

African Gender Studies Quarterly



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EDITORIAL

Advancing the Science of Human Development in a Changing World

Human development is neither linear nor isolated. It unfolds through continuous interactions among biological processes, psychological experiences, interpersonal relationships, cultural meanings, social structures, and the environments in which individuals live. The five contributions featured in this issue of *Optimal Development* collectively reinforce this understanding, demonstrating the importance of interdisciplinary scholarship in explaining behavior, promoting wellbeing, and addressing contemporary developmental challenges.

A major strength of this issue is its attention to behavior as both a product of development and a potential target for meaningful change. The paper traces the evolution of behavioral science from Pavlov and Thorndike to B.F. Skinner and Applied Behavior Analysis (ABA) provides an important historical and conceptual foundation for understanding how behavior can be systematically studied and modified. Its application to the acquisition of two-word phrasal minds in a Nigerian child with autism demonstrates the practical value of evidence-based behavioural intervention while drawing attention to the need for cultural validation and contemporary neuro-affirming ethical practices. The emphasis on assent, dissent, and technological integration is particularly relevant to the future development of behavioural science.

The issue also examines behaviour within broader social and developmental contexts. The systematic review of adolescent sexual health demonstrates that knowledge does not automatically translate into safe sexual practices. Peer pressure, socioeconomic circumstances, family communication, cultural norms, substance use, and media exposure interact to shape adolescent sexual behaviour. This knowledge-behaviour gap highlights the need for interventions that extend beyond information provision to address the environments within which young people make decisions.

Similarly, the review of gender differences in psychopathology illustrates the complex pathways through which psychological difficulties develop across the lifespan. Although females tend to demonstrate greater vulnerability to internalizing disorders and males higher rates of externalizing difficulties, the paper appropriately cautions against deterministic interpretations. Gender interacts with biological maturation, psychological processes, and sociocultural experiences, underscoring the need for an integrative biopsychosocial-developmental framework.

Culture emerges even more explicitly in the study of Nigerian youths' understanding of Koro syndrome. Limited awareness and the influence of spiritual interpretations on help-seeking demonstrate how cultural beliefs can shape mental health experiences and decisions about professional care. These findings call for culturally responsive mental health education that neither dismisses indigenous belief systems nor permits misinformation to obstruct appropriate care.

Finally, the exploration of the baby mama phenomenon brings family structure, stigma, psychological well-being, and social change into the conversation. The paper highlights the stress experienced by mothers, the challenges associated with social stigma, and the potential developmental implications for children growing up in diverse family arrangements. Importantly, it invites a more nuanced examination of family diversity rather than simplistic assumptions about what constitutes a successful family.

Taken together, the five contributions demonstrate that **optimal development requires more than understanding individuals in isolation**. Behaviour, Mental Health, Sexuality, Family relationships, Disability, and Cultural beliefs are embedded within social systems that can either constrain or facilitate human flourishing. The scholarship presented in this issue therefore calls for interdisciplinary, culturally grounded, developmentally sensitive, and ethically responsible approaches to research and practice.

African Gender Studies Quarterly is committed to creating a scholarly platform where diverse perspectives converge to advance knowledge of gender and human development across the lifespan. We invite researchers, practitioners, educators, policymakers, and scholars across disciplines to continue generating evidence that does not merely explain human behaviour, but contributes meaningfully to the creation of conditions in which individuals, families, and communities can flourish.

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GENDER DIFFERENCES IN THE DEVELOPMENT OF PSYCHOATHOLOGY

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Abstract

Gender differences in the development and expression of psychopathology have received considerable attention in developmental, clinical, and mental health research. This paper examines how gender shapes vulnerability, manifestation, and developmental trajectories of psychopathology across childhood, adolescence, and adulthood. Drawing on existing theoretical and empirical literature, the review highlights a consistent pattern in which females demonstrate greater vulnerability to internalizing disorders, particularly depression and anxiety, whereas males show higher rates of externalizing disorders, including conduct problems, substance use, aggression, and antisocial behaviours. These differences become more pronounced during adolescence, suggesting that psychopathology develops through dynamic interactions among biological maturation, psychological processes, and sociocultural experiences. The review further considers differences in age of onset, symptom presentation, comorbidity, and clinical outcomes, while examining biological, psychological, and sociocultural explanations of gendered psychopathology. It identifies important limitations in the literature, including reliance on single-factor explanations, inadequate longitudinal evidence, binary conceptualizations of gender, limited cross-cultural research, and insufficient investigation of mediating mechanisms. The paper argues for an integrative biopsychosocial-developmental framework that recognizes gender as an important but non-deterministic influence on psychopathological trajectories. Such an approach has implications for gender-sensitive assessment, prevention, treatment, policy, and mental health practice.

