

4 Estimates of Unmet Need and Demand, for Married Women

The various elements of the classification system depicted in Figure 3.1 are displayed in Table 4.1. With few exceptions, typically the largest category in sub-Saharan countries is pregnant or

amenorrhagic women whose pregnancy was intended. The main exceptions are Kenya and Namibia, where the proportions currently using contraception are considerably higher. Ghana and

Table 4.1 Components of the classification of unmet need

Percent distribution of currently married women by contraceptive use status, intention status of current pregnancy or last birth, reproductive intentions and fecundity, Demographic and Health Surveys, 1990-1994

Country	Year of survey	Percent using a method	Pregnant or amenorrhagic					Fecund, not using				Total	Number of women
			Spacing failure	Limiting failure	Intended	Mis-timed	Un-wanted ^a	Want child soon	Want child later	Want no more	Infecund		
SUB-SAHARAN AFRICA													
Burkina Faso	1993	7.9	NA	NA	32.6	9.4	1.9	14.6	14.8	6.6	12.2	100.0	5326
Cameroon	1991	16.0	NA	NA	26.7	5.9	1.2	15.9	11.4	3.2	19.6	100.0	2868
Ghana	1993	20.3	NA	NA	19.7	11.7	2.4	7.7	12.1	6.8	19.2	100.0	3196
Kenya	1993	32.8	NA	NA	12.7	12.7	4.6	6.4	9.4	8.7	12.6	100.0	4629
Madagascar	1992	16.7	NA	NA	23.0	9.5	4.9	11.5	7.8	10.2	16.4	100.0	3736
Malawi	1992	13.0	NA	NA	23.2	13.5	3.0	9.9	12.9	6.2	18.2	100.0	3492
Namibia	1992	28.9	NA	NA	19.7	5.5	1.4	13.7	9.7	5.2	15.5	100.0	2259
Niger	1992	4.5	NA	NA	38.1	6.9	0.4	17.3	9.5	1.9	21.5	100.0	5561
Nigeria	1990	5.9	NA	NA	39.2	4.2	0.8	14.5	12.7	4.0	18.7	100.0	6680
Rwanda	1992	21.1	NA	NA	22.2	16.6	7.3	8.9	7.3	5.7	10.9	100.0	3785
Senegal	1992-93	7.5	NA	NA	29.3	11.3	1.7	14.9	11.3	4.9	19.0	100.0	4450
Sudan ^b	1989-90	8.7	NA	NA	33.6	8.5	0.9	15.7	9.5	6.5	16.5	100.0	5400
Tanzania	1991-92	10.4	NA	NA	29.7	8.5	2.1	14.8	10.7	6.0	17.6	100.0	6038
Zambia	1992	15.2	NA	NA	24.9	13.8	2.3	15.2	9.3	5.3	14.0	100.0	4457
NEAR EAST/NORTH AFRICA													
Egypt	1992	47.1	0.3	1.0	11.4	2.6	4.2	7.4	4.8	10.2	10.9	100.0	9153
Jordan	1990	40.0	1.7	1.2	15.4	5.5	2.0	5.2	4.6	9.8	14.5	100.0	6168
Morocco	1992	41.5	1.5	1.5	13.7	3.6	3.3	8.6	5.1	7.7	13.5	100.0	5118
Turkey	1993	62.6	1.0	0.8	6.5	1.4	2.1	5.3	2.3	5.4	12.7	100.0	6270
ASIA													
Bangladesh	1993-94	44.6	0.8	0.6	13.7	4.3	2.3	7.5	5.8	5.6	14.8	100.0	8980
Indonesia	1991	49.7	0.6	0.3	11.2	2.1	0.8	5.8	5.8	5.4	18.2	100.0	21109
Pakistan	1990-91	11.9	NA	NA	23.0	4.9	3.3	11.3	12.2	11.4	22.0	100.0	6364
Philippines	1993	40.0	1.7	0.6	9.5	5.4	2.9	4.3	7.2	10.4	17.9	100.0	8961
LATIN AMERICA/CARIBBEAN													
Bolivia	1994	45.3	2.7	2.4	9.0	3.9	7.2	2.3	2.3	10.5	14.5	100.0	5334
Colombia	1990	66.1	1.2	1.2	5.9	1.9	2.1	4.9	2.3	5.3	9.0	100.0	4449
Dominican Republic	1991	56.4	0.9	0.5	7.2	4.4	2.5	7.7	4.5	5.8	10.0	100.0	4083
Paraguay	1990	48.4	2.6	0.4	12.6	3.2	0.9	7.8	4.9	6.2	13.1	100.0	3574
Peru	1991-92	59.0	2.8	3.6	6.8	2.5	4.9	1.9	1.8	6.5	10.1	100.0	8741

Note: Totals may not add to 100.0 due to rounding.

