



Howard, J. A., & Gibson, M. A. (2019). Is there a link between paternity concern and female genital cutting in West Africa? *Evolution and Human Behavior*, 40(1), 1-11.
<https://doi.org/10.1016/j.evolhumbehav.2018.06.011>

Peer reviewed version

Link to published version (if available):
[10.1016/j.evolhumbehav.2018.06.011](https://doi.org/10.1016/j.evolhumbehav.2018.06.011)

[Link to publication record in Explore Bristol Research](#)
PDF-document

This is the author accepted manuscript (AAM). The final published version (version of record) is available online via Elsevier at <https://www.sciencedirect.com/science/article/pii/S1090513817303070?via%3Dihub>. Please refer to any applicable terms of use of the publisher.

University of Bristol - Explore Bristol Research

General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available: <http://www.bristol.ac.uk/pure/user-guides/explore-bristol-research/ebr-terms/>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

Title:

Is there a link between paternity concern and female genital cutting in West Africa?

Authors:

Janet A. Howard^{1*}, Mhairi A. Gibson¹

Author Affiliations:

¹ Department of Archaeology and Anthropology
University of Bristol
43 Woodland Road
Bristol BS8 1UU
United Kingdom

* Corresponding author:

Email: janet.howard@bristol.ac.uk

Competing interests

The authors have no competing interests to declare.

Word count:

7900 excluding bibliography

Accepted manuscript published:

Howard, J.A. and Gibson, M.A. (2018) Evolution and Human Behavior.

[https://www.ehbonline.org/article/S1090-5138\(17\)30307-0/fulltext](https://www.ehbonline.org/article/S1090-5138(17)30307-0/fulltext)

28 **ABSTRACT**

29 Here we explore the relationship between female genital cutting (FGC), sexual behaviour, and
30 marriage opportunities in five West African countries. Using large demographic datasets (n 72,438
31 women, 12,704 men, 10,695 couples) we explore key (but untested) assumptions of an
32 evolutionary proposal that FGC persists because it provides evolutionary fitness benefits for men
33 by reducing non-paternity rates. We identify and test three assumptions implicit in this proposal.
34 We test whether cut women have reduced extra-pair sex before or within marriage; whether FGC
35 is associated with a younger age at marriage as an indication of partner preference; and whether
36 individual and group-level indicators of paternity concern are associated with a stronger
37 preference for marriage to women with FGC.

38 Our results show that FGC status does not affect the odds of women engaging in several indicators
39 of premarital sex, however women with FGC have significantly lower odds of having more than one
40 lifetime sexual partner. We also show that women with FGC get married at a younger age which
41 supports the argument that FGC status influences women's marriage opportunities, even when it
42 does not restrict sexual activity. Finally, we find that in population groups where reported sexual
43 activity and perceived risk of women's extra-pair sex is high, men have higher odds of marrying a
44 first wife with FGC. Together, these results indicate that paternity certainty may be one of several
45 factors contributing to the persistence of FGC in this sample, and that group-level sexual norms are
46 key to maintaining the practice of FGC through the marriage market.

47

48 **KEY WORDS:** Female genital mutilation, evolutionary anthropology, sexual conflict, extra-pair sex,
49 marriage, paternity certainty.

50 1. INTRODUCTION

51 1.1 The paternity certainty theory of female genital cutting (FGC)

52 Paternity uncertainty is an evolutionary problem for men who risk investing in offspring they are not
53 genetically related to and reducing their own evolutionary fitness, if their partner engages in extra-pair
54 sexual activity. This is particularly true for men with high paternal investment (Trivers, 1972). To reduce
55 this risk, it has been argued that men use a range of so called 'anti-cuckoldry' tactics to prevent their
56 long-term partner from conceiving with another man (Geary, 2005). At the individual level these may
57 include partner preferences, 'mate guarding' (preventing loss of partner to competitors), and sexual
58 jealousy behaviours (Buss, 1989;Goetz and Shackelford, 2006). At the population level, some cultural
59 practices have also been described as mechanisms to control female sexuality and increase paternity
60 certainty. Examples include virginity testing, foot binding, female claustration, marriage to prepubertal
61 girls, and religious dogmas restricting female behaviours (Dickemann, 1981;Strassmann et al., 2012).
62 Female genital cutting (FGC) is also described as such a mechanism.

63 The idea that FGC impedes women's sexuality is consistent with some local views of FGC (Adongo et al.,
64 1998;Skaine, 2005), however Hartung was the first evolutionary scientist to suggest that FGC might
65 provide a fitness benefit for men by reducing their wives' desire for extramarital sex, and thus
66 enhancing men's paternity certainty (Hartung et al., 1976). Paternity concern is proposed as one of the
67 key drivers behind the persistence of the practice leading to a preference for marriage to women with
68 FGC, which in turn encourages families to have FGC performed on their daughters to enhance their
69 marriageability (Van Rossem and Gage, 2009;Onyishi et al., 2016). Unlike individual anti-cuckoldry
70 behaviours, it is proposed that FGC (and other similar harmful cultural practices which restrict women)
71 may be enforced indirectly by men's marriage preferences (Boyden et al., 2012;Mackie, 1996;Shell-
72 Duncan et al., 2011;Gruenbaum, 2005). Paternity certainty is not the only theory which has been put
73 forward to explain the persistence of FGC, other explanations refer to its function as a marker of group
74 identity (Wilson, 2008), female alliance formation (Shell-Duncan et al., 2011), and conformity to social

75 norms (Mackie, 1996;Hayford, 2005). Multiple factors almost certainly contribute to the persistence of
76 FGC, however, it has become widely accepted by both social scientists and policy-makers that FGC also
77 controls women's sexuality for the benefit of men (Dorkenoo, 1994;UN, 1995;Mackie and LeJeune,
78 2009;WHO, 2014;Toubia and Sharief, 2003).

79 As women's genitals are cut it seems likely that sexual control may have been a motivating factor for
80 the origin of FGC. However, the suggestion that paternity concern can explain the persistence of FGC in
81 present day communities involves a number of unproven assumptions which require scrutiny. Firstly,
82 this proposal assumes that FGC reduces women's extra-pair sex. Here extra-pair sex is defined as sexual
83 intercourse with someone other than a woman's husband or long-term partner, which can take place
84 either before or during marriage. Secondly, it assumes that there is a preference for men to marry
85 women with FGC. And thirdly, it implies that evolutionary forces are driving men (and their families)
86 with the greatest uncertainty over paternity to show a stronger preference for marriage to women with
87 FGC. Elements of this sequence have been tested in the existing literature (described in section 1.2), but
88 to our knowledge this relationship has not been addressed as a whole.

89 **1.2 Prior literature**

90 Here we only review studies relevant to FGC and paternity certainty. There is a large body of literature
91 beyond the scope of this study which explores alternative or complementary non-evolutionary
92 explanations for FGC (Shell-Duncan et al., 2011;Shell-Duncan and Hernlund, 2000;Ross et al.,
93 2016;Dorkenoo, 1994).

94 Reduced sexual desire is the crux of the paternity certainty theory of FGC. The comparative sexual
95 functioning of women with FGC has been the subject of numerous studies using a variety of indicators
96 (arousal, pain and/or orgasm during intercourse, sexual desire and frequency of intercourse) to assess
97 the impact of FGC. A systematic review of 16 studies published between 1997 and 2005 found no effect
98 of FGC reducing women's sexual function or enjoyment of sexual relations (Obermeyer, 2005). However

99 a subsequent systematic review of 15 further studies found that women with FGC were significantly
100 more likely to report painful sexual intercourse, no sexual desire and less sexual satisfaction (Berg and
101 Denison, 2012). Additional studies have found support for FGC attenuating sexual feelings (Anis et al.,
102 2012;Oyefara, 2015;Onyishi et al., 2016) while others have not (Nyairo, 2013). Qualitative ethnographic
103 studies also present contrasting accounts, with some documenting sexual enjoyment by women with
104 FGC (Lightfoot-Klein, 1989;Ahmadu, 2007;Esho et al., 2010) while others describe painful sexual
105 experiences (El Dareer, 1982;Dorkenoo, 1994;Dopico, 2007). These mixed findings may reflect varying
106 FGC severity and the methodological difficulties involved in such studies, but they also imply that FGC
107 does not necessarily reduce women's sexual function or desire.

108 Sexual desire, however, is not a prerequisite for sexual intercourse and women may engage in extra-pair
109 sex for other reasons, including being coerced. Several studies have analysed women's sexual activity in
110 relation to their FGC status, often in relation to women's sexual health or HIV/AIDS rather than from an
111 evolutionary perspective. These show no significant difference in; the incidence of premarital sex; the
112 total number of lifetime sexual partners; or the age at first sex (Odimegwu and Okemgbo,
113 2000;Okonofua et al., 2002;Msuya et al., 2002;Klouman et al., 2005a;Van Rossem and Gage,
114 2009;Smolak, 2014;Mpofu et al., 2016). The results of the few studies examining extra-pair sex during
115 marriage are mixed. One found a higher proportion of women with FGC reported extra-pair sex
116 (Oyefara, 2014), another found no significant difference (Yount and Abraham, 2007), and another found
117 that women with FGC had a significantly lower incidence of extra-pair sex although the sample size was
118 small (Onyishi et al., 2016). In summary, the majority of these studies find that FGC status is not a clear
119 predictor of reducing women's sexual activity.