Keywords: *Gender differences; developmental psychopathology; internalizing disorders; externalizing disorders; biopsychosocial model*

Introduction

Understanding the role of gender in the development of psychopathology has been of great interest to researchers, theoreticians, and other professionals interested in well-being and resilience studies. This interest has taken diverse forms, ranging from the examination of sex differences in the prevalence of adjustment difficulties to the exploration of unique aetiologies and trajectories in the development of psychopathology for boys versus girls; the increasing need to pay attention to gender differences in mental health outcomes has been documented across epidemiological, clinical, and developmental research (Kessler et al., 2005). In psychology, gender differences is of critical in understanding developmental psychopathology an area of study that studies the relationship between biological, psychological, and environmental factors affect the organism resulting in both adaptive and maladaptive outcomes (Cicchetti, 2016; Sroufe, 2016). Instead of looking at mental disorders as separate problems, developmental psychopathology looks at how things change over time, with a focus on how early experiences impact lifespan. Studies have shown that the emergence of gender differences in developmental psychopathology is particularly pronounced during adolescence, a developmental period marked by significant biological, psychological,

and social transitions. Prior to adolescence, gender differences in many disorders are relatively small or inconsistent but, with the onset of puberty, rates of depression and anxiety increase sharply among females (Cicchetti, et al., 2002). while males show more of conduct disorder, attention-deficit hyperactivity disorder (ADHD), and disruptive behaviours (Mash et al., 2019; Rutter, 2013). This developmental shift suggests that gender differences are not merely static traits but are shaped by dynamic interactions between biological maturation and environmental influences, and reflect not only differences in prevalence, but also distinct developmental pathways. Longitudinal research showed that symptoms of mental health problems develop differently in men and women. An investigation of depressive symptoms has found a variety of developmental paths from childhood to adolescent, including stable low, growing, decreasing, and chronic high symptom pathways (Lewis et al., 2020). Even with the consistency of these patterns, there remains a discussion regarding the main mechanisms that account for gender differences in psychopathology which are typically conceptualized along two broad dimensions: internalizing disorders, and externalizing disorders. The Internalizing disorders, are characterized by inwardly directed distress such as sadness, fear, and

withdrawal these includes depression and anxiety, Epidemiological data indicate that women are approximately twice as likely as men to experience major depressive disorder, with lifetime prevalence estimates ranging from 20–25% in females compared to 10–12% in males (Kessler et al., 2005; Nolen-Hoeksema, 2012). Anxiety disorders affect approximately 25–30% of women and 15–20% of men, indicating a robust gender disparity across multiple populations (World Health Organization, 2021).

For externalizing disorders involving outwardly directed behaviours such as aggression, impulsivity, and substance misuse, males exhibit higher rates. Epidemiological data indicate that substance use disorders are two to three times more common in men than in women, with prevalence estimates of approximately 20–30% in men compared to 8–12% in women (World Health Organization, 2021). Disorders around conduct and antisocial personality show a clear male prevalence, with males being approximately twice as likely to be diagnosed (Alegria et al., 2013). Even with this evidence of the Epidemiological data, medical accounts cannot explain cross-cultural variability and changes over time, indicating that biological, psychological, environmental and social factors play a critical role.

The aim of this paper is to provide an understanding of gender differences in developmental psychopathology, examining developmental trajectories between males and females, and understanding the dynamic interaction of multiple determinants in understanding of how gender influences both vulnerability to and expression of psychopathology.

