

Willingness to pay to delay births:

Comparing stated and revealed preferences among Tanzanian couples

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Population growth has been a source of concern at least since Thomas Malthus' writings emerged in the late 19th century. Nations in both the developing and developed world commit resources to making family planning services available to their people, and unilateral and multilateral donor agencies consistently export financial and technical assistance to developing countries to further their work in this vein. Despite these efforts, high fertility rates in Sub-Saharan Africa have persisted, causing concern among some people for the environmental, economic, and humanitarian impacts this growth will have. Scholars disagree about whether large families are attributable to preferences for more children ("demand side failures"), or a lack of access to the contraceptives that enable people to operationalize their preferences for smaller families ("supply side failures"). In this paper we explore family planning decisions in Tanzania, including contraceptive use and preferences for delaying childbirth, using the non-market valuation techniques of contingent valuation and travel costs.

Individuals' preferences over delaying the birth of their next child by one year are explored using information about their stated preferences collected using contingent valuation. An ordered probability model is used to estimate the distribution of willingnesses to pay to delay childbearing in Tanzania using data from the World Bank's Human Resources Development Survey (HRDS). This willingness to pay function is used in simulations of the impact improved educational attainment and higher expenditure levels for the poorest households would have on the distribution of willingness to pay.

As contraceptive demand is derived from a desire to delay childbearing, we use the information on willingness to pay to delay births in an analysis of the use of contraception. Couples' contraceptive decisions are explored accounting for the willingness to pay to delay births of each member of the couple, comparing stated preferences to revealed preferences in fertility regulation. Husbands and wives preferences are compared, and a relatively high degree of agreement within couples is found.

A travel cost model is developed to explore the use of different modern and traditional methods of contraceptives. With travel costs constituting a significant fraction of the costs of obtaining modern contraceptives in Tanzania, data from the HRDS are used to help explain contraceptive use. The

distance a contracepting woman must travel to obtain family planning advice and supplies is found to negatively impact her probability of using a modern method of contraception over a traditional method.

This case study finds that while supply side interventions to increase the use of contraceptives are possible, demand side interventions may hold the most cost-effective potential for affecting improvements in family planning use and improving reproductive health in Tanzania.