# **Causal Inference**

MIXTAPE SESSION



# Roadmap

Counterfactuals and causality
Causality and models
Potential outcomes
Randomization and selection bias
Randomization inference

Directed Acyclic Graphs
Graph notation
Backdoor criterion
Collider bias
Front door criterion
Concluding remarks

# Demand for Learning HIV Status

- Rebecca Thornton implemented an RCT in rural Malawi for her job market paper at Harvard in mid-2000s
- At the time, it was an article of faith that you could fight the HIV epidemic in Africa by encouraging people to get tested; but Thornton wanted to see if this was true
- She randomly assigned cash incentives to people to incentivize learning their HIV status
- Also examined whether learning changed sexual behavior.

# Experimental design

- Respondents were offered a free door-to-door HIV test
- Treatment is randomized vouchers worth between zero and three dollars
- These vouchers were redeemable once they visited a nearby voluntary counseling and testing center (VCT)
- Estimates her models using OLS with controls

### Why Include Control Variables?

 To evaluate experimental data, one may want to add additional controls in the multivariate regression model. So, instead of estimating the prior equation, we might estimate:

$$Y_i = \alpha + \delta D_i + \gamma X_i + \eta_i$$

- There are 2 main reasons for including additional controls in the regression models:
  - 1. Conditional random assignment. Sometimes randomization is done conditional on some observable (e.g., gender, school, districts)
  - 2. Exogenous controls increase precision. Although control variables  $X_i$  are uncorrelated with  $D_i$ , they may have substantial explanatory power for  $Y_i$ . Including controls thus reduces variance in the residuals which lowers the standard errors of the regression estimates.

#### Table: Impact of Monetary Incentives and Distance on Learning HIV Results

	1	2	3	4	5
Any incentive	0.431***	0.309***	0.219***	0.220***	0.219 ***
	(0.023)	(0.026)	(0.029)	(0.029)	(0.029)
Amount of incentive		0.091***	0.274***	0.274***	0.273***
		(0.012)	(0.036)	(0.035)	(0.036)
Amount of incentive $^2$			-0.063***	-0.063***	-0.063***
			(0.011)	(0.011)	(0.011)
HIV	-0.055*	-0.052	-0.05	-0.058*	-0.055*
	(0.031)	(0.032)	(0.032)	(0.031)	(0.031)
Distance (km)				-0.076***	
				(0.027)	
Distance <sup>2</sup>				0.010**	
				(0.005)	
Controls	Yes	Yes	Yes	Yes	Yes
Sample size	2,812	2,812	2,812	2,812	2,812
Average attendance	0.69	0.69	0.69	0.69	0.69

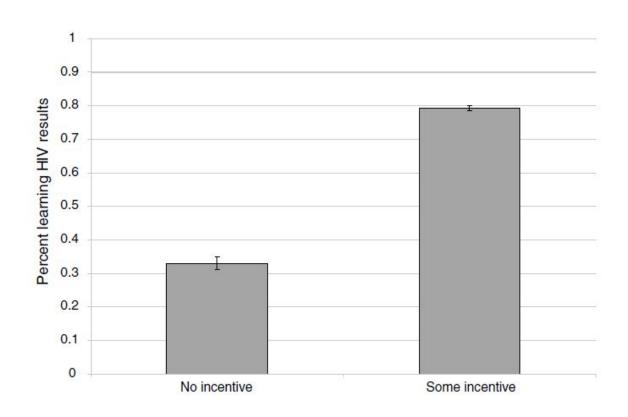


Figure: Visual representation of cash transfers on learning HIV test results.

### Results

- Even small incentives were effective
- Any incentive increases learning HIV status by 43% compared to the control (mean 34%)
- Next she looks at the effect that learning HIV status has on risky sexual behavior

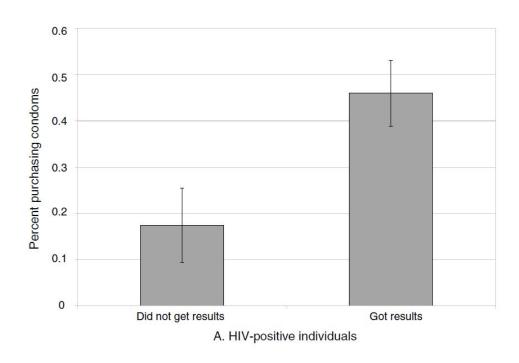


Figure: Visual representation of cash transfers on condom purchases for HIV positive individuals.

Table: Reactions to Learning HIV Results among Sexually Active at Baseline

Dependent variables:	Bought condoms		Number of condoms bought	
	OLS	IV	OLS	IV
Got results	-0.022	-0.069	-0.193	-0.303
Cat regulta v 1 111/	(0.025)	(0.062)	(0.148)	(0.285)
Got results × HIV	0.418*** (0.143)	0.248 (0.169)	1.778*** (0.564)	1.689** (0.784)
HIV	-0.175** (0.085)	-0.073 (0.123)	-0.873 (0.275)	-0.831 (0.375)
Controls Sample size Mean	Yes 1,008 0.26	Yes 1,008 0.26	Yes 1,008 0.95	Yes 1,008 0.95

#### Results

- For those who were HIV+ and got their test results, 42% more likely to buy condoms (but shrinks and becomes insignificant at conventional levels with IV).
- Number of condoms bought very small. HIV+ respondents who learned their status bought 2 more condoms