120 Men's stated preferences in relation to their wife's FGC status have only been addressed to a limited
121 extent in the literature. Qualitative studies have found that women's FGC status can have an impact on
122 marriage preferences for men, although the reasons given and direction of preference vary (Adongo et
123 al., 1998;Missailidis and Gebre-Medhin, 2000;Abathun et al., 2016). Quantitative studies analysing
124 men's stated preferences using small sample sizes have also found contrasting results depending the

125 man's age, education and nationality, making it clear that context is important in determining
126 preference (Almroth et al., 2001;Sakeah et al., 2006;Gele et al., 2013). An alternative approach to
127 understanding marriage preferences is to consider age at first marriage in relation to FGC status. Earlier
128 age at marriage can be used as an indicator of preference, which is supported by the fact that male
129 fitness is enhanced by marrying a younger wife (Bereczkei and Csanaky, 1996;Fieder and Huber, 2007).
130 Two West African studies (in Guinea and Nigeria) found no significant difference in age at first marriage
131 by FGC status (Okonofua et al., 2002;Van Rossem and Gage, 2009), while a further study (in Ghana) did
132 find that women with FGC marry earlier than women without FGC (Reason, 2004). Therefore, the
133 question of whether FGC improves marriageability for women is still open.

134 Although a range of male behaviours (e.g. mate guarding, sexual jealousy) motivated by paternity
135 concern have been documented (Daly et al., 1982), individual variation in paternity concern is not well
136 understood. Studies have typically examined sex-specific displays of such behaviours to demonstrate
137 the concept of paternity concern, rather than identifying why some individual men have higher
138 paternity concern prior to marriage or conception. To our knowledge no studies have tested individual
139 variation in the expression of paternity concern through marriage preferences. Further, no studies have
140 tested the link between a man's level of paternity concern and the FGC status of his wife. Possible
141 reasons for men having higher paternity concern preceding marriage could include either their
142 perceived risk of their partner engaging in extra-pair sex and/or their anticipated paternal investment.
143 The theory of parental investment predicts that paternal investment and paternity certainty are
144 correlated (Trivers, 1972) and it follows that men who expect to invest less (time, resources, and status)
145 in their offspring should have less concern about paternity (Alvergne and Lummaa, 2014). For example,
146 less paternity concern is anticipated in matrilineal groups where males invest in their sister's offspring
147 (not their own) (Hartung, 1985;Holden et al., 2003).

148 Studies examining male mate preferences have typically tested preferences for phenotypic variation of
149 potential female partners, such as waist-hip ratio or facial symmetry as an indicators of fecundity or
150 good genes (Thornhill and Gangestad, 1999;Sorokowski et al., 2014). Only a few have considered male

151 preference for female attributes which could be associated with paternity concern. Preference for
152 certain female facial features have been suggested to be motivated by paternity concern, for example
153 neutral or recessive features which would allow the man's dominant or 'sender' features to be
154 expressed in offspring thus providing evidence of paternity (Salter, 1996;Bovet et al., 2012). In other
155 studies men have shown preference for characteristics such as faithfulness and chastity, and a dislike of
156 promiscuity and sexual experience, in selecting their long-term partner (Buss, 1989;Buss and Schmitt,
157 1993). These studies investigate mate preference, however marriage preference (which has different
158 motivating factors and does not necessarily align with mate preference) is more relevant to our
159 research question. As far as we know, no studies have addressed marriage preference in relation to
160 paternity concern.

161 **1.3 Our approach and predictions**

162 Here we identify and explore three assumptions underlying the paternity certainty theory of FGC and
163 test the extent to which these assumptions may be driving the persistence of FGC in current
164 populations. We used datasets from five countries in West Africa collected by the Demographic Health
165 Survey programme (DHS) (see Section 2.1 below). We anticipate behaviour will vary according to
166 individual circumstances, and a cross-cultural approach allows us to explore contextual variation at
167 national and ethnic group levels.

168 We test three hypotheses;

169 **1) Women with FGC are less likely to have extra-pair sex.** Women with FGC are predicted to have
170 lower incidence of several different indicators (see Table 1) of extra-pair sex compared to women
171 without FGC.

172 **2) Women with FGC marry earlier than women without FGC.** Younger age at marriage for women is
173 used as a proxy for marriage preference.

174 **3) Men with high paternity concern are more likely to marry a first wife with FGC.** Here we examine
175 the relationship between the FGC status of a man's first wife and several different individual and
176 contextual proxies for paternity concern; a) individual sexual experience and indicators of paternity
177 concern; b) the prevalence of extra-pair sexual activity within a man's community; and c) expected
178 levels of paternal investment within the man's community (matrilineal versus patrilineal groups).

179 **2. METHODS**

180 **2.1 Data and study site**

181 The Demographic Health Surveys Program (DHS) conducts surveys using nationally representative
182 population samples, collecting data on a wide range of variables concerning health, fertility, and
183 reproduction (www.dhsprogram.com) (ICF International, 2012). Women and men surveyed by the DHS
184 are 15-49 and 15-59 years old respectively. The data is intended for policy formation, programme
185 planning, monitoring and evaluation by the host country, and is also widely used by the UN and WHO.
186 The datasets are publicly available, and the large sample sizes and wealth of variables collected in a
187 comparable format across many countries also make it an excellent source of information for examining
188 our hypotheses (Corsi et al., 2012). Relevant data is collected on female genital cutting, sexual
189 experiences, marriage and socioeconomic profile. We have addressed the limitations of the data for our
190 research purposes (reporting bias and survey relevance to research question) where possible, as
191 explained in Sections 2.2-2.4.

192 For this study, countries from West Africa were selected based on the range of FGC prevalence in the
193 ethnic groups within them (1-99%) which allowed us to explore the contextual effect of FGC prevalence
194 on behaviour; Ivory Coast 2011-12, Mali 2006, Nigeria 2008, Burkina Faso 2010 and Senegal 2013.
195 Together these datasets provided data on 72,438 women, 12,704 men, and 10,695 couples where FGC
196 status was known, from 47 ethnic groups.

197 In the selected countries FGC typically takes place in infancy (75.6% of women in this sample were cut
198 by age five) and is therefore under parental control. The DHS surveys ask women if they have been

199 circumcised (translated into the local term as appropriate) and those who respond affirmatively are
200 asked what procedure was performed; 'skin nicked', 'flesh removed' or 'sewn closed'. The most
201 common FGC type in the five study countries is 'flesh removed' (69.1% of women with FGC) (SI Table 1).
202 Where FGC type is used in our statistical analysis, women are classified by the most severe procedure
203 that they responded affirmatively to, excluding those who did not respond to the procedure-type
204 question.

205 The DHS treats cohabitation and marriage equivalently. Respondents are asked if they are currently
206 married or living with a partner as if married, and the date of first cohabitation is coded as the date of
207 marriage. This reflects marriage practices in West Africa, where marriage is not necessarily a discrete
208 event and the order of events may vary; a union may be preceded by cohabitation and/or
209 consummation, and the union may be unofficial until bridewealth is received by the bride's family
210 (Meekers, 1992). Most marriages are between individuals from the same ethnic group; Mali 75%,
211 Senegal 83%, Burkina Faso 92%, Nigeria 94% and Ivory Coast 96%.

212 Multilevel models were used for all statistical analysis, pooling data from the five study countries.
213 Multilevel models deal with hierarchically structured data and partition the sources of behavioural
214 variance at different levels within the model. This approach is particularly appropriate for DHS datasets
215 as ethnic group affinity has been shown to be a strong determinant of individual behaviour (Yoder and
216 Wang, 2013), and the multilevel model structure allows for this clustering at the ethnic group level.
217 Three levels were used here; individuals (n varies depending on the model), nested within ethnic groups
218 (n 47), nested within countries (n 5). All women from an identified ethnic group were included in the
219 analysis, excluding women in grouped or 'other' ethnic group categories.

220 **2.2 Methods Hypothesis 1: Women with FGC are less likely to have extra-pair sex**

221 To test whether FGC status affects incidence of women's extra-pair sexual activity, we calculated a
222 number of different indicators of extra-pair sex from variables collected by the DHS surveys; age at first
223 sex, age at first marriage, age at first birth, total lifetime number of sexual partners and the number of

224 sexual partners excluding their spouse in the preceding 12 months. Responses for sensitive subjects
225 such as sexual experiences may be subject to reporting bias. While there is no reason to believe that
226 this would vary across ethnic groups or countries, it could influence our results. We attempted to allow
227 for reporting bias in two ways; firstly, we only included data for women who were surveyed alone. The
228 DHS records the presence of others during the survey interviews and our analysis (not included here)
229 showed significantly less sexual activity was reported by women when others were present. Excluding
230 these women (n6,280) gave a sample of n65,618 women with known FGC status. Secondly, we
231 calculated 6 different indicators of extra-pair sex (Table 1) each of which allowed for different reporting
232 biases, and which also let us explore extra-pair sex by married and unmarried women.

233 Multilevel multivariate logistic regression models were used to test whether FGC status is a significant
234 predictor of these extra-pair sex indicators when controlling for socioeconomic variables which have
235 been shown to affect the prevalence of sexual activity (Okonofua et al., 2002; Van Rossem and Gage,
236 2009; Smolak, 2014; Mpofu et al., 2016). These control variables were included as appropriate in the
237 different models depending on the outcome variable; religion (Muslim/Christian or other), education
238 (none/some), residence type (urban/rural), woman's age at survey, woman's age at first marriage,
239 woman's age at first sex, descent pattern (matrilineal/patrilineal), household wealth (quintiles), and
240 marital status. Household wealth is not included in models relating to married women as this variable
241 reflects household wealth, which for married women relates to their husband rather than their natal
242 wealth.