Why Gender Differences Matter

Gender differences in developmental psychopathology represent one of the most consistent studies in mental health research and have been of interest in psychiatric, and epidemiology (Kessler et al., 2005). These differences are not limited to prevalence rates but extend to symptom presentation, age of onset, comorbidity patterns, and treatment outcomes. The distinction between sex (biological attributes such as chromosomes and hormones) and gender (socially constructed roles, identities, and expectations) is critical, as both dimensions contribute uniquely to mental health disparities (Hyde et al., 2019). One major challenge lies in the tendency of existing research to adopt reductionist explanations, often privileging a single domain of analysis. Protagonists of the biological models emphasize hormonal and genetic influences while overlooking the role of social context and lived experience. Equally, sociocultural theories focal point is the gender roles, inequality, and

environmental stressors but may minimize biological and neurodevelopmental contributions. The psychological models, particularly cognitive-behavioural frameworks, focus on processes such as rumination and coping styles but often fail to situate these processes within broader structural and developmental contexts. As a result, many research explanations remain conceptually unintegrated, limiting their explanatory power, without adequate integrated conceptual frameworks, scientific understanding remains fragmented, making it challenging to translate research findings into actionable insights and hindering development of complete theories in the subject area. (Tähtinen et al., 2019).

Epidemiological evidence consistently shows that females are more likely to experience internalizing disorders such as depression and anxiety, whereas males exhibit higher rates of externalizing disorders, including substance use and antisocial behaviour (Kessler et al., 2005; Nolen-Hoeksema, 2012). Despite the robustness of these patterns, there is no consensus on the extent to which biological, psychological, and sociocultural factors independently or interactively account for these disparities. Studying gender differences in developmental psychopathology is critical for the following reasons. First, the differences have implications for clinical assessment and diagnosis.

Diagnostic criteria are often based on prototypical symptom presentations that may reflect gendered expressions of distress, potentially leading to underdiagnosis in men (e.g., depression manifesting as irritability or substance misuse) and overdiagnosis or misclassification in women (Hyde et al., 2019).

Secondly, gender differences influence treatment outcomes and help-seeking behaviours. Generally, females are more likely to engage in help seeking behaviours including visiting a clinic for mental health support, while men are less likely to engage with services, contributing to disparities in reporting, and treatment of mental illness and, in some contexts, higher rates of suicide among men (World Health Organization, 2021). Without a adequate understanding of gendered pathways, interventions may fail to address the specific needs of different groups in need of support. Thirdly, gender differences are closely connected to broader social and public health concerns, like reports in the area of gender-based violence, economic inequality, and cultural norms surrounding emotional expression, These structural factors shape both exposure to risk and access to resources, reinforcing disparities in mental health outcomes across populations (Seedat et al., 2009). Societal norms greatly affect expressions even if a man is a survivor

of gender-based violence, it is unlikely that he will report such incidence to the necessary authorities due to the societal expectation on man being strong and admission of such would amount to weakness on his own part.

GENDER DIFFERENCES IN DEVELOPMENTAL TRAJECTORIES

Development of psychopathology can happen at any stage of human development, and symptoms can be traced back from early childhood and run throughout lifespan, Understanding gender differences in developmental psychopathology is concerned with identifying not only biological, emotional, cognitive, relational, or unconscious processes that are related to psychopathology, but studying the impact of all of these as they interact with one another in the context of the developing organism. Developmental psychopathology also views human behaviour as lying along a continuum between the normative and the pathological, viewing psychopathology not as a disease but as a deviation from typical developmental trajectory. Developmental Psychopathology affects 10-20% of children aged 3-12 years showing a clear gender pattern in prevalence and disorder types (Egger & Angold, 2006). These differences are evident in behavioural expression, emotional regulation, and early developmental risk patterns. In childhood boys show

higher prevalence rate of 12-20% externalizing and neurodevelopmental disorders characterized by outwardly directed behaviours such as aggression, impulsivity, and hyperactivity, examples include attention deficit-hyperactivity disorder (ADHD), Oppositional defiant disorder (ODD), Conduct disorder and autism spectrum disorder. Girls in contrast show a moderate prevalence rate of 10-15% in internalizing disorders characterized by inwardly directed distress such as sadness, fear, emotional distress and withdrawal examples of disorder in this category includes depression and anxiety disorders although these differences are less pronounced till adolescence. (Ayano et al, 2003)

In early childhood, gender differences in psychopathology are usually moderate but still observable with boys displaying higher levels of externalizing behaviours, including aggression, hyperactivity, and oppositional conduct (Campbell, et al 2000). These behaviours become noticeable during the preschool years and sometimes persist into middle childhood if not addressed. Research suggests that early externalizing behaviours problems in early childhood can predict later antisocial personality traits, juvenile delinquency, adult crime, and violence (Liu, 2004).

