Money, Masculinity, and Men’s Health: Experimental Evidence on Demand for a Preventive Health Input

Willa Friedman (University of Houston) and Nicholas Wilson (The White House Social and Behavioral Sciences Team and Reed College)

Special thanks to the International Initiative for Impact Evaluation (3ie) and to the Centre for HIV and AIDS Prevention (CHAPS)
Voluntary Medical Male Circumcision (VMMC)

HIV/AIDS leading cause of adult mortality in poorest region of world (WHO 2013)

VMMC reduces FtM HIV transmission by 51 to 76%
  - RCTs in Kenya (Bailey et al 2007), Uganda (Gray et al 2007), and South Africa (Auvert et al 2005)

World Health Organization (WHO) aiding scale-up of mass VMMC campaigns for HIV prevention in 14 priority countries

Take-up of inexpensive life-saving health technology is very low
  - As of 2014, fewer than 6 million VMMCs out of target of 21 million VMMCs
WE CIRCUMCISE
CHILDREN UP TO MEN, WITHOUT PAINING
CIRCUMCISION
WILL MAKE YOUR LIFE BETTER WHEN YOU BECOME A MAN
AND, THEN
IN HEAVEN YOU WILL BE IN A GOOD WAY
TEL. 0782 074387  0775 251232
Disclaimer

The previous image was not randomly selected.
Fundamental Puzzle

Fundamental puzzle about human behavior:

- Low level of household investment in preventive health inputs
- Worldwide: 0.33% of GDP (WHO 2013)
- In poor countries: 0.10% of GDP (WHO 2013)

Several hypotheses:

- Low income
- High prices
- Lack of information
- Behavioral biases
Overview

Field experiment in Soweto, Johannesburg, South Africa

Randomized distribution of postcards advertising VMMC to 6,000 households

Statement “Are you tough enough?” doubled take-up of VMMC procedure relative to control postcard

Cash transfer of US$10 conditional on completing counseling session tripled take-up of VMMC procedure

Information on “2 out of 3” did not increase take-up

Findings highlight behavioral biases as a key explanation for low household investment in preventive health inputs
Outline

Conceptual framework
Experimental design
Results
Discussion
Conceptual Framework

Standard consumer theory suggests four possible reasons for low demand for preventive health inputs:

- Income too low
- Price too high
- Individuals uninformed about health production technology
- Strong taste for non-use

Behavioral economics suggests:

- Present-bias preferences (result in procrastination)
- Framing (i.e. presentation) affects demand
Application: VMMC

Price

- Sticker price already zero
- Opportunity costs (e.g. foregone employment) and transport
- Cash transfers for health
- Conditional cash transfer for VMMC procedure? (overly coercive!)
- Thus, test conditional cash transfer for VMMC counseling session
- May help overcome present-bias preferences and procrastination behavior
  - Dupas and Robinson 2013, Tarrozi et al 2013
Application: VMMC (cont.)

Information
- Individuals well-informed about prophylactic benefit of VMMC (~95% in our sample)
- Gender of decision-maker and partner involvement affects human capital investments
- Thus, test information statement, “Among partners of uncircumcised men, 2 out of 3 would prefer a circumcised partner” (S. Africa national survey)

Framing
- Framing affects demand for health inputs (Luoto et al 2011) and demand for other investments (Bertrand et al 2009)
- Identity affects economic behavior (Akerlof and Kranton 2000)
- Thus, test framing statement, “Are you tough enough?”

Income
- Elasticity of demand w.r.t income likely low => costly to increase demand via unconditional income transfer
- Thus, do not test in experiment
Experimental Design

Door-to-door marketing campaign randomly distributing 6,000 postcards to households in Soweto township (Johannesburg, South Africa)

- HIV prevalence ~ 15% (Gauteng Province)
- Circumcision prevalence ~ 30% (Gauteng Province, lowest in South Africa)

Six different postcard types (1,000 postcards each):

- Control=refreshments served
- Compensation=R100 (US$10) + refresh
- Information=“2 out of 3” + refresh
- Framing=“Are you tough enough?” + refresh
- Compensation + Information
- Compensation + Framing
CHAPS clinics provide voluntary medical male circumcision (VMMC) as part of standard HIV prevention services.

