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Abstract

MOPDC06 - Distributing barrier methods for women: determinants of willingness to pay for microbicides, the diaphragm and the female condom

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

Methods: 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 each product. To reflect their likely partial effectiveness, diaphragm and microbicides were presented as being half as effective as a male condom, and the female condom as equally effective. Women's socio-economic status (SES) index 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 the diaphragm 60% and the female condom (56%); 78%-95% of women thought they would/could use the products regularly if available.

Willingness to pay for...	Reusable diaphragm	Single-use microbicide	Female-condom
(Constant)	44.624***	24.646***	14.058***
Age	-0.425*	-0.341***	-0.138
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	-0.620	0.055
Experienced difficulty negotiating condom use	0.794	-0.120	-0.806
Used a condom during last sex	-3.058	1.561	-0.042
Individual perception of HIV risk: high	1.187	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	508

Younger and higher SES women were willing to pay more for all products. Methods that could be used discretely (the diaphragm and microbicides) were valued higher by cohabitating women.

Conclusions: Interest in the 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. To reach lower income women, subsidised distribution is likely to be necessary.