Male Circumcision, Peer Effects, and Risk Compensation

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This paper

- **Male circumcision is one of the most important STD prevention methods.**
  - Nevertheless, the demand for male circumcision is very low, even with subsidy.
  - Male circumcision might have limited impacts if circumcised men are more likely to engage in risky sexual behaviors.

- **This paper studies the role that peers play in circumcision decision and its long-term impacts on sexual behaviors and STD infections.**
  - A four-year follow-up shows evidence of risk compensation for those who circumcised due to the intervention, but not for those induced by peer effects.

Comments

- **Spillover across classrooms?**
  - What if "**100% Treatment (G1)**" Classroom and "**No Treatment (G4)**" Classroom in the same school?
    - For example, in the same school, 10th grade might have been assigned to G1, while 9th grade assigned to G4. Then even though G4 students were not offered, their decision might have been affected by G1 students (seniors, siblings etc.).
    - Exclude these samples?

- **In Figure 1 and Table 3, why is circumcision take-up of G1 lower than that of G2 (even in the long run)?**
  - Small sample size or scarcity (which happens in G2)?

Comments

- **Friendship networks?**
  - Only in the same classroom?

- **In Equations (2) and (3), how about using G3, instead of G2?**
  - Even though both G3 and G4 in Round 1 were not explicitly provided information on free male circumcision opportunity, G3 can find this opportunity more easily than G4 due to their classroom peers.
  - What if students in G3 have lots of friends who were offered treatment in Round 1? Does the variable "*Peer*" shows only friends in the same classroom?
  - β_3 is a peer effect based on whether they have treated peers in the same classroom, while κ_3 is a peer effect based on how many peers were treated.

Comments

- **Most popular kids in self-reported friend networks?**
  - Peer effects might differ.
  - Most popular kids should have had a stronger peer effect and the different peer effect can be found through the self-reported friend networks.

- **In Table 5, why is HSV2 Infection rate of G2 higher than that of G1?**
  - If have many friends who were treated (e.g.. students in G1), they are more likely to be involved in risky sexual behaviors as they thought to be safer?

Comments

- **Timing of male circumcision?**
  - Is there any information of timing of male circumcision in Round 1?
  - Can decompose the peer effect by timing.
    - Whether they went to hospital **together** or **one after another**.
    - Especially, in the G2 and G3 sample, how did G3 respond to their peers in G2?

Comments

- **Short-term effect of MC on sexual behaviors?**

- **Peer effect on sexual behavior?**
  - For example, when peers (close friends) were infected, does the probability of **own** STD infection increase (considering the interaction term with the infection rate of close friends)?

감사합니다!