243 To test whether more extreme forms of FGC have a greater impact on extra-pair sex we ran the same 6
244 models for the different extra-pair sex indicators but replaced FGC status (no, yes) with FGC type as
245 categorised by the DHS ('skin nicked', 'flesh removed', 'sewn closed', and 'type unknown').

246 We also performed a simple bivariate Pearson correlation to examine the relationship between the
247 prevalence of FGC and the prevalence of the extra-pair sex indicators by ethnic group. If FGC is
248 associated with reduced sexual behaviour the correlation would be negative.

249 **Table 1** Extra-pair sex indicators: calculation and sample criteria

250

| | Indicator | Sample | Calculation | Notes |
|---------------------|--|---|---|---|
| PREMARITAL | Sex before marriage | All ever-married women | Calculated from age at first marriage and first intercourse, both in whole years. | This is a conservative measure as premarital sex in the year of marriage is not identified as such. |
| | Sex 2 years + before marriage | All ever-married women | Calculated from age at first marriage and first intercourse, both in whole years. | This indicator further reduces the probability that reported intercourse before marriage was with the woman's ultimate husband and therefore not extra-pair sex. |
| | Sex before marriage | All never-married women | All never-married women who gave a date of first intercourse. | |
| | Childbirth before marriage | Unmarried women who have given birth or are pregnant, plus married women | Married women whose age at first birth was lower than age at first marriage (in months). | This indicator removes reporting bias associated with underreporting of sexual activity. However, as not every incidence of sexual intercourse results in pregnancy this will underestimate absolute levels of sexual activity. |
| EXTRAMARITAL | Sex other than husband in preceding 12 months | All women who have been married for the preceding 12 months or more. | Calculated from number of self-reported sexual partners excluding husband, in the 12 months preceding the survey. | Only 3.0% women reported extramarital sex in preceding 12 months. This is highly sensitive and most likely to be subject to underreporting bias due to social sanctions and risk of divorce. |
| GENERAL | 2 or more lifetime sexual partners | All sexually active women, excluding women who are divorced/widowed or have married more than once. | Calculated from respondents self-reported lifetime number of sexual partners. | Includes married and unmarried women. |

251

252 **2.3 Methods Hypothesis 2: Women with FGC marry earlier than women without FGC**

253 Multilevel cox (proportional hazard) regression models were performed to examine the effect of FGC
 254 status on age at first marriage. Cox regression is an event history analysis which examines the effect of
 255 different variables upon the time a specified event takes to happen. The model takes into account
 256 censoring i.e. not all individuals in the sample experience the event, which makes it preferable to a
 257 linear regression model examining age at first marriage. A hazard ratio (the exponent of the coefficient)
 258 over 1 indicates that the predictor variable is associated with a shorter time to event (Mills, 2011). In

259 our model the specified event was marriage, the time was age (in years and months), and the model
260 incorporated the marital status (married/unmarried) of women at each age. The model controlled for
261 socioeconomic variables known to affect women's age at first marriage; religion (Muslim/Christian or
262 other), age, type of residence (urban/rural) and education (none/some) (Larsen and Yan, 2000; Boyden
263 et al., 2012). The model also controlled for FGC frequency in the woman's ethnic group as the social
264 norms within the marriage group may affect marriage preferences (Howard and Gibson, 2017; Shell-
265 Duncan et al., 2011). All women with data for the control variables were included in the analysis (n
266 48,231).

267 **2.4 Methods Hypothesis 3: Men with high paternity concern are more likely to marry a first wife with** 268 **FGC**

269 Multilevel multivariate logistic regression analysis was used to test this hypothesis in which the outcome
270 variable of interest is the FGC status of a man's first/only wife, and indicators of paternity concern were
271 included in the model in addition to control variables. The DHS survey does not include direct questions
272 about men's paternity concern, therefore we systematically reviewed all available variables to identify
273 those which could be used to create individual-level and ethnic group-level proxies for paternity
274 concern. Previous studies have shown that group-level norms are important determinants of behaviour
275 (Howard and Gibson, 2017). Individual-level proxies include factors which prevent men from 'mate-
276 guarding' (absent ever, and absent for more than one month during the 12 months preceding the
277 survey), whether the man is polygamous, and the man's personal sexual experience (incidence of
278 premarital sex, and lifetime number of sexual partners) which could influence his assessment of
279 women's sexual activity. Ethnic group-level proxies concern sexual activity by men and women within
280 the man's ethnic group; prevalence of premarital sex and extra-marital sex, and the average number of
281 lifetime sexual partners. These indicators were calculated from the wider population, and varied
282 substantially between ethnic groups (SI Table 2). As the individual and ethnic group-level proxies are
283 confounded, several models were performed adding each experimental variable separately to the
284 control variables.

285 To remove differences in marriage preference which may be due to wife rank in polygamous or second
286 marriages, only couples comprising a man and his first wife (whose FGC status is known) were included
287 in the analysis. This gave a sample of 10,693 couples across the five countries. The probability of
288 marriage to a woman with FGC is highly correlated with the FGC prevalence in a man's ethnic group, as
289 within ethnic group marriages are predominant (see 2.1 above). The multilevel model allowed FGC
290 prevalence at the ethnic group level to be controlled for as a level 2 contextual variable. Additionally the
291 multilevel model controlled for individual male variables; age at survey, age at marriage, wealth
292 (quintiles), education (none/some), religion (Muslim/Christian or other), and residence type
293 (urban/rural).

294 We also tested three variations of the basic multilevel model: 1) A model which only included ethnic
295 groups in which FGC prevalence ranges from 20% - 80% as marriage choices may reflect availability
296 rather than preference in groups where FGC prevalence is close to 0% or 100%. This model excluded 20
297 ethnic groups, leaving 27 ethnic groups (n 6,850); 2) A model which excluded the Ivory Coast. There are
298 a number of anomalies found in the Ivory Coast which could affect the results; the level of reported
299 sexual activity among men and women is substantially higher than in the other countries (SI Table 2),
300 and four out of the eleven ethnic groups are matrilineal (n398 out of 1081); and 3) A model with
301 matrilineal ethnic groups only, to explore expected levels of paternal investment as a proxy for paternity
302 concern. D:Place (<https://d-place.org>) was used to identify ethnic group descent pattern as this is not
303 collected by the DHS. Just 6.0% of the couples in the sample are from matrilineal groups (n 639, 7 ethnic
304 groups) with a range of FGC prevalence of 1.4% - 84.4%.

305 SPSS v23 was used for single level modelling, and MLwiN v3.01 was used for multilevel modelling.

306 **3. RESULTS**

307 **3.1 Results Hypothesis 1: Women with FGC are less likely to have extra-pair sex**

308 The multilevel logistic regression results (Table 2) show that a woman's FGC status is not a significant
309 predictor of any of the four indicators of premarital sex; sex before marriage (OR 0.937, 95%CI(0.869-
310 1.009) $p=0.081$), sex 2 years before marriage (OR 0.989, 95%CI(0.907-1.078) $p=0.951$), unmarried sex
311 (OR 1.097, 95%CI(0.985-1.222) $p=0.113$), or childbirth before marriage (OR 1.113, 95%CI(0.970-1.279)
312 $p=0.128$). Likewise, a woman's FGC status is not a significant predictor of whether a woman had extra-
313 marital sex in the preceding 12 months (OR 1.031, 95%CI (0.868-1.227) $p=0.175$). However women with
314 FGC do have significantly lower odds of having more than one sexual partner in their lifetime (OR 0.821,
315 95%CI (0.756-.0881) $p<0.000$). In all models the ethnic group level variance is significant ($p<0.000$)
316 whereas the country level variance is not. This suggests that ethnic group affinity is a stronger predictor
317 of these behavioural outcomes than country affinity.

Table 2 Multilevel multivariate logistic regression analysis investigating the odds of different extra-pair sex indicators among female respondents aged 15-49 years

