

"PRIORITIES OF HEALTH ECONOMICS IN AFRICA"

Inaugural Conference of the African Health Economics and Policy Association (AfHEA) 10th – 12th March 2009 - Accra. Ghana

Parallel session 2: Preferences and willingness to pay

PS 02/7

Using discrete choice experiments to elicit preferences for maternal health care in Ghana

Laura Ternent¹, Aba Daniels David Newlands²

Objective: To analyse the validity of discrete choice experiment (DCE) methods to elicit preferences for hospital based maternal health care in Ghana and assess the wider implications for the use of this technique in low income countries generally.

Methods: 5 attributes and their appropriate levels were selected to represent the most important determinants of hospital based care. Attributes were selected via focus group discussion conducted in Ghana, literature review and expert opinion. An orthogonal main effects design was used to reduce the number of alternative scenarios to a feasible number.

Two forms of the questionnaire were administered. Firstly, a part enumerator part self administered questionnaire of individuals in certain professions (e.g. teachers, health service workers, civil servants) which require them to be literate, in the Cape Coast region of Ghana were purposively selected to answer the DCE. Secondly, an enumerator administered visual aid version of the DCE was administered to general community respondents, using specially designed pictures representing each of the levels of the attributes. 600 purposively sampled individuals and 200 general community members answered the questionnaire

Key findings: Results from the baseline logit model which includes all respondents and logit models for the purposively selected sample and community sample (those who received the visual aids) show that the results are intuitive, with all coefficients being of the expected sign and all significant.

Tests of internal validity, which included two tests of rationality (whether individuals presented with a choice set in which one option was better on all levels would chose the best option) and a test of consistency, that is given the same choice set at different points in the questionnaire would the respondent choose the same option

¹ University of Aberdeen, Health Economics Research Unit

² University of Accra, Ghana

twice, suggest high levels of both rationality and internal consistency for both samples.

Results from the pre-test, pilot and analysis of the final data set suggest that the DCE method is feasible in developing country settings and, in particular, that with the employment of visual aids it can be used among non-literate respondents.

If DCEs are to be more widely used in developing countries, they have to be applicable to a general cross section of community respondents rather than being restricted to the educational elite. Hence, the importance of testing the feasibility and validity of using visual aids to represent attributes and their levels as in this study.