.79) and perceived societal acceptance (1.76). However, there was a low level of parental awareness about ADHD symptoms before diagnosis (1.45), and participants reported moderate challenges stemming from social beliefs and customs during the diagnostic process (2.09).

These findings highlight a cultural gap in ADHD awareness and indicate the need for targeted educational interventions. This aligns with the perspective of a professional (1), who noted that while some families are open to understanding ADHD, cultural misconceptions, such as attributing symptoms to poor discipline or temporary behavior, can lead to resistance in seeking a diagnosis. These insights suggest that cultural beliefs play a significant role in shaping parental decisions related to healthcare-seeking behaviors for neurodevelopmental conditions.

In addition, stigma emerged as a central theme, with one professional (2) stating that "families may feel embarrassed or fear their child will be labeled as 'different,' which often discourages disclosure and limits support in educational settings. This aligns with previous research Aloud and Badahdah (2025), which emphasized the continued influence of societal stigma on the delayed diagnosis and treatment of ADHD. Another professional (3) confirmed that although awareness is gradually increasing in Saudi Arabia, it remains insufficient, and many parents still do not

view ADHD as a legitimate medical condition. This contributes to missed opportunities for early intervention. Collectively, both the quantitative scores and interview insights underscore the need for comprehensive public awareness campaigns, culturally sensitive education, and stigma reduction strategies to promote early identification and effective support for children with ADHD.

3.1.2. Treatment

The results suggest that Saudi families tend to prioritize medical recommendations and pharmacological treatment when addressing ADHD, followed by behavioral and traditional interventions. As shown in Table 4, the mean values for parental perceptions regarding the influence of cultural norms and societal attitudes on diagnosis, treatment, and support ranged from 1.45 to 2.29, with an overall mean of 1.99, indicating a moderate level. The highest-rated statement was: "I rely on medication for my child diagnosed with ADHD" ($M = 2.29$, $SD = 0.81$), followed by "I rely on behavioral therapy" ($M = 2.19$, $SD = 0.83$), and "One of the factors that influenced my choice of treatment for my child was the doctor's recommendation" ($M = 2.13$, $SD = 0.82$). This pattern demonstrates a tendency among parents to place strong trust in medical advice and pharmaceutical interventions as initial responses to the disorder. However, it is also evident that behavioral therapy and culturally rooted practices, including spiritual approaches such as Ruqyah, play important complementary roles in treatment, reflecting a broader commitment among families to explore all avenues of care.

At this point, it is significant to mention that the biopsychosocial model offers a contemporary, humanistic, and holistic perspective on individuals within the health sciences. Recently, the model has been expanded to incorporate a spiritual dimension, acknowledging the significant influence of spiritual well-being on mental health and overall quality of life. A notable aspect of the spiritual dimension is spiritual-religious coping. In Saudi Arabia, where Islam plays a central role, many individuals frequently turn to religious healing practices such as Ruqyah using verses from the Qur'an. These practices are deeply embedded in cultural and religious traditions. Consequently, professionals such as educators and healthcare providers should respect the cultural and spiritual values of Saudi families. At the same time, they should provide education about the biological underpinnings of conditions like ADHD and promote the benefits of evidence-based treatments, such as behavioral therapy and medication, without disregarding or undermining the importance of spiritual beliefs (Alqasir & Ohtsuka, 2024; Saad, De Medeiros, & Mosini, 2017).

The findings indicate that the most influential factor in parents' choice of treatment was the recommendation of a medical professional. This outcome reflects the strong trust placed in healthcare expertise within Saudi society and aligns with the theoretical perspective introduced earlier, which emphasizes the role of authority figures in shaping health-seeking behaviors in collectivist cultures. Despite this, societal concerns continued to play a notable role, with many parents expressing hesitation due to fears about the potential side effects of medication. Psycho-stimulant medications are known for their rapid effectiveness in reducing ADHD-related behavioral challenges, while also enhancing cognitive performance and social interactions, enabling individuals to interact more effectively with their peers (Cortese et al., 2019). Controlled clinical trials conducted by clinicians demonstrated the medication's effectiveness in treating ADHD with high success rates (Pérez-Gómez et al., 2021; Pozzi et al., 2020). However, many families remain hesitant about long-term medication, preferring educational and behavioral interventions instead (Alenezi et al., 2021; Qureshi et al., 2020). The results align with the professional (1) opinion, who stated, 'Saudi families exhibit diverse responses to proposed treatments. While some families trust their doctors, adhere to treatment plans, and follow medical advice, others may be swayed by societal pressures or misinformation, causing them to hesitate or reject certain interventions.' These findings highlight that while medical recommendations are valued, cultural and societal fears and perceptions also weigh heavily on parental choices.