319

| | PREMARITAL | | | | | | EXTRAMARITAL | | | GENERAL | | | | | | | | |
|---|----------------------------|-----------------|----------|-------------------------------------|-----------------|----------|----------------------------------|-----------------|----------|----------------------------|-----------------|----------|--------------------------------------|-----------------|----------|------------------------------------|-----------------|----------|
| | Sex before marriage | | | Sex 2 or more years before marriage | | | Unmarried women who have had sex | | | Childbirth before marriage | | | Extramarital sex during previous 12m | | | 2 or more lifetime sexual partners | | |
| Sample <i>Women with outcome:</i> | n 40,585 25.5% n 10,346 | | | n 40,585 18.5% n 7,502 | | | n 12,395 35.0% n 4,448 | | | n 41,196 7.0% n 2,915 | | | n 38,838 3.0% n 1,167 | | | n 39,164 24.2% n 9,476 | | |
| Fixed effects | OR | (95% CI) | p | OR | (95% CI) | p | OR | (95% CI) | p | OR | (95% CI) | p | OR | (95% CI) | p | OR | (95% CI) | p |
| FGC (No FGC) | 0.937 | (0.869-1.009) | 0.081 | 0.989 | (0.907-1.078) | 0.951 | 1.097 | (0.985-1.222) | 0.113 | 1.113 | (0.970-1.279) | 0.128 | 1.031 | (0.868-1.227) | 0.715 | 0.821 | (0.756-0.881) | 0.000 |
| Some education (none) | 1.179 | (1.102-1.264) | 0.000 | 1.195 | (1.103-1.295) | 0.000 | 1.153 | (1.009-1.317) | 0.047 | 1.438 | (1.273-1.623) | 0.000 | 3.497 | (3.019-4.051) | 0.000 | 2.206 | (2.035-2.390) | 0.000 |
| Rural (urban) | 0.888 | (0.835-0.943) | 0.000 | 0.954 | (0.889-1.023) | 0.191 | 0.841 | (0.743-0.951) | 0.002 | 0.788 | (0.843-1.163) | 0.899 | 0.406 | (0.355-0.465) | 0.000 | 0.634 | (0.594-0.676) | 0.000 |
| Muslim (Christian other) | 0.817 | (0.751-0.886) | 0.000 | 0.798 | (0.725-0.878) | 0.000 | 0.875 | (0.767-0.998) | 0.046 | 0.990 | (0.959-0.970) | 0.000 | 0.604 | (0.492-0.739) | 0.000 | 0.754 | (0.695-0.859) | 0.000 |
| Matrilineal (patrilineal) | 0.867 | (0.453-1.658) | 0.666 | 0.918 | (0.482-1.745) | 0.496 | 1.178 | (0.545-2.545) | 0.676 | 1.212 | (0.756-1.945) | 0.415 | 1.355 | (0.745-2.464) | 0.315 | 0.972 | (0.418-2.258) | 0.948 |
| Age at survey | 0.976 | (0.972-0.980) | 0.000 | 0.977 | (0.973-0.981) | 0.000 | 1.240 | (1.216-1.264) | 0.000 | 0.964 | (0.706-0.879) | 0.000 | 0.959 | (0.951-0.966) | 0.000 | 1.013 | (1.009-1.017) | 0.000 |
| Age at 1 st marriage | 1.290 | (1.277-1.307) | 0.000 | 1.381 | (1.359-1.403) | 0.000 | .. | .. | .. | 1.608 | (1.579-1.636) | 0.000 | 1.009 | (0.989-1.029) | 0.409 | .. | .. | .. |
| Age at 1 st intercourse | .. | .. | .. | .. | .. | .. | .. | .. | .. | 0.616 | (0.603-0.631) | 0.000 | 0.932 | (0.905-0.960) | 0.000 | 0.906 | (0.895-0.916) | 0.000 |
| Ever married (never) | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 0.623 | (0.623-0.741) | 0.000 |
| Wealth (5 point scale) | .. | .. | .. | .. | .. | .. | 0.933 | (0.890-0.978) | 0.508 | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Random effects | Variance | (S.E.) | p | Variance | (S.E.) | p | Variance | (S.E.) | p | Variance | (S.E.) | p | Variance | (S.E.) | p | Variance | (S.E.) | p |
| Ethnic group variance | 0.507 | (0.116) | 0.000 | 0.481 | (0.112) | 0.000 | 0.629 | (0.156) | 0.000 | 0.211 | (0.058) | 0.000 | 0.353 | (0.097) | 0.000 | 0.885 | (0.200) | 0.000 |
| Country variance | 0.639 | (0.439) | 0.150 | 0.821 | (0.556) | 0.140 | 1.426 | (0.956) | 0.136 | 0.273 | (0.192) | 0.155 | 0.177 | (0.145) | 0.313 | 0.641 | (0.473) | 0.175 |
| Ethnic group ICC | 13.3% | | | 12.8% | | | 16.1% | | | 6.0% | | | 11.0% | | | 21.2% | | |
| Country ICC | 23.3% | | | 20.0% | | | 30.2% | | | 7.7% | | | 15.4% | | | 16.1% | | |

320 Notes: 1) Individual sample size varies, but for all models level 2 (ethnic group) n=47, and level 3 (country) =5

321 2) See methods section 2.2, Table 1, for inclusion criteria and calculation of outcome variables for each model

322 3) The reference category is given in brackets for categorical variables

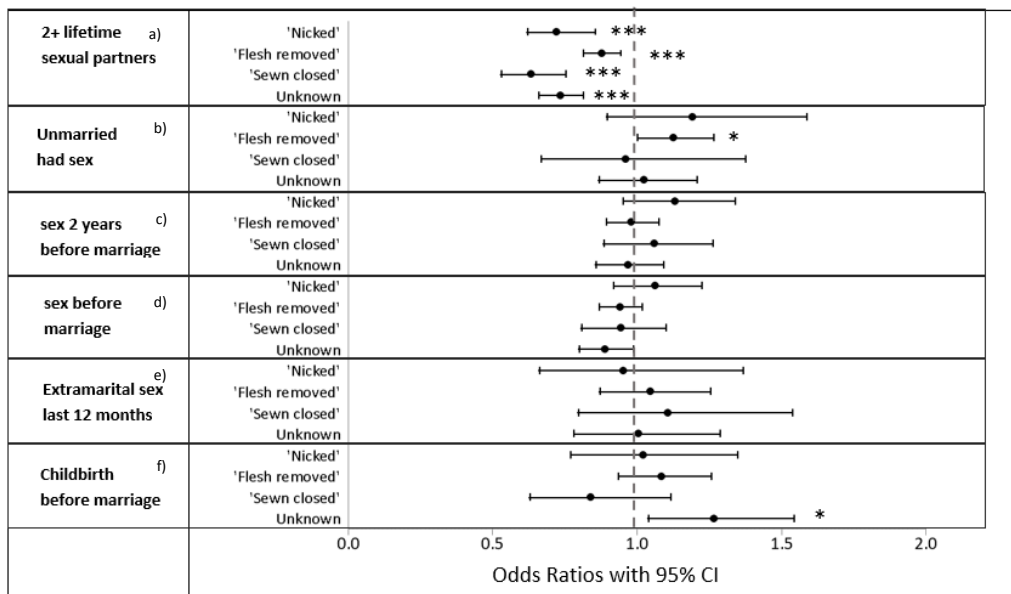
323 4) Not all predictor variables are relevant to all models, see methods section 2.2

324 5) ICC is the intra-class correlation coefficient, also known as the variance partition coefficient. This gives an measure of the variance in outcome attributable to the different levels in the

325 model. The remaining unexplained variation is due to individual-level factors.

326 The models examining effect of FGC type showed that FGC type is not a strong differentiator of most
 327 indicators of extra-pair sex (Figure 1, full model shown in SI Table 3). Women with all types of FGC have
 328 significantly lower odds of having more than one lifetime sexual partner compared to women without
 329 FGC and women who are 'sewn closed' have the lowest odds ('nicked' OR 0.720, 95%CI(0.620-.0855)
 330 p<0.000, 'flesh removed' OR 0.875, 95%CI(0.813-0.943) p<0.000, 'sewn' OR 0.631, 95%CI(0.528- 0.75)
 331 p<0.000 and unknown OR 0.732, 95%CI(0.660-0.812) p<0.000). The other indicators of sexual activity
 332 show no significant difference between women with different FGC types, with just two exceptions;
 333 unmarried women with 'flesh removed' have higher odds of having had sex (OR 1.125, 95%CI(1.000-
 334 1.266) p=0.050) and women with unknown FGC type have higher odds of birth before marriage (OR
 335 1.265, 95%CI(1.038-1.542) p=0.019).

336 **Figure 1** Odds ratio plot with 95% confidence intervals showing the results of multilevel multivariate logistic
 337 regression results examining effect of FGC type on different indicators of extra-pair sexual activity



338 *** p<0.001, ** p <0.001, * p<0.05
 339 Sample sizes: a) 40,585 b) 40,585 c) 12,395 d) 41,996 e) 38,838 f) 39,164
 340 Odds ratios shown are compared to reference category of No FGC
 341 Full models see SI Table 3
 342
 343

344 Bivariate Pearson's correlation was used to examine the relationship between the prevalence of FGC
 345 and the prevalence of extra-pair sexual activity by women at the ethnic group level (n 47). The results
 346 show that there is a small but significant negative correlation for all three indicators i.e. with higher

347 prevalence of FGC in the ethnic group, the proportion of women engaging in extra-pair sex decreases
 348 (premarital sex $r=-0.316$, $p=0.031$, extramarital sex: $r=-0.373$, $p=0.010$, average number of sexual
 349 partners: $r=-0.379$, $p=0.009$). Analysis by country shows that the correlations are not significant in Mali,
 350 Senegal, Nigeria and Burkina Faso and that the overall result is being driven by the significant negative
 351 correlations in Ivory Coast ethnic groups (n 11) for all three indicators (SI Table 4).

