

Researchers

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Information, Sexual Behavior, and Health Among Teenagers in Cameroon

The goal of this study is to better understand how sexual behavior could be changed to prevent young people from risks of HIV infection. This study is based on the implementation of different prevention campaigns in 320 schools in Cameroon, designed to test the relative efficiency of two different sets of information content and two different ways of delivering information. The intervention will take place at the beginning of 2010 and schools will be randomly assigned to a certain type of campaign to tackle self-selection and endogenous treatment assignment issues.

Country where the research will take place

Cameroon

How does the research describe the impact of population/reproductive health on poverty reduction and/or economic growth?

HIV is a crucial factor in whether people are pushed into poverty. Yet, there is little solid evidence of the multifaceted benefits of HIV prevention campaigns. This study intends to demonstrate the extent of these benefits.

The primary goal of an HIV prevention campaign is to improve the knowledge of HIV—the disease and its health consequences. It also aims to inform us about the infection rate and the ways to avoid infection: abstinence, fidelity, use of condoms, and partner selection. This information should lead people to change their expectations, in particular about their fertility choices (for example, desired age at first child and number of children), but also about their life expectancy and/or the relative importance of sex and health. Changing these expectations is likely to lead people to modify their sexual behavior, specifically the number of partners, age of partners, and use of condoms. These new behaviors will lead to better health, including reproductive health. One way may be to improve school attendance and enrollment, since mistimed or unwanted pregnancy and STIs are important reasons for girls to drop out of school. The research focuses on the accumulation of human capital, which is considered the primary driver of growth and development.

How will the research address a policy need, and what kind of policy lesson is expected?

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 age 25. AIDS is incurable and no successful AIDS vaccine has been devel-

oped. Adopting safer sexual behavior among youths remains critical for fighting the disease.

Now that the great majority of children in Africa acquire some education, some have argued that schools offer a unique opportunity to deliver HIV prevention education to youths before they become sexually active. There is, however, considerable debate about whether scalable school-based HIV/AIDS education programs can be effective in limiting the spread of HIV/AIDS among youths, as well as what should be the content of these programs. Many sub-Saharan African countries have incorporated HIV/AIDS education in their school curricula, but the great majority of those curricula are limited to risk avoidance information: They aim at completely eliminating premarital sex by promoting abstinence until marriage. They do not provide risk-reduction information, for example, that condom use reduces the risk of HIV transmission, or that transgenerational sex is much more risky than intragenerational sex.

This study uses a field experiment to measure the responsiveness of teenagers to HIV information and compares their responses regarding the content of information and the method of delivering information. The policy-relevant lesson that we expect to learn from the study involves the amount of information or the type of services that a prevention campaign should provide to maximize its health impact. This study will provide critical information to the government of Cameroon and policymakers elsewhere on how to shape HIV-prevention campaigns schemes and/or in general prevention policy to meet social objectives most efficiently, given limited public funds.

Methods used

Randomized controlled trial.

Data used

- Information on schools in Cameroon from the Ministry of Education.
- A baseline survey (January to April 2010), sample of 8,000 teenage girls.
- An endline survey (January to March 2011), same sample.