One of the parents mentioned this in response to the open-ended question in the questionnaire: "As parents, we have struggled with the limited treatment options for our child. Our child couldn't tolerate the side effects of Concerta, and switching to Strattera didn't lead to significant improvement. We've been doing everything we can, combining

medication, behavioral therapy, dietary adjustments, and even trying traditional remedies, hoping to find something that helps our child." This aligns with the professional (2) opinion, who stated: "Most families prefer behavioral therapy over medication, largely due to concerns about side effects and dependency. Many parents view therapy as a safer and more effective approach, aligning with cultural preferences compared to medical solutions." This result aligns with a study that analyzed over 174 studies on behavioral treatments conducted by various researchers across different periods. Their findings provide strong and consistent evidence supporting the effectiveness of psychological therapies in managing ADHD symptoms (Pheh et al., 2021).

3.1.3. Support

The findings suggest that while familial support plays a significant role in the lives of children with ADHD in Saudi Arabia, it is rooted in the cultural importance of the family unit, where parents are primarily responsible for raising and educating children within a cohesive social structure (Al-Shahrani & Hammad, 2020) this support is often insufficient to address the full emotional and practical challenges associated with managing ADHD. Quantitative data from the study reflect this, as parents reported a moderate level of family support ($M = 2.12$), while support from the broader community, including schools and medical institutions, was rated lower ($M = 1.90$).

These results align with the opinion of the professional (2), who stated: "Families are increasingly supportive, but many lack the necessary tools and knowledge. The most common support includes providing structure at home and attending therapy sessions. However, emotional understanding and consistency in implementing strategies remain areas for improvement."

This gap in support may stem from limited awareness and understanding of ADHD within the broader community, compounded by persistent cultural stigma surrounding developmental disorders. Parents may experience isolation due to fear of judgment or misunderstanding, which discourages them from seeking help or fully utilizing available services. Furthermore, the heavy reliance on the family as the primary support system may unintentionally obscure the role of community-based resources, leaving families without the broader assistance needed to navigate their child's condition. This was highlighted in a parent's response to the open-ended question: "As parents, we have faced significant challenges with schools when it comes to accommodating our child. Many schools refuse to accept children with ADHD, preferring to deal only with calm children, which leaves us feeling unsupported. Additionally, schools often have a weak role in managing common behavioral problems, which only adds to the difficulties we face. At home, our child's hyperactivity has led to frequent injuries, and some schools even reject admission out of fear that the child might harm themselves or others, making it even harder for us to find the right environment for their needs."

Addressing these challenges requires a multifaceted approach to enhance community engagement and build effective support structures. Public awareness campaigns are essential to reduce stigma and educate society about ADHD, fostering greater empathy and acceptance. Establishing support networks such as parent groups and specialized community programs can offer families critical emotional and practical assistance (Mueller, Fuermaier, Koerts, & Tucha, 2012). Moreover, training educators, healthcare professionals, and community workers to recognize and respond to ADHD-related needs can significantly improve the quality and reach of available services. By investing in awareness, institutional infrastructure, and cross-sector collaboration, the community can play a transformative role in empowering families and promoting the well-being of individuals with ADHD in Saudi society. For this reason, collaboration among parents, schools, and professionals is vital to establishing a comprehensive and individualized support system. Providing such support can enable students with ADHD in the Arab world to reach their full potential and become active, contributing members of society (Alqahtani, 2010; Alsudairi & Alnaim, 2022; Hinshaw & Scheffler, 2014).

3.2. Research Question 2

Are there statistically significant differences in parents' perceptions of ADHD-related services based on the child's gender and age?

To extract the result of Research Question 2, the researcher used an independent samples t-test to show the statistically significant differences based on the child's gender and age, as shown in Table 5.

Table 5. Independent samples T-test.

		Mean	Std. Deviation	N	T value	P value
Children Gender	Male	2.02	0.62	62	0.534	0.595
	Female	1.96	0.52	51		
Children Age	06-15 years	1.97	0.60	80	-0.597	0.552
	13 – 15 years	2.04	0.52	33		

The findings related to Research Question 2 showed that there were no statistically significant differences in parents' perceptions of ADHD-related services based on the child's gender or age. The t-test results ($t = 0.534$ for gender and $t = -0.597$ for age) did not reach the 0.05 level of significance, indicating that demographic factors did not influence parental perceptions in a meaningful way. This consistency suggests that the challenges parents face, such as stigma, lack of awareness, and cultural norms, are systemic rather than demographic. These results reinforce the theoretical framework highlighted in the introduction, which emphasizes that cultural stigma operates as a collective barrier within society, thereby underscoring the need for comprehensive and inclusive strategies to improve service delivery for all families rather than interventions tailored solely to gender or age differences.

3.3. Research Question 3

What challenges do parents encounter in utilizing diagnostic, therapeutic, and support services for children with ADHD within the framework of Saudi cultural and societal norms?

