Sex and the Classroom: Can Boosting Teenage Schooling Rates be a Weapon Against HIV?

"Schooling Income and Health Risk" (SIHR) is a randomized conditional/unconditional cash transfer intervention targeting young women in Malawi that provides incentives (in the form of school fees and cash transfers) to current schoolgirls and recent dropouts to stay in or return to school. While numerous evaluations of Conditional Cash Transfer Programs (CCTs) have been conducted, particularly in Latin America, there are still a number of important questions that remain unanswered. This paper hopes to fill some of this knowledge gap by answering the following question: "W*hat impact does maintaining female school enrollment through a cash transfer program have on their sexual behavior and HIV/AIDS Risk?"* The CCT program examined here is novel in that it allows us to evaluate the impact of cash transfers on the sexual behavior of its young female beneficiaries, an area of significant potential impact (especially for sub-Saharan Africa) that has almost entirely been overlooked thus far.

While several studies find a cross-sectional relationship between school attendance and HIV status (e.g. Hargreaves et. al., 2008; Beegle and Özler, 2007), there is only one study that points to a possible causal link between school attendance and reduced HIV risk. A study in Kenya finds that reducing the cost of schooling (by paying for uniforms) reduced dropout rates, teen marriage, and childbearing (Duflo et. al. 2006). Commenting on the lack of clear and credible evidence addressing the relationship between education and HIV, Jukes, Simmons, and Bundy (2008) suggest that long-term, follow-up experimental interventions to improve educational access, such as conditional

cash transfer programs, offer the potential to examine the causal relationship between educational attainment and risk of HIV infection.

Preliminary results of the impact of the SIHR program suggest that participating in the CCT program (which involved receiving, conditional on attending school, an average of $10/month during 2008 as well as payment of school fees for girls in secondary school) led to significant declines in teen marriage, pregnancy, and sexual activity. For program beneficiaries who were out of school at baseline, the probability of getting married or becoming pregnant declined by more than 40% and 30%, respectively. More than a third of all program beneficiaries also delayed their onset of sexual activity by a full year. The increase in the number of lifetime partners is approximately 25% lower for both initial dropouts and schoolgirls, although the difference is only statistically significant among baseline dropouts.

At a partnership level (i.e. among those who were sexually active) we find no discernible impact of the program on self-reported condom use. However, we do find that that treatment baseline schoolgirls are significantly less likely to have sexual intercourse on a weekly basis, but we find no significant impact for baseline dropouts. Similarly, the likelihood of having an older sexual partner is lowered significantly for baseline schoolgirls in treatment. If we believe that the treatment girls who stopped having sex had a lower propensity to engage in risky sexual behaviors, then the protective effects of the program found here are likely to be stronger, and vice versa.

In terms of sexually transmitted diseases, we find that treatment baseline schoolgirls have a 2.1 percentage point lower HSV-2 prevalence (significant at the 5% level) and a 1.8 percentage point lower HIV prevalence (significant at the 10% level)

than controls (compared to 3.1% and 3% respectively in the control). Overall, these results suggest that CCT programs not only serve as useful tools for improving school attendance, but may also decrease sexual activity, age at marriage and teen pregnancy. They also imply that such programs can at least delay the risk of HIV infection among young women in sub-Saharan Africa.