Medical trials indicate that VMMC reduces HIV transmission by 51% to 76%.

Bring this postcard to one of the CHAPS clinics listed below and you will receive light refreshments while participating in a discussion about VMMC with a health worker at the clinic.

If you would like to receive more information about VMMC, send a SMS message or Please Call Me to 079 565 0071 and a trained VMMC counselor will call you back to answer any questions you may have.

CHAPS clinics in Soweto where you may bring the postcard to include:

- Chiawelo CHC: Open Monday to Friday
- Diepkloof Clinic: Open Wednesdays
- Ikwezi Clinic: Open Monday to Friday
- Itereleng Clinic: Open Fridays

*You must be a male and at least 18 years old to redeem this voucher
*The offer on this postcard expires on 29 August 2014

This postcard is part of a research project examining individuals’ VMMC decisions.
CHAPS clinics provide voluntary medical male circumcision (VMMC) as part of standard HIV prevention services.

Medical trials indicate that VMMC reduces HIV transmission by 51% to 76%.

Are you tough enough?

Place sticker here

Bring this postcard to one of the CHAPS clinics listed below and you will receive light refreshments while participating in a discussion about VMMC with a health worker at the clinic.

If you would like to receive more information about VMMC, send a SMS or Please Call Me to 076 366 0498 and a trained VMMC counselor will call you back to answer any questions you may have.

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VMMC Cascade

VMMC cascade is series of steps required to receive VMMC

Our study measures:

- Call/text to clinic for more information ("hotline")
- Take-up of VMMC counseling session
- Take-up of VMMC procedure
- Previous risky behavior and other characteristics of men taking up VMMC counseling session

No baseline survey

- Clinic-base survey: 29 yrs old, 2/3 single, 1/2 used condom at last sex, 1/2 multiple partners in past year, 1/10 multiple partners in past month
Figure 2: Counseling Session Take-Up (%) by Postcard Type

- control: 0.9%
- compensation only: 3.3%
- info only: 1.1%
- comp.+info: 2.7%
- challenge only: 1.8%
- comp.+challenge: 2.5%

percentage of recipients visiting VMMC clinic
Figure 3: Procedure Take-Up (%) by Postcard Type

- control: 0.6%
- compensation only: 3.1%
- info only: 1%
- comp.+info: 2.4%
- challenge only: 1.6%
- comp.+challenge: 2.3%

percentage of recipients completing VMMC procedure
Regression Analysis

Method #1: Pairwise comparison (as in figure)
- e.g.: Compensation-only vs. control

Method #2: Pooled comparison (assumes interaction effects are zero)
- e.g.: All compensation vs. all no-compensation
- e.g.: All information vs. all no-message

Estimate linear probability model (LPM) using OLS
- LPM/OLS is standard in applied microeconomics
### Table 3: OLS Regression Estimates of Effect of Advertising on Counseling Session Take-up

<table>
<thead>
<tr>
<th></th>
<th>Column (1)</th>
<th>Column (2)</th>
<th>Column (3)</th>
<th>Column (4)</th>
<th>Column (5)</th>
<th>Column (6)</th>
</tr>
</thead>
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<tr>
<td><strong>Dependent variable: Counseling session take-up</strong></td>
<td></td>
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<tr>
<td>Compensation</td>
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<td>.016***</td>
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<tr>
<td>Challenge</td>
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<td>6,000</td>
<td>4,000</td>
<td>4,000</td>
</tr>
</tbody>
</table>

**Notes:**
- Heteroskedasticity-robust standard errors in parentheses.
- Columns (1)-(3) present pairwise comparison with control group.
- Columns (4)-(6) present pooled comparison.
- *** Significant at 1% level, ** Significant at 5% level * Significant at 10% level
## Table 4: OLS Regression Estimates of Effect of Advertising on Procedure Take-up

<table>
<thead>
<tr>
<th></th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
<th>Column 5</th>
<th>Column 6</th>
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<td><strong>Dependent variable:</strong> Procedure take-up</td>
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<td>Partner preference</td>
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<td>(0.004)</td>
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<td>(0.004)</td>
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</table>

Notes: Heteroskedasticity-robust standard errors in parentheses. Columns (1)-(3) present pairwise comparison with control group. Columns (4)-(6) present pooled comparison.

