

## Authors

Rebecca Thornton  
Professor of Economics

*American Economic Review* 2008, 98, 5, 1829–1849  
<http://www.aeaweb.org/articles.php?doi=10.1257/aer.98.5.1829>

## The Demand for, and Impact of, Learning HIV Status

By REBECCA L. THORNTON\*

*This paper evaluates an experiment in which individuals in rural Malawi were randomly assigned monetary incentives to learn their HIV results after being tested. Distance to the HIV results centers was also randomly assigned. Without any incentive, 34 percent of the participants learned their HIV results. However, even the smallest incentive doubled that share. Using the randomly assigned incentives and distance from results centers as instruments for the knowledge of HIV status, sexually active HIV-positive individuals who learned their results are three times more likely to purchase condoms two months later than sexually active HIV-positive individuals who did not learn their results; however, HIV-positive individuals who learned their results purchase only two additional condoms than those who did not. There is no significant effect of learning HIV-negative status on the purchase of condoms. (JEL: H12, O15)*

Over the past two decades, the HIV/AIDS epidemic has afflicted millions of individuals in Africa. In the absence of significantly expanded prevention and treatment programs, the epidemic is expected to worsen in many other parts of the world. One intervention often suggested to alleviate the spread of the disease is HIV testing, and some have gone so far as to say that voluntary counseling and testing (VCT) is the “missing weapon in the battle against AIDS.”<sup>1</sup> Under the assumption that HIV testing is an effective prevention strategy, many international organizations and governments have called for increased investments in counseling and testing, requiring large amounts of monetary and human resources (Global Business Coalition 2005; Know HIV AIDS 2005). For example, in South Africa, government expenditures on counseling and testing increased from \$2.4 million in 2000 to \$17.3 million in 2004, and in Mozambique, 55 percent of all HIV/AIDS program expenditures in 2000 were for HIV counseling and testing (H. Gayle Martin 2003). Some governments have even suggested implementing universal testing programs, sending nurses door to door.<sup>2</sup>

\* University of Michigan, 436 Thompson St., Ann Arbor, MI, 48106 (e-mail: rebecca@umich.edu). I am grateful to Randall Aizer, David Bishai, David Collier, Elan Hershoff, Richard Holden, Ervin Fodor, Edward Glaeser, Andrew Jones, Kate Kramarz, Larry Kar, Michael Kremer, David Lofgren, Sushil Mullasani, Ben Olicka, Emily Oster, Michelle Poulos, Mark Rosenzweig, Jesse Shapiro, Jeff Smith, and participants at seminars at Harvard University, University of Michigan, University of Toronto, University of Chicago, University of Virginia, Center for Global Development, and Washington University for helpful comments and discussion. I also thank three anonymous referees. I am very grateful to Jane Heintzman, Hans-Peter Kohler, Susan Wadkins, and the MRCF team for support, data, and assistance with fieldwork. The Malawi Demographic and Health Survey Project is supported by grants from the Rockefeller Foundation, NICHD (R01HD04773, R01 HD072770), NIA (AG12365), the Center for AIDS Research, and the Center on the Demography of Aging at the University of Pennsylvania. Follow-up data were supported by the Wellbeing Foundation of the Economics of Poverty. I am grateful for financial support from the Harvard Population Center, Harvard Graduate Council, the Harvard Center for International Development, and the National Bureau of Economic Research Fellowship on Aging.  
<sup>1</sup> Richard H. Besser and Richard F. Farman, “A Global Battle’s Missing Weapon,” *New York Times*, February 10, 2004.  
<sup>2</sup> John Bravely, “Door-to-door, Drastic Measures: AIDS Testing Urged for All in Remote Areas,” *Boston Globe*, October 23, 2005.

1829

# The Demand for, and Impact of, Learning HIV Status

This paper evaluates an experiment in which individuals in rural Malawi were randomly assigned monetary incentives to learn their HIV results after being tested. Distance to the HIV results centers was also randomly assigned. Without any incentive, 34 percent of the participants learned their HIV results. However, even the smallest incentive doubled that share. Using the randomly assigned incentives and distance from results centers as instruments for the knowledge of HIV status, sexually active HIV-positive individuals who learned their results are three times more likely to purchase condoms two months later than sexually active HIV-positive individuals who did not learn their results; however, HIV-positive individuals who learned their results purchase only two additional condoms than those who did not. There is no significant effect of learning HIV-negative status on the purchase of condoms.

December 01, 2008