review, using surveys that cover 85% of the developing world’s population, shows that “almost all of the less developed countries with trend data experienced an increase in the level of contraceptive use.” Over an average period of 9.5 years, use increased by at least one percentage point per year, or 10 points per decade, in more than two-thirds of the countries and by two points or more annually in 11% of the countries. By region, the UN’s medium estimate is highest for East Asia (83% of couples using a method), followed by Latin America and the Caribbean (66%), other Asian regions (44%), northern Africa (42%) and Sub-Saharan Africa (14%).

**Mean Availability and Mean Prevalence**

In all four cycles of the program effort study (1982–1999), mean prevalence and mean availability are closely and positively related (Figure 1). The relationship persists as countries improve in both variables over the four years—that is, as they shift upward and to the right. This finding is consistent with the hypothesis that better choice, via easier access to methods, leads to use by more couples, which may imply greater satisfaction and fewer unwanted pregnancies.

The 64 countries in the study are shown in Figure 2, which classifies them jointly by average availability and prevalence. The overall prevalence in the 64 countries was 32%, rising from 6% in the very low prevalence countries to 59% in the high-prevalence nations. (These figures are for only the four modern methods included in the study, so they are lower than totals for all methods, including traditional methods.) Mean prevalence increased with access; it was only 12% in countries with very low access, compared with 44% in countries with high access.

The data for 47 countries pertain to 1999 and those for 17 countries pertain to 1994; because patterns in 1994 and 1999 were similar, we used all 64 units of observation. We divided the 64 countries into four availability groupings of equal size, as well as four prevalence groupings of equal size; the two sets of groups were then cross-classified. This procedure places 16 countries in each row and in each column; if there were no association between availability and prevalence, the countries would be evenly distributed across the cells.

In fact, most countries cluster along the diagonal of the table, from very low values to high values on both characteristics. Fifty-three of the 64 countries either lie in cells directly on the diagonal or in adjoining ones; only 11 are in cells that are further away. Not unexpectedly, most countries in the upper-left cell (i.e., those with very low prevalence and very low availability) are in Sub-Saharan Africa, whereas most of the countries in the lower-right cells (those with high prevalence and high availability) are in Latin America and Asia. When the original values for average availability and prevalence are used, the correlation is 0.41. For each country, the average prevalence for the four modern methods in the study appears in the cells. As one would expect, it is lower than published figures for all methods (including traditional methods).10

One question is whether the respondents who rated the availability of each method might have been influenced by their impressions of prevalence levels; if so, the assumption of independent measurements might be compromised and the correlation between availability and prevalence

![Figure 1. Mean contraceptive prevalence of four methods, by mean availability, 1982-1999](image-url)