*** Significant at 1% level, ** Significant at 5% level, * Significant at 10% level
Table 5: OLS Regression Estimates of Interaction Effects of Advertising

<table>
<thead>
<tr>
<th></th>
<th>Hotline (1)</th>
<th>Counseling (2)</th>
<th>Circumcision (3)</th>
<th>Hotline (4)</th>
<th>Counseling (5)</th>
<th>Procedure (6)</th>
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<td>(.007)</td>
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<tr>
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<td>.006</td>
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<td>(.004)</td>
<td>(.004)</td>
<td>(.006)</td>
<td>(.004)</td>
<td>(.004)</td>
</tr>
<tr>
<td>Challenge</td>
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<td>.009*</td>
<td>.010**</td>
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<td>.008*</td>
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<td>(.005)</td>
<td>(.005)</td>
<td>(.006)</td>
<td>(.005)</td>
<td>(.005)</td>
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<tr>
<td>Compensation*Partner preference</td>
<td>.004</td>
<td>-.008</td>
<td>-.011</td>
<td>.004</td>
<td>-.013</td>
<td>-.015**</td>
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<td></td>
<td>(.009)</td>
<td>(.009)</td>
<td>(.008)</td>
<td>(.009)</td>
<td>(.009)</td>
<td>(.007)</td>
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<tr>
<td>Compensation*Challenge</td>
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<td>-.018**</td>
<td>.004</td>
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<td>(.009)</td>
<td>(.009)</td>
<td>(.009)</td>
<td>(.008)</td>
<td>(.008)</td>
<td>(.007)</td>
</tr>
<tr>
<td>Compensation*(Message)</td>
<td></td>
<td></td>
<td></td>
<td>.004</td>
<td>-.013</td>
<td>-.015**</td>
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<td>F-stat of difference</td>
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<td>1.02</td>
<td>.68</td>
<td>(.008)</td>
<td>(.008)</td>
<td>(.007)</td>
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<td>(p-value)</td>
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<td>(.31)</td>
<td>(.41)</td>
<td>(.008)</td>
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<td>(.007)</td>
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<td>6,000</td>
<td>6,000</td>
<td>6,000</td>
</tr>
</tbody>
</table>

Notes: Heteroskedasticity-robust standard errors in parentheses.
Columns (1)-(3) present unrestricted specification w.r.t. partner preference and challenge interactions.
Columns (4)-(6) present restricted specification w.r.t. partner preference and challenge interactions.
*** Significant at 1% level, ** Significant at 5% level * Significant at 10% level
Discussion

Stylized Fact #1:
- Demand for VMMC procedure highly responsive to factors outside of standard consumer theory
  - “Are you tough enough?”
  - US$10 conditional on counseling session

Stylized Fact #2:
- Very high (i.e. 90 percent) “conversion rate” from counseling session to procedure

Explanation consistent with #1 and #2:
- Postcard caused procrastinating men to act on latent demand

Rule out credit constraints and income effect as mechanisms

CCT for counseling session reduced price of complement to procedure?
Discussion (continued)

Why does it matter if people are procrastinating?

Could procrastinate forever

- O’Donoghue and Rabin (1999) model, consistent with empirical findings (e.g. Banerjee et al 2010)

Men who responded to advertising were at age of peak HIV incidence

- Average age in our sample = 29 years
- Incidence rates in Kwa-Zulu Natal (Barnighausen et al 2008)
  - 25-29: 8.7
  - 30-34: 7.6
  - 35-39: 1.9
Conclusion

Framing statement (i.e. “Are you tough enough?”) roughly doubled take-up

Cash transfer conditional on counseling session roughly tripled take-up of procedure

Likely mechanism: postcard caused procrastinating men to act on latent demand

Some evidence of differential selection across postcard types

As a whole, suggests adjusting presentation of information and CCTs for clinic visits may have large effects on health input take-up

CCTs for clinic visits consistent with US global health policy ethical guidelines
Thank you!