NA = Not applicable

^a Confined to women who also report that they want no more children.

^b Distribution of intentions for pregnant women estimated from the distribution for amenorrhagic women. Only northern Sudan was represented in the survey but it is classified here with the sub-Saharan countries.

Rwanda show about the same proportions in the two categories. Among the countries outside of this region, current users far outweigh all other categories except in Pakistan, which has a pattern similar to that in sub-Saharan Africa.

The total demand for family planning (Table 4.2 and Figure 4.1) is composed primarily of unmet need in sub-Saharan Africa and in Pakistan, whereas contraceptive practice is the main component of demand elsewhere. This difference is reflected in the "demand satisfied" statistic (current use divided by the sum of

use and unmet need).⁷ Excluding Pakistan, this figure reaches an average of 74 percent outside of sub-Saharan Africa compared with an average of 32 percent within that region (see Figure 4.2). There is a dramatic difference in the percent of demand satisfied in Bangladesh (72 percent) compared with that in Pakistan (27 percent), reflecting the difference in program effort in the two countries. The program effort in Bangladesh probably has influenced reproductive preferences as well as the use of contraception.

⁷ For countries in which contraceptive failures are estimated, the demand is calculated by dividing the sum of women using a method or having failed with a method by the sum of those women plus those with an unmet need.

Table 4.2 Demand and unmet need

Demand for family planning and its components among currently married women, Demographic and Health Surveys, 1990-1994

Country	Demand for contraception ^a			Unmet need ^b			Current use			Percentage of demand satisfied ^c		
	Total	Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting
SUB-SAHARAN AFRICA												
Burkina Faso	40.6	29.5	11.0	32.6	24.1	8.5	7.9	5.4	2.5	19.5	18.3	22.7
Cameroon	37.7	28.3	9.4	21.7	17.3	4.4	16.0	11.0	5.0	42.4	38.9	53.2
Ghana	53.3	34.3	19.0	33.0	23.8	9.2	20.3	10.5	9.8	38.0	30.6	51.6
Kenya	68.3	32.1	36.2	35.5	22.2	13.3	32.7	9.9	22.9	47.9	30.8	63.3
Madagascar	49.1	23.7	25.4	32.5	17.3	15.1	16.7	6.4	10.3	34.0	27.0	40.5
Malawi	48.6	33.7	14.9	35.6	26.4	9.2	13.0	7.3	5.7	26.7	21.7	38.3
Namibia	50.7	26.4	24.3	21.8	15.2	6.6	28.9	11.2	17.7	57.0	42.4	72.8
Niger	23.1	20.2	3.0	18.7	16.4	2.3	4.5	3.8	0.7	19.5	18.8	23.3
Nigeria	27.5	20.3	7.3	21.6	16.9	4.8	5.9	3.4	2.5	21.4	16.7	34.2
Rwanda	58.0	34.3	23.6	36.9	24.0	12.9	21.1	10.3	10.7	36.4	30.0	45.3
Senegal	36.7	26.9	9.7	29.3	22.6	6.6	7.4	4.3	3.1	20.2	16.0	32.0
Sudan (Northern)	34.1	23.0	11.0	25.5	18.0	7.4	8.7	5.0	3.6	25.5	21.7	32.7
Tanzania	37.7	25.1	12.6	27.3	19.2	8.1	10.4	5.9	4.5	27.6	23.5	35.7
Zambia	45.9	32.1	13.8	30.7	23.1	7.6	15.2	9.0	6.2	33.1	28.0	44.9
NEAR EAST/NORTH AFRICA												
Egypt	70.3	15.5	54.8	21.9	7.4	14.5	47.1	7.8	39.3	68.8	52.2	73.5
Jordan	64.7	23.4	41.5	21.8	10.1	11.8	40.0	11.6	28.5	66.3	56.8	71.6
Morocco	64.2	24.3	39.9	19.7	8.7	11.0	41.5	14.1	27.4	69.3	64.2	72.4
Turkey	75.5	16.8	58.8	11.2	3.7	7.5	62.6	12.1	50.5	85.3	78.0	87.2
ASIA												
Bangladesh	64.0	21.9	42.0	18.0	10.1	7.9	44.6	11.3	33.5	71.9	55.2	81.2
Indonesia	64.7	27.2	37.5	14.1	7.9	6.2	49.7	18.7	31.0	78.2	71.0	83.5
Pakistan	43.6	19.0	24.5	31.7	17.0	14.7	11.9	2.1	9.8	27.3	11.0	40.0
Philippines	68.2	23.3	44.8	25.9	12.6	13.3	40.0	9.0	30.9	62.0	45.9	70.3
LATIN AMERICA/CARIBBEAN												
Bolivia	73.9	19.6	54.3	23.5	6.1	17.4	45.3	10.9	34.5	68.2	69.0	68.0
Colombia	80.1	25.2	54.9	11.6	4.2	7.4	66.1	19.8	46.3	85.5	83.3	86.5
Dominican Republic	74.9	20.6	54.3	17.1	8.8	8.3	56.4	10.9	45.5	77.2	57.3	84.7
Paraguay	66.5	34.3	32.2	15.2	8.1	7.1	48.4	23.7	24.7	77.3	76.7	77.9
Peru	81.1	21.0	60.1	15.7	4.3	11.4	59.0	13.9	45.1	80.6	79.5	81.0