Girls, in contrast show higher prevalence of internalizing behaviour problems such as withdrawn, anxious, inhibited, and depressed behaviours, these problems more likely to affect the child's internal psychological environment rather than the external world. Other terms for this cluster of behaviour problems include "neurotic" and "overcontrolled" (Campbell et al., 2000; Eisenberg et al., 2001) leading to relational forms of distress, such as social withdrawal, shyness, and emotional sensitivity. However, these patterns are often less visible than overt behavioural problems and may therefore be under-recognized, also there is significant co-morbidity between externalizing and internalizing behaviour problems (Gobel et al, 2022). In other words, children who are aggressive may experience anxiety and, conversely, depressed children also may exhibit conduct problems family dynamics is crucial at this stage of development, parenting skills like harsh parenting, inconsistent discipline, family conflict, and socioeconomic stress have been linked to higher levels of behavioural problems in boys and emotional difficulties in girls.

Adolescence period characterized with major changes in the physical, cognitive, emotional, biological and psychological world of the growing child is a critical developmental period for the emergence, and presentation of many psychological disorders

(Mastorci et al 2024). At this stage gender differences in psychopathology become most noticeable. Research have shown that the rates of depression and anxiety increase sharply among girls, while boys continue to exhibit higher levels of conduct problems and substance use. The transition through puberty introduces biological changes that interact with psychological and social stressors. Biological activities such as early onset of puberty in girls has been linked to increased vulnerability to depression and anxiety. Peer relationships also become more influential during adolescence. Girls often experience higher interpersonal stress, including friendship conflicts and social evaluation concerns, which contribute to internalizing symptoms.

Meanwhile, boys are more likely to engage in risk-taking and rule-breaking behaviours, partly influenced by peer group dynamics and social expectations related to masculinity.

Also, studies have shown divergence emerging in gender differences in emotional expression, emotional difficulties, behavioural difficulties, and regulation across developmental stages, visible during adolescence, (García, et al., 2025). Girls typically report greater emotional intensity and awareness than boys but may also experience more problems in effectively regulating emotions, particularly negative emotions (Sanchis-Sanchis, et al., 2020). Current

studies found that girls continuous to show internalizing behaviours and this disparity typically emerge during early adolescence and widening through the developmental period (Andrei, et al., 2025). Boys however are more likely to show externalizing problems, including impulsivity, aggression, and conduct-related problems (Guassi et al., 2021). These gender differences appear to be shaped by a combination of biological, social, and relative factors including culture, and environmental. (Kököneyi, 2024).

It becomes expedient at this stage to recognize the influence of risk and protective factors that interact and influence vulnerability to different genders. The risk factors are factors that increases a child vulnerability to negative experiences and some of the key risk factors include genetic vulnerability, exposure to trauma or abuse, dysfunctional family dynamics, socioeconomic disadvantage, and peer rejection. While the protective factors are positive influence that may buffer against negative experiences, they include strong parental support, positive peer relationships, emotional regulation skills, and supportive school environments. Early identification of risk factors for childhood and adolescent externalizing behaviour is a critically important step for developing successful prevention programs for adult violence.

In adulthood, evidence reveals that there are no differences in the overall rates of psychopathology, but men and women do differ in the type of psychopathology experienced. Women suffer from higher rates of depression and anxiety (internalizing disorders), and men have higher rates of substance abuse and antisocial disorders (externalizing disorders). (Baños, et al., (2024). Also, in adulthood, more attention is paid to manifestation, clinical presentation, comorbidities and functional impacts rather than just prevalence more attention is paid to manifestation rather than just prevalence of psychopathology (Bogdańska et al., 2025).

Co-occurrence of Internalizing and Externalizing Problems

Although studied separately, internalizing and externalizing disorders can co-occur within the same individuals. This phenomenon, known as comorbidity, highlights the complex interplay between emotional distress and behavioural problems. Children who exhibit early externalizing behaviours are at increased risk of developing internalizing disorders later in life (Bista et al., 2025). Aggressive or disruptive children may experience peer rejection, academic difficulties, and social isolation, which can subsequently lead to depression or anxiety. Gender differences also emerge in these comorbidity patterns. Boys with externalizing disorders often

develop substance use problems, while girls with similar behavioural problems are more likely to develop depressive symptoms and anxiety disorders (Leadbeater et al., 1999).

