

ADHD

Name

University

Date

ADHD

4.4 million American children from ages 4-17 have a history of ADHD diagnosis while 2.5 million of them are indicated to be on ADHD medication. Although every culture has ADHD children, a study discovered that Thailand classrooms have relatively fewer learners with ADHD since the students are trained and are required to talk and behave unobtrusively in public. The cultural setting of East African nations leads to having fewer learners with ADHD (Moon, 2012). This essay will inquire about ADHD from a cultural perspective.

There is increasing proof that ADHD affects people from every cultural background. However, minority groups tend displaying under-treatment and under-diagnosis for ADHD. However, there is a similar frequency of diagnosis among diverse cultural groups such as Latino, Black, and White. A 2007 analysis by the CDC (Centers for Disease Control and Prevention) shows that 7.6%, 7.4%, and 5.1% of White, Black, and Latino children respectively are diagnosed with ADHD (Polanczyk, De Lima, Horta, Biederman, & Rohde, 2007).

Nonetheless, the National Resource Center on ADHD reveals that although the statistics might reveal the percentage of children diagnosed with the condition, they do not show the actual number of children that require treatment. Presently, African American children are diagnosed and treated for ADHD three times less than White children. Still, children from minority groups are less likely to receive ADHD medication than White groups (Singh, 2002, p. xx). These statistics might be influenced by cultural variations, incorporating the actuality that some minority groups are less likely to be treated for ADHD.

When inquiring about whether ADHD is an American condition, it would be proper to review its comparison to France. In the U.S., ADHD is epidemic while ADHD rates in France are negligible. In addition, in the U.S., the accurate medical assessments for the condition are

substituted by personal perspectives. This is the primary way ADHD is diagnosed in the United States. This implies that the criteria for diagnosis shifts with the variation of opinion. There could be instances three different physicians could diagnose three separate conditions for the same child. Doctor one would diagnose bipolar disorder, doctor two autism, and doctor three ADHD.

Conversely, France does not support ADHD as a biological disorder and does not consequentially apply ADHD medication for treatment. Alternatively, the French meticulously investigate the root cause of the unwanted behavior. They have discovered that the roots are in the child's environment, specifically from school relationships, friends, and family. In France, ADHD is managed through family counseling instead of drugs (Hodgkins, Brod, & Asherson, 2011). Whereas France is unearthing social dynamics that could elucidate on ADHD behavior, the U.S. is giving ADHD medication to children. Although France is wise to analyze the diet of the child to observe if it has influences on the child's behavior, the U.S. is medicating its children.

Overall, it is apparent from the available evidence that ADHD more impacts white children from the White cultural group than other cultural groups. Most have attempted to show that this might be attributed to applying the wrong approaches and the pharmaceutical industries struggle to survive. This is reinforced by the fact that French children are less likely to be diagnosed with ADHD than American children are. This leads to the conclusion that perhaps an essential thing would be to consider other useful approaches to dealing with the issue such as family counseling or therapy sessions that do not involve medications for ADHD. Children are more influenced by the settings and people they experience than anything else is. As a result, it

would be important that America honestly reviews its strategy in managing the condition to reduce its incidence.

References

- Hodgkins, P., Brod, M., & Asherson, P. (2011). P01-296-Comparison of the burden of illness for adults with ADHD across seven countries: a qualitative study. *European Psychiatry, 26*, 297. doi:10.1016/s0924-9338(11)72007-7
- Moon, S. (2012). Cultural perspectives on attention deficit hyperactivity disorder: A comparison between Korea and the U.S. *Journal of International Business and Cultural Studies*, 2-11. Retrieved from <http://www.aabri.com/manuscripts/11898.pdf>
- Polanczyk, G., De Lima, M. S., Horta, B. L., Biederman, J., & Rohde, L. A. (2007). The Worldwide Prevalence of ADHD: A Systematic Review and Metaregression Analysis. *American Journal of Psychiatry, 164*(6), 942-948. doi:10.1176/ajp.2007.164.6.942
- Singh, I. (2002). Biology in context: social and cultural perspectives on ADHD. *Children & Society, 16*(5), 360-367. doi:10.1002/chi.746