

BRIEFCASE

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KNOW YOUR STATUS?

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Voluntary counseling and testing (VCT) is a standard component of HIV/AIDS campaigns. But in many areas of Africa, where the epidemic is strongest, few people get tested, and fewer still return to pick up their test results when instant tests are not available. There are two standard explanations for this phenomenon. First, the centers are often far away, raising the opportunity costs of time and the costs of transportation. Second, the psychological barriers are too high. People may be afraid to get their results, especially because treatment opportunities are often scarce and because of the risk of stigma.

Using VCT for prevention efforts follows this reasoning: People who learn they are HIV positive would seek treatment—such as antiretroviral drugs (ARV) and mother-to-child transmission prevention—and would take precautions to protect others, while those who learn they are HIV negative would take precautions to remain free of HIV. If this reasoning holds, people who know their status will choose preventive behavior. However, learning one's status could have the opposite effect on behavior. For example, HIV-positive people may believe them in no longer a need to protect themselves and reduce preventive behavior. Or, those learning their HIV-negative status may take fewer precautions because they see no need to protect their partners.

Given the costs and the possible psychological barriers, can cash incentives increase the number of people who come back for their HIV test results? Does learning HIV status increase preventive behavior?

An evaluation by J-PAL affiliate Rebecca Thornton (University of Michigan) provides some answers. She evaluated a program in Malawi that provided free HIV tests in a door-to-door campaign and offered small cash incentives to people to collect their results at temporary, mobile VCT centers in their community. Later, interviewers visited the homes of participants and offered them the chance to buy subsidized condoms.

- Incentives, even very small ones, increased the number of people who learned their HIV status. Even an incentive as small as a tenth of a day's wages doubled the number of people who returned for their HIV test results.
- Reducing distance to the VCT center increased the number of people who learned their HIV status. People were more likely to get their test results if they lived closer to the mobile centers. Small incentives compensated for greater distance—a 10-cent incentive more than offset the reduction in take-up for people living more than 1.5 km away—but convenience still mattered.
- Learning HIV status increased the likelihood of buying condoms among HIV-positive people, but the number of additional condoms bought was very small. Sexually active HIV-positive people who learned their status were three times more likely to buy condoms than sexually active HIV-positive people who did not learn their status, but they bought only two additional condoms on average. There was no significant effect of learning HIV-negative status on the purchase of condoms.

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