Research has also identified dual-trajectory patterns, where individuals simultaneously display both internalizing and externalizing symptoms across development. These trajectories are associated with higher levels of psychosocial impairment and poorer mental health outcomes (Bista et al., 2025).

CONCEPTUAL AND THEORITICAL REVIEW

Understanding sex and gender is very important in the study of psychopathology because mental health outcomes are shaped not only by biological sex differences (e.g., hormonal fluctuations affecting mood regulation) but also by gender socialization processes that influence emotional expression, coping styles, and exposure to stressors.

Sex

Sex is defined by the physiological and biological aspects of an individual, which make someone biologically male or female, such as chromosomes, hormones, and reproductive anatomy. Sex is typically assigned at birth. We can be assigned as either male, female, or intersex (World Health Organization)

Gender

Gender refers to the socially constructed characteristics of women and men such as norms, roles, and relationships between groups, it varies from society to society and can be changed. Gender determines what is expected, allowed and valued in a woman or a man in each context. Gender is more about identity and how we feel about ourselves. (World Health Organization)

Psychopathology

Psychopathology refers to the study of psychological disorders, including their development, manifestation, and treatment, American Psychiatric Association. (2013). It generally has two definitions. First, it can refer to the manifestation of a mental disorder (also called a psychological disorder or various other terms). Second, the term psychopathology may refer to the scientific study of such disorders. (Gleaves, 2017). Psychopathology is not just the study of mental disorders, but the study of how psychological suffering is understood, defined, and responded to within specific social, cultural, and historical contexts.

Externalizing behaviour

Externalizing behaviour refers to grouping of behaviour that are manifested in children's outward behaviour and reflect the child negatively acting on the external environment, these

behaviours consist of disruptive, hyperactive, and aggressive behaviours (Campbell, et al 2000; Eisenberg et al., 2001), externalizing behaviours are also known as antisocial behaviours but most time the term externalizing behaviour rather than antisocial behaviour to discuss the less severe disruptive and destructive behaviour of children, especially in young children.

Internalizing behaviour

Internalizing behaviour refers to a group of emotional and behavioural patterns that are directed inward. These behaviours are characterized by inwardly directed distress such as sadness, fear, anxiety, and social withdrawal, and they often reflect difficulties in regulating emotions. Internalizing behaviours include conditions such as depression and anxiety, and may also involve symptoms like low self-esteem, excessive worry, loneliness, and somatic complaints (e.g., headaches or stomach aches without a clear medical cause). Unlike externalizing behaviours, which are more visible, internalizing behaviours can be less noticeable and therefore may go unrecognized, despite having significant impacts on a child's social, academic, and emotional development (Merikangas, et al.,2010).

THEORITICAL REVIEW

The Biological model of psychopathology highlights the role of

biological factors, such as genetics, neurochemistry, and brain structure, in the development and manifestation of mental disorders. This model suggests that abnormalities or dysfunctions in the physiological processes of the body contribute to the occurrence of psychological symptoms and disturbances. Although not attributed to a single author but with early contribution from Hippocrates and later developed by psychiatrists Emil Kraepelin, who emphasized the role of biological factors in mental illness (Falkai et al., 2026).

Biological theories see genetic predispositions, hormonal influences, and neurodevelopmental differences as contributors to differential vulnerability. An example is the fluctuations in oestrogen and progesterone been linked to mood regulation, while testosterone has been associated with aggression and risk-taking behaviours (Cahill, 2006). Although the biological theory has contributed to the understanding of psychopathology, but Critics argue that the approach is reductionist as it focuses only on biological factors and ignores psychological, environmental and social influences in contributing to differential vulnerability.

Psychological theories, of psychopathology explains mental health disorders through unconscious processes, learned behaviour, thought patterns, and social context rather

purely biological interplay. Prominent among the proponents are the psychodynamic theory of Sigmund Freud, behavioural theory by B.F Skinner and Ivan Pavlov, more recent is the cognitive-behavioural models, developed from the combine work of Aaron Becks, and Albert Ellis and B.F Skinner and Ivan Pavlov focus on the differences in emotional processing and coping strategies. Research suggests that females are more likely to engage in rumination, a repetitive focus on negative emotions, which increases vulnerability to depression, whereas males are more likely to adopt avoidant or externalizing coping mechanisms, such as substance use or aggression (Nolen-Hoeksema, 2012).

