

infectability. Women who consider themselves as more likely to become infected preferred more feminine male faces. Previous studies did not investigate perceived infectability, yet, found correlations with pathogen disgust [7]. However, our study did not show any associations between preference and germ aversion, a factor which showed relatively strong correlations with disgust [12]. Together with the absence of any effect of exposure to pathogen cues on preference for masculinity in our study, our results do not support any evidence that pathogens influence female mate choice in our population. It is unlikely that the negative results are the result of a lack of power, since 1190 individuals participated in this study. Indeed, the power to detect a correlation coefficient of 0.10 (i.e., coefficient of determination of 1%) with a sample size of 1190 equals 93%. It is important to note, however, that among-individual variation in preferences when manipulated surface scans of the face were used as stimuli was much smaller compared to the photos. This indicates that when presenting variation in shape only, the variation in masculinity is less obvious for the participants. This could also implicate that shape variation alone does not evoke the same mate preferences. Alternatively, a manipulation of 0.5 standard deviation units may simply not generate the same visual differences compared to photos. Nevertheless, the between-women variation in masculinity preferences as estimated from scans and photos, did correlate positively – albeit fairly weakly – suggesting that, at least in part, the preferences measured by both stimuli did reveal similar mate preferences in these women. It thus seems important that future studies not only focus on the relative importance of different context-dependent factors but also on which aspects of morphological masculinity affect women mate preferences.

Acknowledgments

We thank Marino Raes for setting up the online questionnaire. This work was supported by the Agency for Innovation by Science and Technology in Flanders (IWT-SB 141520).

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