



Gender norms and the wellbeing of girls and boys

Elissa Kennedy and colleagues (December, 2020)¹ described the emergence of gender disparities in health and wellbeing across the first two decades of life, arguing that they are caused by harmful gender norms. The gender inequalities framework¹ implicitly presupposes that, in a just society, males and females would show equal outcomes on every metric considered. This expectation is at odds with a vast body of research on sex differences in psychobehavioural traits and life outcomes in humans and other species.²⁻⁴ A scientific approach to human health and behaviour cannot afford to ignore the insights provided by evolutionary biology.²⁻⁵ Pure socialisation accounts overlook key evidence on the relations between biological sex and health, leading to biased understanding and potentially counterproductive interventions.

Ascribing negative health outcomes to socially imposed harmful gender norms¹ ignores the selection pressures that have shaped male and female physiology, cognition, and behaviour in sexually dimorphic ways.²⁻⁵ For example, it is a general mammalian pattern for females to live longer than males, and for males to display more aggression, dominance, and physical risk-taking.²⁻⁴ These patterns can be attributed to differential sexual selection, and arise during prenatal and postnatal development through the action of genes and sex hormones.²⁻⁵ Many observed sex disparities in health reflect the interplay between biologically shaped predispositions and aspects of the social context. Only a multilevel biosocial model—one that looks beyond socially constructed gender norms to our evolutionary history—can effectively promote health in both sexes.

We declare no competing interests.

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