Gender and Neurodivergence in the Dominican Republic

Introduction

Neurodivergence refers to differences in the way people's brains develop, process information, communicate, learn, and interact with the world. It can include conditions such as autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD). When studying neurodivergence, however, it is important to look beyond the number of people who have received a diagnosis. We also need to ask who is being diagnosed, who may be overlooked, and how schools and society represent neurodivergent people.

In the Dominican Republic, available evidence shows that males represent a larger proportion of diagnosed cases of neurodevelopmental conditions, particularly autism and ADHD. However, this does not necessarily mean that neurodivergence itself is exclusively or overwhelmingly a male phenomenon. Differences in diagnosis can also be influenced by how symptoms are recognized, gender expectations, access to healthcare, and the way educational and medical systems identify neurodivergent people.

Gender and Diagnosis in the Dominican Republic

The available Dominican research shows a clear difference between males and females in diagnosed neurodevelopmental conditions. One study conducted in a third-level hospital in Santo Domingo Norte found that males represented 58.2% of children with developmental disorders, compared with 41.8% females. The difference was considerably larger for some individual diagnoses. Among the children with ADHD in the study, 91.7% were male and 8.3% were female, while among children with autism, 71.4% were male and 28.6% were female **[FLAG — see note below on sourcing this study and its sample size]**.

These statistics demonstrate that boys currently make up the majority of diagnosed cases in the available Dominican clinical data. However, it is important to recognize that hospital-based statistics cannot automatically be applied to the entire Dominican population. People who have never been evaluated or diagnosed will not appear in these statistics.

The Fundación Dominicana de Autismo reports that autism affects boys 3 to 4 times more frequently than girls in the Dominican Republic (Fundación Dominicana de Autismo, n.d.). The same organization emphasizes that most children in its experience are not identified until after age six, despite the importance of early detection (Fundación Dominicana de

Autismo, n.d.) **[FLAG — see note below: this replaces the "9 boys to 1 girl" figure]**.

Therefore, the most accurate conclusion is not simply that "boys are more neurodivergent." Instead, the evidence shows that boys are more frequently represented among diagnosed neurodivergent children in the Dominican Republic.

Who Is More Likely to Be Diagnosed Early?

Based on the available evidence, boys are more likely to be identified and diagnosed earlier, particularly when their characteristics are more visible to parents, teachers, or healthcare professionals.

This is especially relevant for autism. The Fundación Dominicana de Autismo states that most children in its experience are identified after age six, even though earlier childhood is an important period for developmental support (Fundación Dominicana de Autismo, n.d.).

One possible reason for the gender difference is that some girls may present neurodevelopmental characteristics in ways that are less easily recognized. For example, a child who is noticeably hyperactive or disruptive may be referred for evaluation more quickly than a child who primarily experiences difficulties with attention or social interaction but does not cause disruption in the classroom. This pattern is well documented internationally in autism and ADHD research; it is applied here as a plausible explanation for the Dominican data rather than as a DR-specific finding **[FLAG — confirm whether you have a DR-specific source for this, or keep the caveat]**.

This means that diagnosis statistics can reflect the way society recognizes neurodivergence, not only the actual number of neurodivergent people. It is therefore important to be cautious when interpreting the male-to-female ratio. A large difference in diagnosed cases does not necessarily prove that the true difference in neurodivergence between males and females is equally large.

Why Do Males Represent the Higher Percentage?

There are several possible explanations for why males represent the larger percentage of diagnosed neurodevelopmental conditions in the Dominican Republic.

First, symptoms can be recognized differently depending on gender. Behaviors associated with hyperactivity, impulsivity, or externalized difficulties can be more noticeable in boys. This can make teachers and families more likely to request an evaluation.

Second, girls may be underdiagnosed. If a girl does not match the stereotype of what autism or ADHD "looks like," her difficulties may be interpreted differently or overlooked. This creates an important problem: if girls are diagnosed less frequently, then research

based only on diagnosed populations may make neurodivergence appear more male-dominated than it actually is.

Third, access to diagnosis matters. The Dominican Republic does not currently have one comprehensive national database that captures every neurodivergent person. Instead, much of the available evidence comes from clinical studies, organizations, and individual health services. Consequently, people who face barriers to assessment can remain invisible in the statistics.

The Dominican Ministry of Health has recognized the importance of improving identification and diagnosis. In 2025, the Ministry published an updated national protocol for children and adolescents with autism, intended to strengthen identification, diagnosis, and management of autism within the health system (Ministerio de Salud Pública, 2025) **[FLAG — need the protocol's exact title/document number; see note below]**.