Thank you!
<table>
<thead>
<tr>
<th></th>
<th>All Respondents</th>
<th>Initially Uncircumcised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>29.03</td>
<td>29.07</td>
</tr>
<tr>
<td></td>
<td>(9.29)</td>
<td>(9.36)</td>
</tr>
<tr>
<td>Single</td>
<td>0.64</td>
<td>0.64</td>
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<tr>
<td></td>
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<td>(0.48)</td>
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<tr>
<td>Has Any Children</td>
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<td>0.49</td>
</tr>
<tr>
<td></td>
<td>(0.50)</td>
<td>(0.50)</td>
</tr>
<tr>
<td>Worked in the last 7 days</td>
<td>0.46</td>
<td>0.45</td>
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<tr>
<td></td>
<td>(0.50)</td>
<td>(0.50)</td>
</tr>
<tr>
<td>Has ever taken HIV test</td>
<td>0.77</td>
<td>0.75</td>
</tr>
<tr>
<td></td>
<td>(0.42)</td>
<td>(0.44)</td>
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<tr>
<td>Has family member with HIV</td>
<td>0.29</td>
<td>0.29</td>
</tr>
<tr>
<td></td>
<td>(0.45)</td>
<td>(0.46)</td>
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<tr>
<td>Had an STI in last 12 months</td>
<td>0.06</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td>(0.23)</td>
<td>(0.23)</td>
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<tr>
<td>Has ever had STI</td>
<td>0.11</td>
<td>0.11</td>
</tr>
<tr>
<td></td>
<td>(0.31)</td>
<td>(0.31)</td>
</tr>
<tr>
<td>Has ever had sex</td>
<td>0.93</td>
<td>0.92</td>
</tr>
<tr>
<td></td>
<td>(0.26)</td>
<td>(0.27)</td>
</tr>
<tr>
<td>Age at which first had sex</td>
<td>16.45</td>
<td>16.62</td>
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<tr>
<td></td>
<td>(2.96)</td>
<td>(2.94)</td>
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<td>Used a condom at last sex</td>
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<td>0.59</td>
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<tr>
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<td>(0.50)</td>
<td>(0.49)</td>
</tr>
<tr>
<td>Had more than 1 partner last month</td>
<td>0.10</td>
<td>0.10</td>
</tr>
<tr>
<td></td>
<td>(0.30)</td>
<td>(0.30)</td>
</tr>
<tr>
<td>Had more than 1 partner last year</td>
<td>0.52</td>
<td>0.53</td>
</tr>
<tr>
<td></td>
<td>(0.50)</td>
<td>(0.50)</td>
</tr>
<tr>
<td>Attended any secondary</td>
<td>0.93</td>
<td>0.92</td>
</tr>
<tr>
<td></td>
<td>(0.26)</td>
<td>(0.27)</td>
</tr>
<tr>
<td>Believes &gt;50% of Soweto HIV+</td>
<td>0.65</td>
<td>0.66</td>
</tr>
<tr>
<td></td>
<td>(0.48)</td>
<td>(0.48)</td>
</tr>
</tbody>
</table>

Note: Standard deviations in parentheses. The sample sizes in the first column range from 107-123, and in the second column, the range is 95-111.
Figure 1: Hotline Take-Up (%) by Postcard Type

- Control: 2.3%
- Compensation only: 2.7%
- Info only: 1.6%
- Comp.+Info: 2.4%
- Challenge only: 1.4%
- Comp.+Challenge: 2.1%

Percentage of recipients contacting VMMC hotline.
### Table 2: OLS Regression Estimates of Effect of Advertising on Hotline Take-up

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
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<tr>
<td><strong>Dependent variable: Hotline take-up</strong></td>
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<td></td>
</tr>
<tr>
<td>Compensation</td>
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<td>.006</td>
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<td></td>
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<td>(.007)</td>
<td></td>
<td></td>
<td>(.004)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner preference</td>
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<td></td>
<td>-0.05</td>
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<td></td>
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<tr>
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<td>(.006)</td>
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<td></td>
<td>(.005)</td>
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<td></td>
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<td>Challenge</td>
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<td></td>
<td></td>
<td>-0.09</td>
<td></td>
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<td>(.006)</td>
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<td>(.005)</td>
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<td>2,000</td>
<td>6,000</td>
<td>4,000</td>
<td>4,000</td>
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</tbody>
</table>

**Notes:** Heteroskedasticity-robust standard errors in parentheses.

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Columns (4)-(6) present pooled comparison.

