Contraceptive Method Choice in Developing Countries

In summary, Table 1 captures the essence of the situation, that the special combination of high availability and low standard deviation best predicts high prevalence of use. Likewise, personal choice is maximized in an environment that gives uniformly high access to several contraceptive methods.

**Contribution of Individual Methods**

- **Availability.** To analyze the relative contribution of the various methods to the availability score, we divided the 1994 data set with 64 countries into four access groupings: Level 1 (those where mean availability is less than 20%), Level 2 (those where it is 20–39%), Level 3 (where it is 40–59%) and Level 4 (where it is 60% or greater). The contribution of each method is simply its share of the total—that is, each method’s access taken as a percentage of the total access for all methods (Figure 4, page 37).

   For Level 1 countries, the pill and the condom—both supply methods—contribute most to the mean availability score (36% and 40% of the total, respectively). The IUD and female sterilization together contribute only about 24% to the score. At Level 2, the relative contributions of the pill and the condom parallel those seen at Level 1, while the contribution of the IUD decreases and that of female sterilization increases (from 3% to 14% of the total). At Level 3, the contributions of female sterilization and the IUD both increase. Finally, at Level 4, the four methods reach a fairly even balance, at 22–27% for each. This balance reflects an improved set of choices for couples in countries at Level 4, and it shows the dependence of total availability on the presence of multiple methods.

- **Prevalence.** Figure 4 also shows the contribution of each method to total prevalence at each availability level. It is interesting to compare the two patterns: The contributions of each method to availability and prevalence agree more closely as mean availability increases. The pill contributes disproportionately to prevalence at the lowest level of availability (67% of the total), and loses share with each increase in level. The condom’s contribution remains about the same, so the contribution of the two resupply methods combined diminishes proportionately as overall availability rises across levels. The relative contributions of the IUD and sterilization increase, so at the highest level of access, sterilization accounts for 36% of users, the pill 31%, the IUD 21% and the condom 12%.*

   Although Figure 4 is concerned with proportionate contributions of the four methods, the absolute values for availability far exceed those for prevalence of use. At every level of mean availability, the proportion of the population with access to a given method is greater than the proportion using it. That is a necessary result; if each of the four methods were available to half of the population, total use could still be only about 85% of all couples, an approximate ceiling level in high-prevalence countries. Levels of use may also be depressed below availability levels because of a variety of barriers that interfere with the adoption of contraceptives.

   Finally, we merged data for three years—1982, 1989 and 1994—to study the movement toward an even method mix as overall access improves (Figure 5). In countries with poor overall availability (on the lefthand side of the figure), the pill and the condom dominate; in countries with better access (on the right), the methods have similar shares centered on 25%. Total prevalence is higher in such countries, as couples with differing needs are able to find a satisfactory method and continue its use.

**DISCUSSION AND RECOMMENDATIONS**

The freedom to choose from a range of contraceptive methods, according to one’s needs and preferences, rests partly on the sheer availability of those methods. While it is certainly true that family opposition, fear, cost and uncongenial supply sources also affect choice, our data show that the availability of methods and the prevalence of their use are intimately related. In general, the prevalence of use of each method follows its availability, the mean prevalence of all methods follows mean availability and total prevalence follows the availability of several methods that are each easily available.

Intermediate mean levels of availability and prevalence sometimes hide imbalances in the method mix. The same mean can reflect either unevenness or uniformity, with only two methods dominating (as in China) or with a mix of several methods (as in Thailand). The very highest means, however, require uniformly high levels of availability for every method involved, the optimum situation for full freedom of choice for individual couples.

An examination of availability data over time suggests an historical trend in program development that countries usually do not improve access to all methods at the same time. Rather, they tend to improve access to one or two methods and only later attend to the others: At low average levels of availability, supply methods (pills and condoms) are most readily available, as the average level of availability

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*The prevalence of every method can increase in the general population even during a shift in the shares of use. The changing shares reflect only the relative growth rates among the methods.