Abstract requirements

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Abstract title: Nudging men towards voluntary medical male circumcision: A quasi-experimental study in South Africa of four interventions using behavioural economics insights to increase demand for circumcision

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Background:

While voluntary medical male circumcision (VMMC) has great potential to reduce HIV incidence, demand for VMMC in South Africa is below global and national targets. We evaluated the impact of four online VMMC recruitment forms, designed using behavioural economics insights, on men signing up for VMMC using the data free mobile App, Moya.

Methods:

Adult (≥18 years) Moya users were included if they accessed a VMMC sign-up form. Following sign-up individuals are called to book a VMMC appointment. A non-randomised group study design was used to compare standard of care (SOC) forms with four intervention forms. The study was implemented between 08/2022-11/2022 with forms rotated every Monday, Wednesday and Friday so each form appeared 9 times. SOC provided general information and health benefits of VMMC. “Stand Proud” highlighted that many men sign-up for VMMC; “Reserved for You” indicated an appointment is reserved for them; “Foot-in-the-Door” underscored they are only committing to receiving a call; and “Active Choice” provided options to book or have questions answered. Ordinary least-squares regression, controlling for form rotation timing, was used to compare SOC to each intervention for: form submission; and successful contact by the call centre.

Results: A total of 124,754 individuals accessed forms, with 5.6% complete submissions on the SOC form. Only Foot-in-the-Door led to more form submissions than the SOC: 6.8%; +1.2 percentage-point difference (p<0.05); 21% change. However, of all individuals who accessed a form there was no difference in the proportion contactable (4.4% SOC vs 5.0% Foot-in-the-Door); (+0.5 percentage-points; p=0.16).

Conclusions: The Foot-in-the-Door intervention resulted in an increase in initial interest in VMMC, but not all potential clients were successfully contacted. A Foot-in-the-Door intervention may help some men take the first steps towards VMMC, but further intervention design is needed to sustain those gains.