Critics of the psychological theories claim it is difficult to test scientifically, lacks empirical evidence, and is hard to measure (Hofmann, et al.,2012).

Sociocultural and gender role theories further highlight the influence of social structures and norms in shaping mental health outcomes. Gender roles influence acceptable forms of emotional expression and behaviour, often encouraging emotional sensitivity and relational orientation in females, while promoting independence, stoicism, and dominance in males (Eagly et al., 2019). These expectations not only influence how individuals experience and express distress but also affect help-seeking behaviours and access to mental health

resources. Moreover, structural inequalities, including gender-based violence, economic disparities, and discrimination, disproportionately affect women and contribute to their increased risk for certain forms of psychopathology (Hyde et al., 2019).

Given these complexities, there is a growing consensus that no single theoretical perspective can adequately explain gender differences in psychopathology. Instead, an integrative biopsychosocial approach proposed by George Engel is needed one that considers the interaction of biological predispositions, psychological processes, and sociocultural contexts across human development trajectories (Bolton, 2023).

LITERATURE REVIEW

One major challenge in studying the impact of gender in understanding development of psychopathology is that there is no one-to-one mapping of fundamental insights from neuroscience to daily clinical practice. In clinical practice, a holistic approach is ideally used to interpret, explain, and treat the problems reported by a patient. However, such approach has rarely been applied in neuroscientific studies to increase our theoretical understanding of the interaction between the brain and mental health.

An additional layer of complexity arises from methodological and

conceptual challenges in the study of gender differences in the development of psychopathologies, a school of thought has posited that existing literatures relies on binary classifications of gender, thereby excluding non-binary and transgender individuals whose experiences may differ significantly (chew et al., 2020).. Furthermore, diagnostic criteria and assessment tools may be biased toward gender-typical symptom presentations, potentially leading to underdiagnosis or misdiagnosis in certain groups. For example, depression in men may manifest as irritability or substance misuse rather than sadness, resulting in under recognition within traditional diagnostic frameworks. Women are approximately twice as likely as men to experience depression and anxiety disorders, whereas men are more likely to exhibit substance use disorders and antisocial behaviour (Nolen-Hoeksema, 2012). These disparities emerge early in development, intensify during adolescence, and persist across the lifespan.

A study by Adewuya, et al., 2018 evaluated the gender difference in current prevalence, symptoms, comorbidity, and correlates of depression in Lagos, Nigeria. A total of 11,246 adult participants (6525 females and 4712 males) in a face-to-face household survey were assessed for symptoms of depression. They were also assessed for symptoms of anxiety, somatic symptoms, alcohol and

substance use disorders, and disability. The difference between the point prevalence for symptoms of depression in females (6.3%, s.e 0.3) and males (4.4%, s.e 0.3) compared to males, females had significantly higher rates for anhedonia (OR 1.20), hypersomnia (OR 2.15), fatigue (OR 1.49), guilt/worthless feeling (OR 1.41), poor concentration (OR 1.32), psychomotor retardation (OR 1.51), and suicidal ideation (OR 1.32). However, poor appetite (OR 0.69) and comorbidity with alcohol use (OR 0.25) was significantly lower in females compared to males. The significantly higher rates for depression in females were only restricted to below 45 years and higher socioeconomic status. Even though men and women have similar prevalence of Schizophrenia, most of studies demonstrated that female onset is typically 3–5 years later than males. It is now accepted that men have a single peak age for onset which is between 21 and 25 years old and women have two peaks age of onset, one between 25 and 30 years old and another one is after 45 years old Jones, (2013).

There also exists a gender difference in the symptoms of schizophrenia, men with schizophrenia appear to have more negative symptoms and more severe clinical features than females, women with schizophrenia often present with more mood disturbance and depressive symptoms as well as affective symptoms (Rietschel, et al., 2017). This

gender differences are linked to contribution of GABAergic regulation of the anterior cingulate cortex (ACC), male schizophrenia patients expressed lower level of GABAergic genes in the

ACC compared to the controls, while GABAergic genes were higher in the female schizophrenia patients (Bristow et al., 2015).

