



INCONTINENCE SUBSTUDY

of the

AUSTRALIAN LONGITUDINAL STUDY
OF WOMEN'S HEALTH

WILLINGNESS TO PAY FOR TREATMENT

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Willingness To Pay For Incontinence-Related Treatment:
Incontinence Substudy of the Australian Longitudinal Study of
Women's Health

The Australian Longitudinal Study of Women's Health (ALSWH), a survey of the health and well being of Australian women, was started in 1996 with participants being recruited through random selection from the Medicare database. Double sampling was implemented in rural and remote areas to ensure a representative sample across all areas of Australia, incorporating women living in urban, rural and remote locations. Three age cohorts were recruited including young (18-23 years in 1996), mid-age (45-50), and older women (70-75). Response to an introductory letter and baseline survey resulted in over 40,000 women being recruited in total, numbering approximately 12,000 young women, 14,000 mid-age women, and 14,000 older women respectively.

An item in the 1996 baseline survey asked whether women had experienced 'leaking urine' in the previous 12 months. This symptom was reported 'often' by 12.8% of the younger cohort, 36.1% of the mid-age cohort, and 35% of the older cohort. In 1999, 500 women from each of the three cohorts were randomly selected to take part in a follow up survey investigating *Managing Urinary Incontinence Across the Lifespan* (Miller et al. In press 1). Criteria for selection included young, mid-age and older women specifying that they experienced urinary incontinence (UI) 'often'. Young women who reported 'sometimes' experiencing UI were also included due to insufficient numbers of those reporting suffering from UI 'often'.

A survey package including an invitation letter, 16 page survey and reply-paid envelope was sent out to all 1,500 women with up to 3

follow up attempts being carried out by letter or phone if a reply was not received. The response rate was young 50%, mid-age 83%, and older 80% respectively.

Incontinence details were gathered through the follow up survey including UI type, being either 'stress', 'urge', 'mixed', and 'other' incontinence; severity; frequency; and amount of incontinence. These were linked to associated factors and life-stage events, incorporating body mass index (BMI), hysterectomy, parity, menopause, hormone replacement therapy, bowel cancer, diabetes, smoking, constipation, prolapse, and burning or stinging sensations when passing urine. Self-management strategies and help seeking behaviour were also investigated, looking particularly at why women who report leaking urine do not seek help and the types of health professionals consulted. In addition, data on the type of treatment provided, satisfaction with this help and the treatment outcomes was collected. Demographic statistics were also gathered on health insurance status, income, and level of education.

Two papers have subsequently been written on data collected from the follow-up survey, one categorising the type and severity of UI in all three cohorts (Miller et al. In press 2) and the second concentrating on self-management and help-seeking behaviour in the mid-age and older cohorts (Miller et al. In press 1).

This report examines responses to one item which was not addressed in these published reports: that of women's willingness to pay for treatment for their incontinence. The exact questions asked were: If a treatment was available to cure your bladder control problem, would you be willing to pay for it out of your own pocket? How much would you be willing to pay for it each week?

Results

Table 1 shows willingness to pay for incontinence treatment by age group. A significantly higher proportion of mid-age women (58.8%) reported that they would be willing to pay for a treatment to cure their bladder control problem, compared with young (42.4%) and older women (44.2%).

Table 1: Proportion of women in each age group who reported willingness or unwillingness to pay for incontinence treatment.

AGE GROUP	WILLING TO PAY FOR TREATMENT		χ^2 (p)
	YES	NO	
YOUNG (N = 217)	42.2%	57.6%	20.15 (0.00)
MID-AGE (N = 362)	58.8%	41.2%	
OLDER (N = 285)	44.2%	55.8%	

Of those who reported that they would be willing to pay for a treatment, 72.8% of young women, 57.8% of mid-aged women, and 44.4% of older women completed the item asking how much they would be willing to pay for the treatment per week. Table 2 shows the amount women reported they were willing to pay.

Table 2: Reported amount willing to pay per week for an incontinence treatment, by age group.

	AGE GROUP			ALL AGES N = 246
	YOUNG N = 67	MID-AGE N = 123	OLDER N = 56	
\$5 OR LESS	17.9%	22.8%	28.6%	22.8%
\$6 - \$10	25.4%	32.5%	26.8%	29.2%
\$11 - \$20	31.3%	22.7%	17.8%	24.0%
\$21 - \$50	17.9%	17.1%	26.8%	19.5%
MORE THAN \$50	7.5%	4.9%	0.0%	4.5%
Mean (± SD)	\$29.82 (± \$62.69)	\$27.47 (± \$58.41)	\$17.39 (± 14.70)	\$25.82 (± \$53.18)
Percentiles				
25	\$10.00	\$10.00	\$5.00	\$9.50
50	\$20.00	\$10.00	\$10.00	\$10.00
75	\$25.00	\$20.00	\$25.00	\$20.00

There was no significant relationship between the proportion of women reporting they would pay for treatment (yes/no) and health insurance (none/ hospital or ancillary only/complete cover) among young and mid-age women (see Table 3). However, among older women, the proportion of women reporting a willingness to pay for treatment increased with health insurance status. A higher proportion who had complete insurance cover reported that they would be willing to pay for treatment (60.2%) compared to those who only had either hospital or ancillary health insurance (49.0%), or no insurance (27.9%) [$\chi^2 (2) = 23.91, p < 0.01$].

Table 3: Proportion of women who reported they WOULD be willing to pay for treatment in each health insurance status category.

AGE GROUP	HEALTH INSURANCE STATUS		
	No private insurance	Hospital OR ancillary only	Complete private cover
YOUNG (<i>N</i> = 217)	42.2%	35.3%	47.1%
MID-AGE (<i>N</i> = 359)	54.8%	58.9%	63.4%
OLDER (<i>N</i> = 275)	27.9%	49.0%	60.2%

Table 4 shows the proportion of women who reported that they would be willing to pay for incontinence treatment according to whether they reported having sought help or advice for their bladder control problem. Among younger and older women, a significantly higher proportion of those who had sought help or advice for leaking urine reported a willingness to pay for treatment compared to those who had not sought help or advice (see Table 4).

Table 4 Proportion of women who reported they WOULD be willing to pay for treatment in each help-seeking category.

AGE GROUP	SOUGHT HELP OR ADVICE		χ^2 (p)*
	YES	NO	
YOUNG (<i>N</i> = 215)	61.0%	37.9%	7.22 (0.007)
MID-AGE (<i>N</i> = 362)	60.7%	53.3%	1.59 (0.208)
OLDER (<i>N</i> = 284)	49.5%	29.7%	8.69 (0.003)

- All chi-square analyses based on a 2x2 table (df = 1)

Summary

Approximately half of all the women surveyed indicated that they would be willing to pay for treatment to cure their bladder problem. Mid-age women were more likely than younger or older women to indicate willingness to pay. Older women specified lower dollar amounts per week than mid-age or younger women.

Health insurance status was not associated with willingness to pay among the mid-age or younger women, but older women with health insurance were more likely to indicate willingness to pay. This may reflect a difference in available income. Those who had sought help for their problem were more willing to pay than those who had not, perhaps reflecting a higher level of concern about their problem.

In conclusion, there is a range of responses to this item which suggest that willingness to pay depends on available income and on the perceived severity of the problem.

References

Miller YD, Brown WJ, Smith N & Chiarelli P. Managing urinary incontinence across the lifespan. *International Journal of Behavioural Medicine*, In press 1.

Miller YD, Brown WJ, Chiarelli P & Russell A. Urinary incontinence across the lifespan. *Neurourology and Urodynamics*, In press 2.