352 3.2 Results Hypothesis 2: Women with FGC marry earlier than women without FGC

353 The Cox regression model results show that women with FGC are at a significantly higher hazard for first
 354 marriage i.e. married earlier, than women without FGC after controlling for socioeconomic variables and
 355 FGC prevalence (HR 1.113, 95%CI (1.085-1.142) $p<0.000$). Women with FGC have an 11.3% higher
 356 hazard of being married at every age than women without FGC, when keeping the control variables
 357 constant. The country and ethnic group variance in age at first marriage are very low, indicating that the
 358 majority of the variance is explained by individual-level variables. (See Table 3)

359 **Table 3** Multilevel cox regression hazard model predicting age at first marriage for women aged 15-49 years

| CONTROLS | B | S.E. | HR | 95% CI | p value |
|---|--------|-------|-------|-------------|---------|
| Fixed effects | | | | | |
| FGC (No FGC) | 0.107 | 0.013 | 1.113 | 1.085 1.142 | 0.000 |
| Age at survey | -0.292 | 0.001 | 0.971 | 0.745 0.748 | 0.000 |
| Religion (<u>other religion</u> /Muslim) | 0.117 | 0.015 | 1.125 | 1.092 1.158 | 0.000 |
| Rural (<u>urban</u> /rural) | 0.238 | 0.011 | 1.269 | 1.242 1.296 | 0.000 |
| Education (<u>none</u> /some) | -0.363 | 0.012 | 0.696 | 0.679 0.712 | 0.134 |
| Contextual variables | | | | | |
| Ethnic FGC% | -0.152 | 0.141 | 0.859 | 0.652 1.132 | 0.280 |
| Random effects | | | | | |
| Ethnic group variance | 0.064 | 0.259 | | | |
| Country variance | 0.031 | 0.175 | | | |
| Ethnic group ICC | | 1.9% | | | |
| Country ICC | | 0.1% | | | |

360 Individuals (n 42,381), Ethnic group (n 47), Countries (n 5)
 361 (Reference categories for categorical variables are underlined)

362

363

364 **3.3 Results Hypothesis 3: Men with high paternity concern are more likely to marry a first wife with**
365 **FGC**

366 The multilevel level logistic model results (Table 4) show that most individual-level proxies for paternity
367 concern do not have a significant association with the FGC status of a man's first wife (Models 1-5), after
368 controlling for individual SES variables and ethnic FGC prevalence. The exception is sex before marriage
369 (Model 3) which is associated with higher odds of having a wife with FGC (OR 1.135, 95%CI (1.000-
370 1.290) $p=0.026$). However, the ethnic group-level proxies of sexual activity by men and women all have
371 a strong positive significant effect on the odds of a man having a wife with FGC (Models 6-11). Models 6
372 and 7 show that with every increase in the average number of sexual partners by women in the ethnic
373 group the odds of having a wife with FGC increases by 81%, and for men the odds increase by 10%.
374 Models 8-11 show the effect of prevalence of premarital and extramarital sex by men and women
375 within the group. The results shown are for 1% prevalence, so to apply this to any individual ethnic
376 group the results must be multiplied by the actual ethnic group prevalence of the behaviour (See SI
377 Table 3). For example, in an ethnic group where 50% of men have had premarital sex (Model 8), the
378 odds of a man in that ethnic group having a first wife with FGC is 1.822 ($\exp(0.012 \times 50)$ or 82.2% higher.

379 The prevalence of extramarital sex within the ethnic group has a stronger effect (men OR 1.031,
380 95%CI(1.015-1.048) $p<0.000$; women OR 1.034, 95%CI(1.013-1.054) $p<0.000$) than the prevalence of
381 premarital sex (men OR 1.013, 95%CI(1.002-1.022) $p=0.006$; women OR 1.015, 95%CI(1.005-1.025)
382 $p=0.001$), although the prevalence of either behaviour among men or women in the ethnic group has a
383 similar effect. However, the average number of sexual partners by women compared to men in the
384 ethnic group has a much larger effect (men OR 1.100, 95%CI (1.042-1.163) $p=0.001$; women OR 1.813,
385 95%CI (1.302-2.525) $p,0.000$).

386

387

388 **Table 4** Results of multilevel logistic regression models examining variables associated with the FGC status of a
 389 man’s first wife; experimental variables were added to the control variables in separate models.

| CONTROLS | | B | S.E. | OR | 95% CI | p value |
|---|-----------|--------|-------|-------|----------------|---------|
| Individual Male SES variables | | | | | | |
| Age | | 0.022 | 0.003 | 1.022 | (1.016-1.028) | 0.000 |
| Religion (<u>other religion</u> /Muslim) | | 0.655 | 0.078 | 1.873 | (1.652-2.243) | 0.000 |
| Rural (<u>urban</u> /rural) | | 0.145 | 0.071 | 1.161 | (1.006-1.329) | 0.039 |
| Age at marriage | | -0.019 | 0.005 | 0.981 | (0.972-0.991) | 0.000 |
| Education (<u>none</u> /some) | | -0.112 | 0.070 | 0.903 | (0.779-1.026) | 0.134 |
| Wealth (increasing 5 point scale) | | -0.140 | 0.027 | 0.873 | (0.825-0.917) | 0.000 |
| Polygamous (<u>no</u> /yes) | | 0.039 | 0.074 | 1.037 | (0.899-1.202) | 0.625 |
| Contextual variables | | | | | | |
| Ethnic FGC% | | 0.059 | 0.003 | 1.060 | (1.055-1.067) | 0.000 |
| EXPERIMENTAL VARIABLES | | | | | | |
| Proxies for paternity concern: Individual male variables (level 1) | | | | | | |
| Model 1. Away last 12 months (<u>no</u> /yes) | | 0.037 | 0.059 | 1.037 | (0.924-1.165) | 0.211 |
| Model 2. Away for 1m+ (<u>no</u> /yes) | | 0.097 | 0.078 | 1.101 | (0.946-1.284) | 0.639 |
| Model 3. Premarital sex (<u>no</u> /yes) | | 0.127 | 0.065 | 1.135 | (1.000-1.290) | 0.026 |
| Model 4. Extramarital sex (<u>no</u> /yes) | | 0.082 | 0.105 | 1.085 | (0.884-1.333) | 0.432 |
| Model 5. No. sexual partners in lifetime | | 0.001 | 0.003 | 1.001 | (0.995-1.007) | 0.629 |
| Proxies for paternity concern: Ethnic group variables (level 2) | | | | | | |
| Model 6. Av. no. sexual partners (men) | 2.3 - 9.1 | 0.096 | 0.028 | 1.100 | (1.042 -1.163) | 0.001 |
| Model 7. Av. no. sexual partners (women) | 1.2 - 3.9 | 0.595 | 0.169 | 1.813 | (1.302-2.525) | 0.000 |
| Model 8. Premarital sex % (men) | 12-93% | 0.012 | 0.005 | 1.013 | (1.002-1.022) | 0.006 |
| Model 9. Premarital sex % (women) | 0-71% | 0.015 | 0.005 | 1.015 | (1.005-1.025) | 0.001 |
| Model 10. Extramarital sex % (men) | 1-59% | 0.031 | 0.008 | 1.031 | (1.015-1.048) | 0.000 |
| Model 11. Extramarital sex % (women) | 1-35% | 0.033 | 0.010 | 1.034 | (1.013-1.054) | 0.000 |

390 **Notes:**
 391 1) Level 3: Country n 5, Level 2: Ethnic group n 47, Level 1: Couples n 10,695
 392 2) The experimental variables were added separately to the model in addition to the control variables; the effects shown above
 393 are individual not cumulative. The significance of the control variables did not change with the addition of any of the
 394 experimental variables, the results shown here are for the control variables alone.
 395 3) Sexual behaviour by ethnic group are shown in detail in SI Table 2.
 396 4) Reference categories for categorical variables are underlined

397 The variations to the basic multilevel models tested were as follows; the models which only included
 398 ethnic groups where the FGC prevalence ranged from 20-80% showed the same pattern of results as
 399 Table 4 with almost no difference in effect size or significance (SI Table 5); excluding individuals from
 400 Ivory Coast from the model also made no difference to the effect size or significance. However, the
 401 model which only included matrilineal groups showed that most ethnic group proxies of sexual activity
 402 had a smaller and non-significant effect on the odds of a man marrying a wife with FGC than in the full

403 model, and only premarital sex % (men) (OR 1.077, 95%CI (1.046-1.109) $p < 0.001$) is a significant
404 predictor of men from matrilineal groups having a wife with FGC (SI Table 6).

405 **4. DISCUSSION**

406 **4.1 Hypothesis 1: Women with FGC are less likely to have extra-pair sex**

407 Our results do not support the hypothesis that FGC reduces extra-pair sex uniformly, rather they reveal
408 how FGC status is associated with different indicators of extra-pair sex. Women with FGC do not have
409 lower odds of engaging in premarital sex or extramarital sex than women without FGC. These findings
410 are in line with previous studies (Odimegwu and Okemgbo, 2000; Okonofua et al., 2002; Msuya et al.,
411 2002; Klouman et al., 2005b; Yount and Abraham, 2007; Van Rossem and Gage, 2009; Smolak,
412 2014; Mpofu et al., 2016). Further, we do not find that increasing severity of FGC significantly reduces
413 the odds of women having premarital or extramarital sex. This novel finding contrasts with commonly
414 held views, in particular, that infibulation prevents premarital sexual activity e.g. (Mackie, 1996).

415 However, women with all types of FGC are significantly less likely to report having had more than one
416 sexual partner in their lifetime. The contrast of this result with the premarital and extramarital
417 indicators is open to interpretation. One possibility is that families in which FGC is practiced have
418 cultural norms which permit premarital sex (particularly if with a potential future husband) but
419 discourage sex with multiple partners. Our results show that FGC status does not affect the incidence of
420 premarital sex, which therefore suggests that differences in sexual activity between women
421 with/without FGC are due to socially learned attitudes to sex rather than physiological consequences of
422 the FGC procedure. Under this interpretation FGC does not predictably inhibit sexual function, but does
423 covary with marital fidelity.

424 In view of our findings that FGC status does not predict women's premarital sexual behaviour, it is
425 interesting that the opposite perception is widespread locally and among policy makers (UNICEF,
426 2013; Adongo et al., 1998; Skaine, 2005; Mackie, 1996). In four of the study countries (Mali, Nigeria,

427 Burkina Faso and Ivory Coast) the DHS survey also collected opinions about FGC, showing that 4 – 24%
428 of men agreed that FGC prevents premarital sex compared to 4 – 13% of women (SI Figures 1a & 1b). In
429 Mali and Nigeria data is available which allows comparison of the actual incidence of women’s
430 premarital sex with men’s opinion that FGC prevents premarital sex, by ethnic group. Our analyses
431 indicate that men’s perceptions are not aligned with actual incidence (i.e. it is not the case that more
432 men think FGC prevents premarital sex in ethnic groups where fewer women with FGC have premarital
433 sex) (SI Figure 2). However, perceived risk of infidelity may be more important than women’s actual
434 behaviour in determining marriage preferences.