MAJOR PSYCHOPATHOLOGIES, PREVALENCE AND AGE OF ONSET

Disorder	Higher Prevalence	Approx. Lifetime Prevalence	Typical Age of Onset (Females)	Typical Age of Onset (Males)	Key Pattern
Major Depressive Disorder	Females	F: 20–25% / M: 10–12%	13–18 years (earlier peak in adolescence)	15–25 years	Earlier onset and higher rates in females
Generalized Anxiety Disorder	Females	F: 15–30% / M: 8–15%	Early adolescence to early adulthood	Late adolescence to adulthood	Persistent female predominance
Panic Disorder	Females	F: 5–10% / M: 2–5%	15–25 years	18–30 years	More common in females
Post-Traumatic Stress Disorder (PTSD)	Females	F: 10–12% / M: 5–6%	After trauma exposure (often adolescence/adulthood)	After trauma exposure	Female vulnerability despite lower trauma exposure
Social Anxiety Disorder	Females	F: 8–15% / M: 6–12%	8–15 years	10–20 years	Slight female predominance
Substance Use Disorders	Males	F: 8–12% / M: 20–30%	18–25 years	14–20 years	Earlier onset and higher prevalence in males

Alcohol Use Disorder	Males	F: 5–10% / M: 15–25%	18–25 years	15–20 years	Strong male predominance
Cannabis Use Disorder	Males	F: 3–8% / M: 10–18%	16–22 years	14–20 years	Earlier initiation in males
Conduct Disorder	Males	F: 3–5% / M: 6–12%	12–16 years	8–14 years	Strong male predominance, early onset in males
Antisocial Personality Disorder	Males	F: 1–2% / M: 3–5%	Late adolescence–early adulthood	Late adolescence–early adulthood	Persistent male dominance
Schizophrenia	Slight male predominance (early onset)	~1% (both sexes)	25–35 years	18–25 years	Earlier onset and more severe course in males
Bipolar Disorder	Slight female predominance (Type II)	F: 2–3% / M: 1–2%	15–25 years	15–25 years	Similar onset, variation in subtype expression
Eating Disorders	Strong female predominance	F: 10–15% / M: 1–3%	12–18 years	14–20 years	Strong female bias, adolescent onset

The table above showed that:

Internalizing disorders (depression, anxiety, PTSD) are higher in females. Externalizing disorders (substance use, conduct disorder, antisocial behaviour) are consistently higher in males. Females showed earlier onset of internalizing disorders (adolescence), while Males show earlier onset of externalizing disorders (childhood early adolescence). Schizophrenia shows a unique pattern: similar prevalence but earlier onset and worse outcomes in males.

Gaps in Gender differences in developmental psychopathology

Despite extensive empirical work on gender differences in psychopathology, several important gaps limit current understanding and constrain the development of comprehensive explanatory models.

Lack of integrative theoretical models

A major limitation in the literature is the continued reliance on single-factor explanations, where biological, psychological, or sociocultural factors are studied in isolation rather than in interaction. Biological accounts emphasize genetic and hormonal influences (Cahill, 2006), while sociocultural models focus on gender roles and structural inequality (Eagly & Wood, 2012). Psychological frameworks highlight cognitive processes such as rumination and coping styles (Nolen-Hoeksema, 2012). However, relatively few studies

integrate these perspectives into a unified biopsychosocial model, leading to fragmented and sometimes competing explanations of gendered psychopathology patterns (Hyde et al., 2019).

Limited developmental (lifespan) perspective

Although studies have shown that gender differences in psychopathology often emerge during adolescence, many of these studies rely on cross-sectional designs, limiting understanding of developmental trajectories. Developmental psychopathology theory emphasizes that mental disorders emerge through dynamic interactions across time (Cicchetti et al., 2002), yet longitudinal studies explicitly examining how gender differences evolve from childhood into adulthood remain limited (Rutter, 2003). This restricts the ability to explain why gender gaps widen or narrow at different life stages.

Binary conceptualization of gender

A persistent limitation in psychiatric research is the reliance on binary gender categories (male/female). This approach excludes non-binary, transgender, and gender-diverse populations, whose mental health profiles may differ significantly due to minority stress and identity-related factors (Hyde et al., 2019). This reduces the ecological validity of findings and limits their applicability in increasingly

diverse populations.

