

PC80 Determinants of willingness to pay for barrier methods: microbicides, diaphragm and female condom

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ABSTRACT TEXT

Background:

Future distribution and marketing of barrier methods must be informed by evidence on different women's willingness-to-pay (WTP) for different products, and factors influencing this. This study aims to find key determinants of women's WTP for microbicides, the diaphragm and the female condom and to identify market segments for possible cost recovery.

Methodology:

1017 adult women were interviewed in a Johannesburg township. Women were asked if they would be willing to try each product, if they thought they would use it regularly, and what was the most they would be willing and able to pay to purchase the product that very week. To reflect their likely partial efficacy, diaphragm and microbicides were presented as being half as effective as a male condom, and the female condom as equally effective. A socio-economic status (SES) index for women was estimated using factor analysis. Regression analysis was used to assess key determinants of women's WTP.

Results:

Women were most willing to try microbicides (74%) followed by diaphragm 60% and female condom (56%); 78%-95% of women thought they would/could use the products regularly if available. WTP data were highly skewed, median WTP being 20, 10, and 5 Rand for diaphragm, microbicide and female condom, respectively. Table 1 presents regression coefficients for WTP for each product. Younger women and women with higher SES had higher WTP for all products. Methods that could be used discretely (the diaphragm and microbicides) were valued higher by cohabitating women. Women who perceived themselves at high HIV-risk gave higher WTP values for female condom than women at medium- or low-risk. Diaphragm was valued higher by women who perceived themselves at no risk.

Table 1: Regression coefficients for the willingness to pay for ...

	Reusable diaphragm	Single Use microbicide	Female condom
(Constant)	44.624^{***}	24.646^{***}	14.058^{***}
Age	-.425[*]	-.341^{***}	-.138
Socio-economic status	8.240^{***}	4.755^{***}	2.239^{***}
Living with a sexual partner	5.626[*]	3.154[*]	-1.009
Ever used any contraception?	-2.519	-.620	.055
Experienced difficulty negotiating condom use	.794	-.120	-.806
Used a condom during last sex-act	-3.058	1.561	-.042
Individual perception of HIV risk: high	1.897	1.228	2.818[*]
Individual perception of HIV risk: none	6.183[*]	2.977	1.547
***p<0.01, **p<0.05, *p<0.1	n	597	733
		733	508

Conclusion:

Interest in diaphragm and microbicides, which are likely to be less effective but more discrete than condoms, is higher among cohabitating women, a group known to lack long-term prevention options. This is reassuring for policymakers fearing condom migration. With careful price setting, it should be feasible to recover some of the costs of these products from women of higher SES, however free or subsidised distribution will be necessary to reach women of lower SES.

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