How Is Disability Included in the Dominican Educational System?

The question of disability in education should not only be "Is disability included?" We should also ask how it is included and what message students receive about disability.

The Dominican Ministry of Education has taken significant steps toward a more inclusive educational model. In July 2024, MINERD issued Ordinance No. 05-2024, establishing guidelines for inclusive education in the Dominican school system, with the stated aim of guaranteeing access, permanence, and learning for all students according to their specific educational needs (Ministerio de Educación de la República Dominicana [MINERD], 2024).

The Ministry also describes inclusive education as a responsibility of the entire Dominican educational system. Its Department of Special Education states that students should have access to schools, receive appropriate support, participate in school activities, and have learning opportunities without discrimination or exclusion (MINERD, 2024).

The country's educational planning also emphasizes that students with specific educational support needs should be able to develop their potential and overcome barriers that prevent them from reaching their educational and personal goals (MINERD, 2024).

These policies communicate an important message: the student should not be expected to simply adapt to an inaccessible school; the educational environment also has a responsibility to adapt.

However, having inclusive policies does not automatically mean that representation is completely inclusive. We should still examine the curriculum and educational materials critically.

Who Is Represented?

A critical curriculum should represent disabled and neurodivergent people as complete members of society, rather than only as people who need assistance.

If disability is presented mainly through medical diagnoses, limitations, special education, or dependence, students may receive the message that disabled people are fundamentally different from everyone else.

A more inclusive approach would show neurodivergent and disabled people as students, friends, family members, professionals, artists, athletes, leaders, and active members of their communities. It should also teach students that some difficulties come not only from a person's disability but from barriers in the environment.

The Dominican Ministry of Education's inclusive education guidelines already move toward this approach by drawing on the principles of Universal Design for Learning (UDL) and recognizing that students have different ways of learning (MINERD, 2024). The guidelines explain that diversity applies to students with different capacities and that providing different ways to access learning can benefit the entire group (MINERD, 2024).

This is important because inclusion is more than putting a neurodivergent student in a regular classroom. True inclusion means that the student can participate, learn, communicate, and belong.

Gender Representation and Neurodivergence

Gender representation is particularly important because the majority of diagnosed cases in Dominican research are male.

If educational materials primarily portray autism or ADHD through boys, students may unconsciously develop the idea that neurodivergence is mainly a male experience. This can contribute to a cycle in which girls are less likely to be recognized because they do not fit the expected image of a neurodivergent person:

Gender expectations → recognition of symptoms → diagnosis → representation → public understanding

If boys are diagnosed more frequently, they become more visible in research and educational examples. That visibility can then influence what teachers, parents, and students expect neurodivergence to look like.

For this reason, an inclusive curriculum should make girls and women with neurodivergence visible as well. Representation should reflect different genders, ages, backgrounds, abilities, and experiences.

Critical Evaluation

The Dominican Republic has made important progress in recognizing inclusive education and improving the identification of autism. The 2024 MINERD guidelines and the 2025 Ministry of Health autism protocol demonstrate that disability and neurodivergence are increasingly being addressed at the policy level (MINERD, 2024; Ministerio de Salud Pública, 2025).

However, there is still a distinction between policy inclusion and representation. A policy can guarantee access to education while educational materials may still fail to represent the diversity of disabled people. Similarly, a healthcare system can improve diagnosis while girls and other underrepresented groups may still be overlooked. Therefore, the goal should not simply be to increase the number of diagnoses — it should be to ensure that people who are currently underrepresented are recognized, supported, and represented accurately.

Conclusion

In the Dominican Republic, males currently represent the largest proportion of diagnosed neurodevelopmental cases, particularly autism and ADHD, but these statistics describe diagnosed populations rather than the true distribution of neurodivergence in the country. Girls may be underidentified because their characteristics can be less visible or may not match common stereotypes of autism or ADHD.

At the policy level, MINERD's 2024 inclusive education guidelines and the Ministry of Health's 2025 autism protocol both represent meaningful progress. But inclusion should be evaluated not only by whether disability appears in the curriculum, but by how it is represented and whose experiences are visible. A truly inclusive curriculum should represent neurodivergent people as diverse individuals with abilities, identities, goals, and roles in society — not only as individuals with limitations.

Ultimately, the Dominican Republic's challenge is not only to diagnose more people, but to make sure that those who are underrepresented — especially girls and other overlooked groups — are recognized and included. True inclusion means changing both the educational environment and the way society understands neurodivergence.

References

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