Cultural bias and limited cross-cultural validation

Much of the evidence on gender differences in psychopathology is derived from Western, educated, industrialized, rich, and democratic (WEIRD) populations. Cross-national studies suggest that while gender differences are relatively consistent, their magnitude varies across cultural contexts (Seedat et al., 2009). However, non-Western settings remain underrepresented, limiting the generalizability of current theoretical models.

Insufficient focus on mediating mechanisms

Gender differences in prevalence of psychopathology are well documented, however, fewer studies examined the mechanisms underlying these differences, such as emotion regulation, stress exposure, and coping strategies. Evidence suggests that processes like rumination (higher in females) and behavioural avoidance or substance use (more common in males) may partially mediate gender differences in internalizing and externalizing disorders (Nolen-Hoeksema, 2012). However, these mediational pathways are not consistently tested within integrated models.

CONCLUSION

Consideration of gender differences in the development of psychopathology provides an important insight for understanding the gender-specific characterizes of the disease's onset, symptoms, and opportunity to deliver sex-specific treatments and care for patients, it will inform a more effective and gender-specific pharmacological and psychotherapeutic treatment, in the areas of drug dosage, side effects, and help-seeking behaviours. A consistent pattern has emerged across studies as females show a higher prevalence of internalizing disorders (Kessler et al., 2005; Nolen-Hoeksema, 2012). While males show a higher prevalence of externalizing, notwithstanding, important sex-linked differences still appear in age of onset, course, and functional outcomes. A key conclusion from the literature is that gender differences are statistically robust but not deterministic, thus challenging overly categorical interpretations of sex differences and supports a dimensional and developmental understanding of psychopathology. In summary, gender differences in psychopathology will be best understood through an integrative biopsychosocial-developmental model in which biological predispositions, cognitive-emotional patterns, and sociocultural environments interact dynamically across the lifespan. As this will provide a comprehensive framework for understanding how psychological disorders emerge,

evolve, and interact with developmental processes and within this framework, gender has been identified as a significant factor influencing the trajectories of psychopathology from childhood through adolescence and into adulthood.

RECOMMENDATIONS

FOR RESEARCH

- Future studies should incorporate intersectional frameworks that consider how gender interacts with ethnicity, socioeconomic status, and cultural context, a shift from reporting prevalence to investigating the mechanisms driving these differences.
- More longitudinal research targeting critical developmental periods will help in examining how biological, emotional, and social changes, contribute to the development of psychiatric disorders.
- More studies should examine how gender-role and cultural factors affect the manifestation of symptoms in different populations.
- Future studies should investigate gender-specific responses to treatment, such as differences in help-seeking

behaviours, treatment compliance, and relapse rates.

PRACTICE

- Developmental psychopathology does not emerge from the blues, they evolve through complex interactions between biological exposures, psychological characteristics, and environmental experiences across time (Cicchetti et al., 2002).
- Psychotherapy interventions should focus on psychological patterns linked to gender, focus for female should be on reduction in rumination and cognitive restructuring while those for male focus on emotional expression and impulse control strategies. Example of such intervention is the social and emotional learning (SEL) program implemented in schools to teach children essential skills to help in emotional regulation, empathy, communication, and conflict resolution. SEL programs can be adapted to address gender-specific challenges.
- Mental health professionals should consider integrative approach to treatment recognizing that gender interacts with other factors that

can shape how psychological symptoms are expressed and how individuals respond to treatment.

- Overall, gender-sensitive intervention approaches can enhance treatment effectiveness by ensuring that therapeutic strategies are aligned with the developmental and psychological experiences of both boys and girls.

POLICY ADVOCACY

There is an urgent need to develop gender-sensitive mental health programs in schools and communities. as schools represent a critical setting for educating, early detection, and referral for intervention.

- Considering the gender differences in onset school-based policies should include screen test for early dictation of at-risk children.

- The teacher training program should inculcate basic mental health and distress dictation trainings for not just school counsellors but teachers as well, lack of such training may lead to misinterpretation of behavioural problem.
- Affordable mental health interventions services should be incorporated into community-based health services expanding access and affordability for community members.
- Policies to create awareness, tackle structural and social determinants of mental health, especially stigma and discrimination is crucial now more than ever as they will significantly influence developmental trajectories, reduce vulnerability contribute positive experience as one grows through lifespan and enhance help-seeking behaviour for survivors

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