435 **4.2 Hypothesis 2: Women with FGC marry earlier than women without FGC**

436 The Cox regression results confirmed the hypothesis and showed that after controlling for ethnic FGC
437 prevalence and socioeconomic profile, women with FGC have a significantly higher hazard of marrying
438 at a younger age than women without FGC. These results lend support to the idea that women with
439 FGC may be preferred as marriage partners (Sakeah et al., 2006; Kaplan et al., 2013). The positive effect
440 of a woman’s FGC status means that even in ethnic groups where having FGC is not the norm (i.e. where
441 you wouldn’t expect women with FGC to be preferred) women with FGC get married earlier.

442 It has been shown that publicly stated opinions regarding FGC may understate true levels of support for
443 the practice (Gibson et al., in press). This may explain the difference between men’s higher support for
444 FGC abandonment described in the literature (Varol et al., 2015) (and see SI Figure 1b), and the results
445 found here which seem to indicate a preference for marriage to women with FGC. The FGC status of
446 men’s wives is likely to be a better measure of their views on FGC than hypothetical data on attitudes to
447 FGC typically recorded in surveys.

448 Marrying a woman with FGC and marrying a younger woman have both been linked to paternity
449 concern, as both factors theoretically increase the chances that a woman will not have had sex at
450 marriage (Hartung, 1985; Voland, 1998). Men with high concern about paternity may be reducing their
451 risk by marrying a younger woman who also has FGC. However, these marriage preferences may also be

452 motivated by the wife's reproductive potential. Starting reproduction at a younger age increases a
453 woman's fitness (Allal et al., 2004), and women with FGC have been shown to have higher evolutionary
454 fitness (Gruenbaum, 2000;Reason, 2004).

455 **4.3 Hypothesis 3: Men with high paternity concern are more likely to marry a first wife with FGC**

456 Using multilevel logistic models we examine how proxies for paternity concern at individual and group-
457 level affect the odds of a man's first wife having FGC. Few of the individual-level proxies for paternity
458 concern (absence from home, polygamy, men's own sexual activity) had a significant impact on the FGC
459 status of a man's first wife in the model. This may be because the proxy variables used are not reliable
460 indicators of pre-conceptual paternity concern (e.g. level of absence from home may have changed
461 since marriage) but may also reflect that a man's own sexual activity is not a cue for paternity concern.

462 The ethnic group-level contextual proxies for paternity concern show a very strong positive association
463 with the FGC status of a man's first wife, while holding FGC prevalence in the ethnic group constant.
464 These results suggest that men are responding to the levels of sexual activity within their ethnic group,
465 and where the risk of a man's partner engaging in extra-pair sex appears higher, men are more likely to
466 marry a first wife with FGC. The stronger effect of the prevalence of extramarital compared to
467 premarital sex within the ethnic group provides further support that men are responding to the higher
468 risk of extra-pair sex during marriage. In addition, the stronger effect of women's average number of
469 sexual partners compared to men's supports the paternity certainty hypothesis. Restricting our sample
470 to matrilineal groups, we find few of the ethnic group-level sexual activity indicators have a significant
471 impact on the odds of men having a wife with FGC (SI Table 6). This supports the prediction that
472 paternity concern (or lack of it, as is believed to be the case in matrilineal societies (Holden et al., 2003))
473 may affect men's marriage choices.

474 Our findings are consistent with behaviour predicted by the paternity certainty theory, however,
475 whether these marriage choices result in higher evolutionary fitness is unknown. Here we used self-
476 reported extra-pair sexual activity to gauge the risk of misplaced paternal investment, however DNA

477 testing would be required to establish whether non-paternity rates are any different for men whose
478 wives have FGC. To accommodate for the possibility that self-reported sexual activity levels may be
479 inaccurate, we used three different indicators of group sexual activity, which are calculated from a
480 number of data points for both men and women (Dare and Cleland, 1994; Nnko et al., 2004). However,
481 men's perceptions of sexual activity within the marriage pool may be more important than the reality in
482 their assessment of the risk of extra-pair sex. If men are over-reporting their sexual activity levels to
483 survey interviewers, it is possible they are doing the same when talking with their peers.

484 While the results here suggest that men are making context-dependent marriage choices potentially
485 motivated by paternity concern, in reality women are making choices too and many factors not covered
486 by the DHS surveys influence the negotiations and economics of marriage. For example, bridewealth
487 payments at marriage (from the groom to the bride's family) are common in West Africa, and may
488 influence support for FGC (Groszngate, 1988; Hampshire and Smith, 2001; Mondain et al., 2007; Calv et
489 al., 2007). The relationship between FGC status and bridewealth negotiations is not well understood,
490 and has only been the subject of a few studies; finding that bridewealth payments can be dependent on
491 a woman having FGC, or that bridewealth can be of higher value if the bride has FGC (Shell-Duncan et
492 al., 2000; Apostolou, 2008). Likewise, family involvement is very important in West Africa where
493 marriages are often arranged by the couples' parents or relatives (Mair, 2013). Cross-cultural studies
494 have shown that parental rather than individual choice can be more influential in partner selection
495 (Apostolou, 2008). This wider network of individuals involved in partner choice may result in competing
496 evolutionary drivers. Parents' marriage preferences will often be aligned with their offsprings', but they
497 may diverge, for example due to marital residence patterns or family composition (Trivers, 1974).

498 Alternative explanations for the marital preferences for men tested in Hypothesis 2 and 3 could include
499 some phenotypic variation associated with FGC status which influence women's age at marriage and/or
500 opportunity for marriage, but which are not captured in the data. One example could be religiosity; we
501 have controlled for religious group, but not for variation in piety or devoutness. Likewise, men and their
502 families may be selecting women for marriage based on some cultural trait which confounds with FGC

503 status (e.g. using FGC as a cultural indicator of fidelity as suggested by results testing Hypothesis 1,
504 section 3.1).

505 **5. CONCLUSION**

506 In this study DHS datasets from five West African countries were used to test the often-stated yet
507 unproven theory that paternity certainty is driving the persistence of FGC. This assumes that FGC
508 impairs women's sexual function and reduces the probability of women having extra-pair sex, which in
509 turn leads men to prefer marriage to women with FGC, particularly men with higher paternity concern.
510 Support was found for some but not all the assumptions tested. In our sample, having FGC does not
511 reduce the odds of women having premarital extra-pair sex, although it does reduce the odds of women
512 having more than one lifetime sexual partner. We find that women with FGC get married at a younger
513 age, which may be an indicator of marriage preferences for men. The strongest support for the
514 paternity certainty theory comes from the multilevel model results examining the odds of marrying a
515 woman with FGC. This shows that men living in ethnic groups with higher levels of reported extra-pair
516 sexual activity (and potentially a higher risk of unknowingly raising another man's offspring), have
517 greater odds of marrying a first wife with FGC. This suggests that marriage choices made by men and
518 their kin are context-dependent and may be influenced by sexual norms of the group in which they live.

519 While we do not find that FGC is universally associated with reduced extra-pair sex for women, our
520 results suggest that FGC status does improve women's marriage opportunities, particularly where the
521 incidence of extra-pair sex is higher. This apparent disparity raises some interesting questions. If
522 marriage preferences for men are based on inaccurate beliefs that FGC increases women's sexual
523 fidelity, why or how are these incorrect perceptions perpetuated? If FGC is a cultural marker signalling
524 sexual fidelity, either to potential marriage partners or to other women as a sign of non-competition,
525 this could be advantageous for women (Wilson, 2008). The disparities we have identified challenge
526 whether paternity concern is the only explanation for the marriage preferences found here. It is

527 possible that some behavioural or phenotypic characteristic not captured in our analysis such as
528 religiosity or social status, which varies with FGC status, may better explain these results.

529 A further element of the paternity certainty theory of FGC (not tested here) is that marriage preferences
530 of men (and their patri-kin) encourage families to have their daughters cut which indirectly perpetuates
531 the practice. In contexts where women's socioeconomic security is often dependent on marriage,
532 parents are motivated to ensure that their daughters attract marriage partners. In addition to enhanced
533 marriageability, we speculate that FGC could also enhance women's reproductive success. If men are
534 more convinced of their own paternity when married to women with FGC, they may invest more in their
535 offspring. This extra investment could improve offspring survival, as would a lower incidence of child
536 abuse, neglect and mortality which is also associated with higher paternity confidence (Daly et al.,
537 1982). This potential for enhanced reproductive success for women with FGC may be part of the
538 functional explanation for parental decisions over having FGC performed on their daughters (Tinbergen,
539 1963).

540 There are multiple documented reasons for having FGC performed, which at the proximate level include
541 social acceptance, cleanliness, tradition and religion (Shell-Duncan, 2004). Previously, it has been shown
542 how cultural and evolutionary forces may combine to influence the popularity of the practice (Howard
543 and Gibson, 2017). Here we demonstrate the importance of FGC for women's marriage opportunities,
544 most notably in contexts where the risk of extra-pair sex is higher. The results suggest that paternity
545 certainty cannot be ruled out as a factor contributing to the maintenance of female genital cutting in
546 these five West African countries.

547 **Data availability**

548 The data associated with this research are available at [[https://dhsprogram.com/data/available-](https://dhsprogram.com/data/available-datasets.cfm)
549 [datasets.cfm](https://dhsprogram.com/data/available-datasets.cfm)].

550 **Funding sources**

551 This research did not receive any specific grant from funding agencies in the public, commercial, or not-
552 for-profit sectors.