The findings of this study demonstrated that social and cultural beliefs significantly influence the ADHD diagnostic process among Saudi families. Quantitatively, parents reported a moderate level of difficulty related to cultural beliefs and customs when seeking a diagnosis ($M = 2.09$). This aligns with the psychologist's insight that acceptance of the diagnosis varies, with some families embracing treatment plans, while others resist due to fears that ADHD reflects poorly on their parenting or family reputation. The psychologist emphasized that cultural misconceptions about behavioral and mental health disorders often drive this hesitation, which is further supported by prior research suggesting that some Saudi families attribute ADHD to parental spoiling or lack of discipline (Al-Mohsin et al., 2020). This societal perception places additional pressure on parents, discouraging timely medical intervention. One parent echoed this in the open-ended responses, stating: "We have faced many challenges with our child's ADHD journey, starting with the delay and inaccuracy in getting a proper diagnosis, which made finding the right treatment a long and difficult process." This qualitative insight reinforces the statistical findings and underscores how cultural stigma and misattributions can delay diagnosis and prolong the path to appropriate care. This finding directly connects to the sociocultural theories discussed in the introduction, which stress how stigma and cultural misconceptions act as structural barriers to accessing care. Accordingly, culturally informed public education and parent-centered awareness campaigns are essential for improving acceptance, reducing stigma, and encouraging earlier diagnosis and intervention within the Saudi context.

The most commonly reported challenge by parents in response to the open-ended question was the lack of public awareness about ADHD, highlighting the urgent need for widespread educational campaigns to correct misconceptions and improve understanding. This was closely followed by concerns related to social stigma, which continues to exert societal pressure and discourage families from pursuing early diagnosis and appropriate treatment. Another significant challenge was the difficulty in accessing support, indicating shortcomings in both institutional services and community-based resources, which further intensify the burdens faced by parents. The results align with the psychologist's opinion, who stated: "The community support is growing, with several organizations and clinics offering resources and guidance. However, these efforts are still limited compared to the growing demand. Awareness campaigns and support groups could significantly enhance the level of community involvement." These findings

underscore the urgent need for targeted interventions to address societal stigma, improve public awareness, and enhance support systems for families dealing with ADHD in Saudi Arabia.

These findings have significant global implications, as cultural beliefs, societal stigma, and misconceptions about ADHD are not confined to Saudi Arabia but are prevalent across diverse cultural contexts worldwide. In many regions, particularly in collectivist societies, ADHD is often misattributed to poor parenting, leading to delays in diagnosis and treatment. The study highlights the necessity of public health initiatives that promote ADHD literacy, reduce stigma, and encourage early intervention strategies that can be adapted and implemented internationally (Faraone et al., 2015). Furthermore, the biopsychosocial model, enriched with a spiritual dimension, provides a comprehensive framework for understanding ADHD within different cultural and religious contexts. Recognizing the influence of spiritual and cultural factors in healthcare decision-making can help bridge the gap between evidence-based treatments and traditional beliefs, ultimately fostering a more inclusive and effective approach to ADHD management (Alqasir & Ohtsuka, 2024; Saad et al., 2017). By integrating culturally sensitive educational programs, improving access to specialized care, and promoting multidisciplinary collaboration, healthcare systems worldwide can better address the challenges faced by families navigating ADHD. These results underscore the importance of global health policies that prioritize culturally competent care, ensuring that all individuals, regardless of their geographic location, receive timely and effective ADHD interventions.

4. CONCLUSION

In conclusion, the cultural context in Saudi Arabia significantly shapes the perception, diagnosis, and treatment of ADHD. The findings underscore the pivotal role of cultural norms, social traditions, and stigma in influencing how families seek and respond to care. Many parents rely on a mix of medical, behavioral, and traditional approaches, yet they often face limited awareness and insufficient community or school-based support.

To address these challenges, educators should be provided with targeted training programs that enable them to recognize ADHD symptoms early, apply evidence-based classroom strategies, and create inclusive learning environments. Policymakers are encouraged to design and implement national awareness campaigns that reduce stigma, integrate ADHD services into the broader health and education systems, and allocate resources for specialized centers within schools and communities. For healthcare providers, the adoption of culturally sensitive practices that respect religious and social values while emphasizing the effectiveness of evidence-based treatments is essential.

Strengthening collaboration between parents, schools, and healthcare professionals can create a more comprehensive support network, ensuring children receive the academic, social, and emotional care they need. By embedding ADHD management into national health and education priorities, Saudi Arabia can take meaningful steps toward fostering an inclusive society that empowers children with ADHD to achieve their full potential and contributes to the broader goals of Vision 2030.

5. LIMITATIONS AND FUTURE STUDIES

One limitation of this study lies in the modest sample size, as only 113 parents participated from the Eastern Region, which may restrict the generalizability of the findings to the broader Saudi population. Additionally, the qualitative phase included only three professional interviews, reflecting the practical challenges of recruiting ADHD specialists in Saudi Arabia, where experts are limited and often constrained by heavy clinical and institutional responsibilities. While these factors limit the scope of generalization, the inclusion of professional insights enriched the parental perspectives, adding depth and contextual interpretation to the quantitative findings. To advance the field, future research should employ larger and more diverse samples and expand the pool of professional participants through a multidisciplinary approach, thereby offering a more comprehensive and culturally nuanced understanding of ADHD within Saudi Arabia and beyond.

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Transparency: The author states that the manuscript is honest, truthful, and transparent, that no key aspects of the investigation have been omitted, and that any differences from the study as planned have been clarified. This study followed all writing ethics.

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