find its own subgroup of users in the population. That situation should in turn lead to substantial prevalence values for each method, and therefore a high total, because most couples would be able to choose a method that fits their stage of life and their reproductive health status and reflects their experience with other methods.

To test this concept, we constructed a two-by-two table in which mean contraceptive availability in a country is classified as either low or high, and the standard deviation is also classified as low or high (Table 1). We used data for 1982, 1989 and 1994 because the greater number of countries (64) provides more stability than the number for 1999 (47). For each year, the 64 countries are divided evenly above and below the median for availability; the procedure is repeated using the median for the standard deviation, so that the numbers of observations for analysis are balanced. This places 32 countries in each row, by year, and 32 countries in each column, by year. We expect that prevalence will be highest where mean availability is high and the standard deviation is low (upper-right quadrant) and that prevalence will be lowest where both the mean and the standard deviation are low (lower-right quadrant). In fact, prevalence values correspond to these expectations in all three years. In addition, as expected, the prevalence values rise over time.

The table also reveals trends over time in levels of and diversity in availability. In the top half of Table 1, the distribution of countries shifts: In 1982, 23 of the 32 countries with high mean availability had a high standard deviation, but by 1989, 22 had a low standard deviation. This trend implies that availability became more uniform across methods as access to the less readily obtained methods rose to match the already high level of access to the others. Also, the favorable upper-right quadrant gained members between 1982 and 1989, while the unfavorable lower-right quadrant lost members, reflecting a movement toward uniformly high access, a pattern that held in 1994.

Table 1 isolates the various combinations of high and low values, but the limited sample size makes it necessary to use broad categories. Multiple regression analyses indicate that total availability is a more important determinant of prevalence than the standard deviation; however, high total availability automatically incorporates a low standard deviation because values for all methods must be uniformly high.*

*In addition, the role of the standard deviation is masked by the assumption of linearity in the regressions. The standard deviation is low at both high and low values of the mean, and the interaction is an important element. The standard deviation is large only at intermediate values of the mean. Scattergrams confirm a marked U-shaped (upside down) relation between the mean and the standard deviation for each of the four contraceptive methods.