553 **BIBLIOGRAPHY**

- 554 ABATHUN, A. D., SUNDBY, J. & GELE, A. A. 2016. Attitude toward female genital mutilation among
555 Somali and Harari people, Eastern Ethiopia. *International Journal of Women's Health*, 8, 557-
556 569.
- 557 ADONGO, P., AKEONGO, P., BINKA, F. & MBACKÉ, C. 1998. Female genital mutilation: socio-cultural
558 factors that influence the practice in Kassena-Nankana district Ghana. *African Journal of*
559 *Reproductive Health*, 2, 25-36.
- 560 AHMADU, F. 2007. Ain't I a Woman Too? Challenging Myths of Sexual Dysfunction in Circumcised
561 Women'. *Transcultural bodies: Female genital cutting in global context*, 278-310.
- 562 ALLAL, N., SEAR, R., PRENTICE, A. M. & MACE, R. 2004. An evolutionary model of stature, age at first
563 birth and reproductive success in Gambian women. *Proceedings of the Royal Society of London.*
564 *Series B: Biological Sciences*, 271, 465-470.
- 565 ALMROTH, L., ALMROTH-BERGGREN, V., HASSANEIN, O. M., AL-SAID, S. S. E., HASAN, S. S. A., LITHELL, U.
566 B. & BERGSTROM, S. 2001. Male complications of female genital mutilation. *Social Science &*
567 *Medicine*, 53, 1455-1460.
- 568 ALVERGNE, A. & LUMMAA, V. 2014. Ecological variation in wealth-fertility relationships in Mongolia: the
569 'central theoretical problem of sociobiology' not a problem after all? *Proceedings of the Royal*
570 *Society B-Biological Sciences*, 281.
- 571 ANIS, T. H., ABOUL GHEIT, S., AWAD, H. H. & SAIED, H. S. 2012. Effects of female genital cutting on the
572 sexual function of Egyptian women. A cross-sectional study. *The journal of sexual medicine*, 9,
573 2682-2692.
- 574 APOSTOLOU, M. 2008. Bridewealth and brideservice as instruments of parental choice. *Journal of Social,*
575 *Evolutionary, and Cultural Psychology*, 2, 89-102.
- 576 BEREZKEI, T. & CSANAKY, A. 1996. Mate choice, marital success, and reproduction in a modern society.
577 *Ethology and Sociobiology*, 17, 17-35.
- 578 BERG, R. C. & DENISON, E. 2012. Does Female Genital Mutilation/Cutting (FGM/C) Affect Women's
579 Sexual Functioning? A Systematic Review of the Sexual Consequences of FGM/C. *Sexuality*
580 *Research and Social Policy*, 9, 41-56.
- 581 BOVET, J., BARTHES, J., DURAND, V., RAYMOND, M. & ALVERGNE, A. 2012. Men's Preference for
582 Women's Facial Features: Testing Homogamy and the Paternity Uncertainty Hypothesis. *Plos*
583 *One*, 7.
- 584 BOYDEN, J., PANKHURST, A. & TAFERE, Y. 2012. Child protection and harmful traditional practices:
585 female early marriage and genital modification in Ethiopia. *Development in Practice*, 22, 510-
586 522.
- 587 BUSS, D. M. 1989. Sex differences in human mate preferences: Evolutionary hypotheses tested in 37
588 cultures. *Behavioral and brain sciences*, 12, 1-14.
- 589 BUSS, D. M. & SCHMITT, D. P. 1993. Sexual strategies theory: an evolutionary perspective on human
590 mating. *Psychological review*, 100, 204.
- 591 CALV, XE, S, A.-E., LE & DEPLEDGE, R. 2007. Too Poor to Marry? Urban Employment Crisis and Men's
592 First Entry into Union in Burkina Faso. *Population (English Edition, 2002-)*, 62, 293-311.
- 593 CORSI, D. J., NEUMAN, M., FINLAY, J. E. & SUBRAMANIAN, S. V. 2012. Demographic and health surveys:
594 a profile. 41, 1602-1613.
- 595 DALY, M., WILSON, M. & WEGHORST, S. J. 1982. Male sexual jealousy. *Ethology and Sociobiology*, 3, 11-
596 27.
- 597 DARE, O. & CLELAND, J. G. 1994. Reliability and validity of survey data on sexual behaviour. *Health*
598 *Transition Review*, 93-110.

- 599 DICKEMANN, M. 1981. Paternal confidence and dowry competition: A biocultural analysis of purdah.
600 *Natural selection and social behavior*, 417-438.
- 601 DOPICO, M. 2007. Infibulation and the orgasm puzzle: Sexual experiences of infibulated Eritrean women
602 in rural Eritrea and Melbourne, Australia. In: HERNLUND, Y. & SHELL-DUNCAN, B. (eds.)
603 *Transcultural Bodies: Female genital cutting in global context*. New Jersey, USA: Rutgers
604 University Press.
- 605 DORKENOO, E. 1994. Cutting the rose. *Female Genital Mutilation: The Practice and its Prevention*,
606 *Minority Rights Group Publications, London*.
- 607 EL DAREER, A. (1982) *Woman, why do you weep? Circumcision and its consequences*, 57 Caledonian
608 Road, London N1 9DN, UK; Zed Press.
- 609 ESHO, T., ENZLIN, P., VAN WOLPUTTE, S. & TEMMERMAN, M. 2010. Female genital cutting and sexual
610 function: in search of an alternate theoretical model. *African Identities*, 8, 221-235.
- 611 FIEDER, M. & HUBER, S. 2007. Parental age difference and offspring count in humans. *Biology Letters*, 3,
612 689-691.
- 613 GEARY, D. C. 2005. Evolution of paternal investment. In: BUSS, D. M. (ed.) *The handbook of evolutionary*
614 *psychology*. Hoboken, NJ: John Wiley & Sons.
- 615 GELE, A. A., BØ, B. P. & SUNDBY, J. 2013. Have we made progress in Somalia after 30 years of
616 interventions? Attitudes toward female circumcision among people in the Hargeisa district.
617 *BMC Research Notes*, 6, 122.
- 618 GIBSON, M. A., GURMU, E., RODRIGUEZ, B. C. & GARCIA, M. D. L. M. R. in press. Indirect questioning
619 methods reveal hidden support for female genital cutting and variation in intentions. *Plos One*.
- 620 GOETZ, A. T. & SHACKELFORD, T. K. 2006. Sexual coercion and forced in-pair copulation as anti-
621 cuckoldry tactics in humans. In: PLATEK, S. M. & SHACKELFORD, T. K. (eds.) *Female Infidelity and*
622 *Paternal Uncertainty*. Cambridge, United Kingdom: Cambridge University Press.
- 623 GROSZNGATE, M. 1988. MONETIZATION OF BRIDEWEALTH AND THE ABANDONMENT OF KIN ROADS TO
624 MARRIAGE IN SANA, MALI. *American Ethnologist*, 15, 501-514.
- 625 GRUENBAUM, E. 2000. Is female "circumcision" a maladaptive cultural pattern. *Female "circumcision" in*
626 *Africa: Culture, controversy, and change*, 41-54.
- 627 GRUENBAUM, E. 2005. Socio-cultural dynamics of female genital cutting: research findings, gaps, and
628 directions. *Cult Health Sex*, 7.
- 629 HAMPSHIRE, K. R. & SMITH, M. T. 2001. Consanguineous marriage among the Fulani. *Human biology*,
630 73, 597-603.
- 631 HARTUNG, J. 1985. Matrilineal inheritance: New theory and analysis. *Behavioral and Brain Sciences*, 8,
632 661-670.
- 633 HARTUNG, J., ABELSON, A. E., BASU, A., BASU, M. P., BEALS, K. L., CHIARELLI, B., CURTAIN, C. C.,
634 EDWARDS, C. R., FIX, A. G. & KOREY, K. A. 1976. On Natural Selection and the Inheritance of
635 Wealth [and Comments and Reply]. *Current Anthropology*, 17, 607-622.
- 636 HAYFORD, S. R. 2005. Conformity and Change: Community Effects on Female Genital Cutting in Kenya.
637 *Journal of Health and Social Behavior*, 46, 121-140.
- 638 HOLDEN, C. J., SEAR, R. & MACE, R. 2003. Matriliney as daughter-biased investment. *Evolution and*
639 *Human Behavior*, 24, 99-112.
- 640 HOWARD, J. A. & GIBSON, M. A. 2017. Frequency-dependent female genital cutting behaviour confers
641 evolutionary fitness benefits. *Nature Ecology & Evolution*, 1, 0049.
- 642 ICF INTERNATIONAL 2012. Demographic and Health Survey Sampling and Household Listing Manual.
643 Maryland USA: MEASURE DHS.
- 644 KAPLAN, A., CHAM, B., NJIE, L. A., SEIXAS, A., BLANCO, S. & UTZET, M. 2013. Female genital
645 mutilation/cutting: the secret world of women as seen by men. *Obstetrics and gynecology*
646 *international*, 2013.
- 647 KLOUMAN, E., MANONGI, R. & KLEPP, K. I. 2005a. Self-reported and observed female genital cutting in
648 rural Tanzania: associated demographic factors, HIV and sexually transmitted infections.
649 *Tropical Medicine & International Health*, 10, 105-115.