*** Significant at 1% level, ** Significant at 5% level * Significant at 10% level
Table 6: Demographic Differences by Advertising Device

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>Age (1)</th>
<th>Has children (2)</th>
<th>Asset index (3)</th>
<th>Family member HIV+ (4)</th>
<th>More than one partner last year (5)</th>
<th>Risk index (6)</th>
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<tbody>
<tr>
<td>Compensation</td>
<td>1.91</td>
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<td>-.00</td>
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<td>(1.85)</td>
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<td>(.10)</td>
<td>(.05)</td>
<td>(.10)</td>
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<td>-.18</td>
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<td>-.03</td>
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<td>(2.08)</td>
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<td>(.24)</td>
<td>(.11)</td>
<td>(.06)</td>
<td>(.11)</td>
<td></td>
</tr>
<tr>
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<td>-.05</td>
<td>.05</td>
<td>.01</td>
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<td>(2.04)</td>
<td>(.23)</td>
<td>(.24)</td>
<td>(.11)</td>
<td>(.06)</td>
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<td>Sample mean and (SD) of dependent variable</td>
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<td>.29</td>
<td>.52</td>
<td>.00</td>
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<td>(9.29)</td>
<td>(.50)</td>
<td>(1.00)</td>
<td>(.45)</td>
<td>(.50)</td>
<td>(1.00)</td>
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<tr>
<td>Observations</td>
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<td>119</td>
<td>105</td>
<td>123</td>
<td>123</td>
<td>121</td>
</tr>
</tbody>
</table>

Notes: Heteroskedasticity-robust standard errors in parentheses.
*** Significant at 1% level, ** Significant at 5% level * Significant at 10% level
Cost-Effectiveness

Consider most effective postcard: compensation-only

Postcard costs
- Distribution~ = US$2 per postcard
- Cash transfer~ = US$10 per VMMC counseling session

Postcard benefit
- Expected effect on take-up~ = 2.5 percentage point increase
- In high HIV prevalence setting, one VMMC generates approx. 1/5 to 1/15 HIA

Approximately $450-$1350 per HIA (excluding clinical costs)
CHAPS clinics provide voluntary medical male circumcision (VMMC) as part of standard HIV prevention services.

Medical trials indicate that VMMC reduces HIV transmission by 51% to 76%.

Bring this postcard to one of the CHAPS clinics listed below and you will receive light refreshments while participating in a discussion about VMMC with a health worker at the clinic.

If you would like to receive more information about VMMC, send a SMS message or Please Call Me to 079 565 0071 and a trained VMMC counselor will call you back to answer any questions you may have.

CHAPS clinics in Soweto where you may bring the postcard to include:

- Chiawelo CHC: Open Monday to Friday
- Diepkloof Clinic: Open Wednesdays
- Ikwezi Clinic: Open Monday to Friday
- Itereleng Clinic: Open Fridays

*You must be a male and at least 18 years old to redeem this voucher
*The offer on this postcard expires on 29 August 2014

This postcard is part of a research project examining individuals’ VMMC decisions.
CHAPS clinics provide voluntary medical male circumcision (VMMC) as part of standard HIV prevention services.

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If you would like to receive more information about VMMC, send a SMS or Please Call Me to 076 595 5797 and a trained VMMC counselor will call you back to answer any questions you may have.

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Bring this postcard to one of the CHAPS clinics listed below and you will receive light refreshments while participating in a discussion about VMMC with a health worker at the clinic.

If you would like to receive more information about VMMC, send a SMS or Please Call Me to 076 624 9538 and a trained VMMC counselor will call you back to answer any questions you may have.

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**Are you tough enough?**

Place sticker here

Bring this postcard to one of the CHAPS clinics listed below and you will receive light refreshments while participating in a discussion about VMMC with a health worker at the clinic.

If you would like to receive more information about VMMC, send a SMS or Please Call Me to 076 366 0498 and a trained VMMC counselor will call you back to answer any questions you may have.

CHAPS clinics in Soweto where you may bring the postcard to include:

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- Dieploof Clinic: Open Wednesdays
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Are you tough enough?

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If you would like to receive more information about VMMC, send a SMS or Please Call Me to 079 236 7587 and a trained VMMC counselor will call you back to answer any questions you may have.

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