Essay Five

Duflo, Dupas, Kremer, and Sinei’s implementation of three different HIV/AIDS intervention schemes had a surprisingly limited impact on Kenyan youth. These results suggest that reducing the spread of HIV/AIDS in African countries reaches beyond proper information and school cost reduction. In this short paper, I will address a few additional obstacles to preventing the spread of HIV/AIDS—namely, religious beliefs and the female disenfranchisement of condom use. I will then suggest strategies to tackle these challenges in hopes to reduce HIV infection rates.

Several findings in the experiment led by Duflo and her colleagues were unexpected. Since the experiment emphasized effective training teachers, their presence should have produced dramatic changes in the sexual behavior and attitude. Instead, teacher training had no effect on teen childbearing, modestly improved opinions on condom use, and increased the number of marriages within the pregnancies by 6% (this increase, however, may reflect higher risk of HIV infection because of partnerships made with older men who are more ready to marry). A combination of in-school curriculum, health clubs, student debates, and essay contests would presumably have a large impact on teens—they were surprisingly less effective in Kenya.

Religious beliefs can pose a threat to proper HIV/AIDS education. Daniel Jordan Smith of Brown University studies individual risk assessment and behavior pertaining to HIV/AIDS in the context of a religious moral framework. He specifically looks at adolescent and young-adult communities in Nigeria and suggests that because young people are embracing evangelical and Pentecostal Christianity in growing numbers, they view HIV/AIDS as a social problem that is the result of immorality. While training teachers can better educate these adolescents, the polarity of the ideas presented by the teachers and the home can be off-putting. Instead of trying to correct beliefs about HIV/AIDS with government-led curriculum, using proper figureheads or speakers—a believer with HIV who in retrospect understands its prevention, for example—can be a more persuasive form of communication.

In the summer of 2010, a study in Science from Columbia University’s School of Public Health offered the first viable way for women to protect themselves from HIV infection without needing a condom. The researchers found that the use of a vaginal gel containing an antiretroviral drug reduced a woman’s chance of becoming infected with HIV by 40%. The use of a vaginal gel, rather than a condom, empowers women because it is something a woman can control. Considering about

*According to Ronald Bayer of Columbia University’s School of Public Health, we need to approach AIDS Prevention with more “cultural sensitivity.” Religion, for example, is a cultural barrier to behavioral change that needs to be respected for effective AIDS reduction.
60% of HIV/AIDS cases occur in women, investing in this gel, to make it cheaper and more effective, can alter the spread of HIV. With more power in the hands of women, the amount of safe sex and abstinence can increase. Moreover, females are better suited to protect themselves in sexual encounters with older men (though the training teachers were effective in this case).

Proper education about HIV/AIDS is certainly one of the elements needed in the prevention of the spread of the disease. But as I suggest in this short paper, the cultural context and gender inequality in Africa are equally important factors—both with solutions that remain to be tested.

Additional Works Cited:

