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Do Teenagers Respond to HIV Risk Information? Evidence from a Field Experiment in Kenya¹

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We use a randomized experiment to test whether and what information changes teenagers' sexual behavior in Kenya. Providing information on the relative risk of HIV infection by partner's age led to a 28 percent decrease in teen pregnancy, an objective proxy for the incidence of unprotected sex. Self-reported sexual behavior data suggests substitution away from older (riskier) partners and toward same-age partners. In contrast, the official abstinence-only HIV curriculum had no impact on teen pregnancy. These results suggest that teenagers are responsive to risk information, but their sexual behavior is more elastic on the intensive than on the extensive margin. (JEL D83, H12, J13, O12)

Nearly 2 million people become infected with HIV/AIDS every year in sub-Saharan Africa, the great majority of them through sex, and a quarter of them before the age of 25.³ AIDS is incurable and no successful HIV vaccine has been developed yet. Thus, ensuring the adoption of safer sexual behavior among youths remains critical to combating the disease.

Now that the great majority of children in Africa acquire at least some primary education, some have argued that primary schools offer a unique opportunity to deliver HIV prevention education to youths before they become sexually active (World Bank 2002). There is, however, considerable debate over whether scalable school-based HIV/AIDS education programs can be effective in limiting the spread of HIV/AIDS among youths, and over what should be the content of these programs. Many sub-Saharan African countries have incorporated HIV/AIDS education in their school curriculum, but the great majority of those curricula are limited to risk avoidance information; they aim at completely eliminating

¹Department of Economics, University of California Los Angeles, 8203 Bouche Hall, Los Angeles, CA 90095. (e-mail: pdupas@ucla.edu). Previous version circulated for "Relative Risk and the Market for Sex: Teenagers, Superfidelity, and HIV in Kenya." I thank anonymous referees for useful suggestions. I wish to thank Scott Black, Blake Bruchez, David Evans, Michael Kearney, David Lee, Justin Riley, Armin Schmutz, Kevin Smith, Adam Linton-Henry, Rolfes Pardo, Dileep Ray, Jonathan Robinson, Kaitlin Schwabach, and Chris Udry, as well as numerous seminar participants for very helpful comments and discussions. Special thanks to International Child Support (ICS) Africa and the Kenya Ministry of Education for their collaboration. This project would have been impossible without the dedication of Grace Mbatia, Susan Njiru, Caroline Njiru, and the field and laboratory teams in Nairobi, Kenya. This project was supported by a grant from the World Bank. All views expressed are mine and do not necessarily reflect the opinions of the World Bank. All errors are my own.

²Comments on this article in the online discussion forum, or to view additional materials, visit the article page at <http://www.aeaweb.org/articles.php?doi=10.1257/app.3.1.1>.

³UNAIDS (2008). Report on the Global AIDS Epidemic.

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