- 650 KLOUMAN, E., MANONGI, R. & KLEPP, K. I. 2005b. Self-reported and observed female genital cutting in
651 rural Tanzania: associated demographic factors, HIV and sexually transmitted infections.
652 *Tropical Medicine & International Health*, 10, 105-115.
- 653 LARSEN, U. & YAN, S. 2000. Does female circumcision affect infertility and fertility? A study of the
654 central African Republic, Côte d'Ivoire, and Tanzania. *Demography*, 37, 313-321.
- 655 LIGHTFOOT-KLEIN, H. 1989. The sexual experience and marital adjustment of genitally circumcised and
656 infibulated females in the Sudan. *The Journal of Sex Research*, 26, 375-392.
- 657 MACKIE, G. 1996. Ending Footbinding and Infibulation: A Convention Account. *American Sociological*
658 *Review*, 61, 999-1017.
- 659 MACKIE, G. & LEJEUNE, J. 2009. Social Dynamics of Abandonment of Harmful Practices: A New Look at
660 the Theory. *Innocenti Working Paper* No. 2009-06 ed. Florence: UNICEF Innocenti Research
661 Centre.
- 662 MAIR, L. P. (2013) *African marriage and social change*, Routledge.
- 663 MEEKERS, D. 1992. THE PROCESS OF MARRIAGE IN AFRICAN SOCIETIES - A MULTIPLE INDICATOR
664 APPROACH. *Population and Development Review*, 18, 61-78.
- 665 MILLS, M. (2011) *Introducing survival and event history analysis*, London: SAGE.
- 666 MISSAILIDIS, K. & GEBRE-MEDHIN, M. 2000. Female genital mutilation in eastern Ethiopia. *Lancet*, 356,
667 137-138.
- 668 MONDAIN, N., LEGRAND, T. & SABOURIN, P. 2007. Changing Patterns in Men's First Marriage among the
669 Sereer in Rural Senegal. *Journal of Comparative Family Studies*, 38, 627-644.
- 670 MPOFU, S., ODIMEGWU, C., DE WET, N., ADEDINI, S. & AKINYEMI, J. 2016. The relation of female
671 circumcision to sexual behavior in Kenya and Nigeria. *Women & Health*, 1-18.
- 672 MSUYA, S. E., MBIZVO, E., HUSSAIN, A., SUNDBY, J., SAM, N. E. & STRAY-PEDERSEN, B. 2002. Female
673 genital cutting in Kilimanjaro, Tanzania: changing attitudes? *Tropical Medicine & International*
674 *Health*, 7, 159-165.
- 675 NNKO, S., BOERMA, J. T., URASSA, M., MWALUKO, G. & ZABA, B. 2004. Secretive females or swaggering
676 males?: An assessment of the quality of sexual partnership reporting in rural Tanzania. *Social*
677 *science & medicine*, 59, 299-310.
- 678 NYAIRO, C. B. 2013. Female Genital Mutilation and Marital Satisfaction among Kenyan Females.
- 679 OBERMEYER, M. C. 2005. The consequences of female circumcision for health and sexuality: An update
680 on the evidence. *Culture, Health & Sexuality*, 7, 443-461.
- 681 ODIMEGWU, C. & OKEMGBO, C. 2000. Female circumcision and sexual activity:" any relationship".
682 *UNILAG Sociological Review*, 1, 159-76.
- 683 OKONOFUA, F. E., LARSEN, U., ORONSAYE, F., SNOW, R. C. & SLANGER, T. E. 2002. The association
684 between female genital cutting and correlates of sexual and gynaecological morbidity in Edo
685 State, Nigeria. 109, 1089-1096.
- 686 ONYISHI, I. E., PROKOP, P., OKAFOR, C. O. & PHAM, M. N. 2016. Female Genital Cutting Restricts
687 Sociosexuality Among the Igbo People of Southeast Nigeria. *Evolutionary Psychology*, 14.
- 688 OYEFARA, J. L. 2015. Female genital mutilation (FGM) and sexual functioning of married women in
689 Oworonshoki Community, Lagos State, Nigeria. *Etude de la Population Africaine*, 29, 1526.
- 690 OYEFARA, L. J. (2014) *Female genital mutilation (FGM) and theory of promiscuity: myths, realities and*
691 *prospects for change in Oworonshoki Community, Lagos State, Nigeria*.
- 692 REASON, L. L. 2004. The behavioral ecology of female genital cutting in Northern Ghana. In: ALVARD, M.
693 S. (ed.) *Socioeconomic Aspects of Human Behavioral Ecology*.
- 694 ROSS, C. T., STRIMLING, P., ERICKSEN, K. P., LINDENFORS, P. & MULDER, M. B. 2016. The Origins and
695 Maintenance of Female Genital Modification across Africa : Bayesian Phylogenetic Modeling of
696 Cultural Evolution under the Influence of Selection. *Hum Nat*, 27, 173-200.
- 697 SAKEAH, E., DOCTOR, H., BEKE, A. & HODGSON, A. 2006. Males' Preference for Circumcised Women in
698 Northern Ghana. *African Journal of Reproductive Health*, 10, 37-47.
- 699 SALTER, F. 1996. Carrier females and sender males: An evolutionary hypothesis linking female
700 attractiveness, family resemblance, and paternity confidence. *Ethology and Sociobiology*, 17,
701 211-220.

702 SHELL-DUNCAN, B. & HERNLUND, Y. 2000. Female "Circumcision" in Africa: Dimensions of the Practice
703 and Debates. In: SHELL-DUNCAN, B. & HERNLUND, Y. (eds.) *Female "Circumcision" in Africa:*
704 *Culture, Controversy and Change*. USA: Lynne Rienner Publishers Ltd.

705 SHELL-DUNCAN, B., OBUNGU OBIERO, W. & AUKO MURULI, L. 2000. Women Without Choices: The
706 Debate over Medicalization of Female Genital Cutting and Its impact on a Northern Kenyan
707 Community. In: SHELL-DUNCAN, B. & HERNLUND, Y. (eds.) *Female "Circumcision" in Africa*. USA:
708 Lynne Rienner Publishers.

709 SHELL-DUNCAN, B., WANDER, K., HERNLUND, Y. & MOREAU, A. 2011. Dynamics of change in the
710 practice of female genital cutting in Senegambia: Testing predictions of social convention
711 theory. *73*, 1275-1283.

712 SHELL-DUNCAN, B. A. H., YLVA (EDS.). (2004) *Female "Circumcision" in Africa: Culture, Controversy, and*
713 *Change*, Boulder, CO, and London, UK: Lynne Rienner Publishers.

714 SKAINE, R. (2005) *Female genital mutilation: Legal, cultural and medical issues*, Jefferson, North
715 Carolina: McFarland.

716 SMOLAK, A. 2014. The Association of Female Circumcision With HIV Status and Sexual Behavior in Mali:
717 A Multilevel Analysis. *Jaids-Journal of Acquired Immune Deficiency Syndromes*, 65, 597-602.

718 SOROKOWSKI, P., KOSCINSKI, K., SOROKOWSKA, A. & HUANCA, T. 2014. Preference for Women's Body
719 Mass and Waist-to-Hip Ratio in Tsimane' Men of the Bolivian Amazon: Biological and Cultural
720 Determinants. *Plos One*, 9.

721 STRASSMANN, B. I., KURAPATI, N. T., HUG, B. F., BURKE, E. E., GILLESPIE, B. W., KARAFET, T. M. &
722 HAMMER, M. F. 2012. Religion as a means to assure paternity. *Proceedings of the National*
723 *Academy of Sciences of the United States of America*, 109, 9781-9785.

724 THORNHILL, R. & GANGESTAD, S. W. 1999. Facial attractiveness. *Trends in Cognitive Sciences*, 3, 452-
725 460.

726 TINBERGEN, N. 1963. *On aims and methods in ethology*. *Zeitschrift fur Tierpsychologie*, 20, 410-433.

727 TOUBIA, N. F. & SHARIEF, E. H. 2003. Female genital mutilation: have we made progress? *Int J Gynecol*
728 *Obstet*, 82.

729 TRIVERS, R. (1972) *Parental investment and sexual selection*, Biological Laboratories, Harvard University.

730 TRIVERS, R. L. 1974. Parent-Offspring Conflict. *American Zoologist*, 14, 249-264.

731 UN 1995. Fact Sheet No. 23, Harmful Traditional Practices Affecting the Health of Women and Children.
732 Geneva: United Nations, Office for the High Commissioner of Human Rights.

733 UNICEF 2013. Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics
734 of change. New York, USA: United Nations Children's Fund.

735 VAN ROSSEM, R. & GAGE, A. J. 2009. The Effects of Female Genital Mutilation on the Onset of Sexual
736 Activity and Marriage in Guinea. *Archives of Sexual Behavior*, 38, 178-185.

737 VAROL, N., TURKMANI, S., BLACK, K., HALL, J. & DAWSON, A. 2015. The role of men in abandonment of
738 female genital mutilation: a systematic review. *BMC Public Health*, 15, 1-14.

739 VOLAND, E. 1998. Evolutionary ecology of human reproduction. *Annual review of anthropology*, 27, 347-
740 374.

741 WHO 2014. Female Genital Mutilation: Fact Sheet No. 241.
742 <http://www.who.int/mediacentre/factsheets/fs241/en/>.

743 WILSON, C. G. 2008. Male genital mutilation: an adaptation to sexual conflict. 29, 149-164.

744 YODER, S. P. & WANG, S. 2013. Female Genital Cutting: The Interpretation of Recent DHS Data. *DHS*
745 *Comparative Reports No. 33*. Calverton, Maryland, USA: ICF International.

746 YOUNT, K. M. & ABRAHAM, B. K. 2007. Female genital cutting and HIV/AIDS among Kenyan women.
747 *Studies in Family Planning*, 38, 73-88.