^a Demand is the sum of unmet need and current use and contraceptive failure (where this latter information is available).

^b Unmet need is the sum of pregnant or amenorrheic women who reported that pregnancy was mistimed or unwanted and fecund nonusers who want to postpone or avoid further childbearing.

^c Calculated by dividing current use (plus contraceptive failure where available) by demand.

Figure 4.1 Total demand for family planning: Unmet need and current use of contraception, Demographic and Health Surveys, 1990-1994

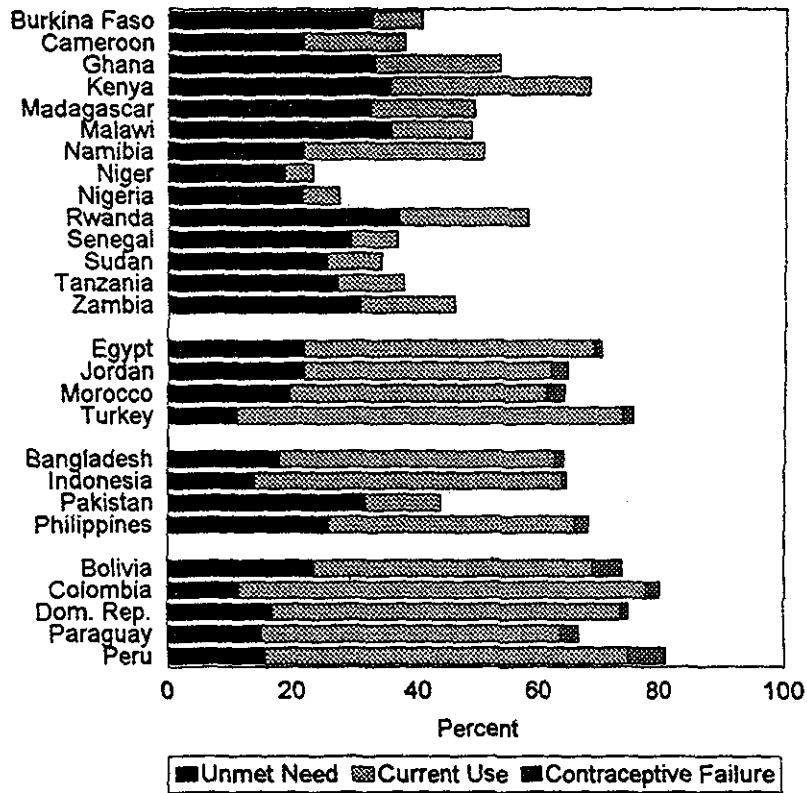
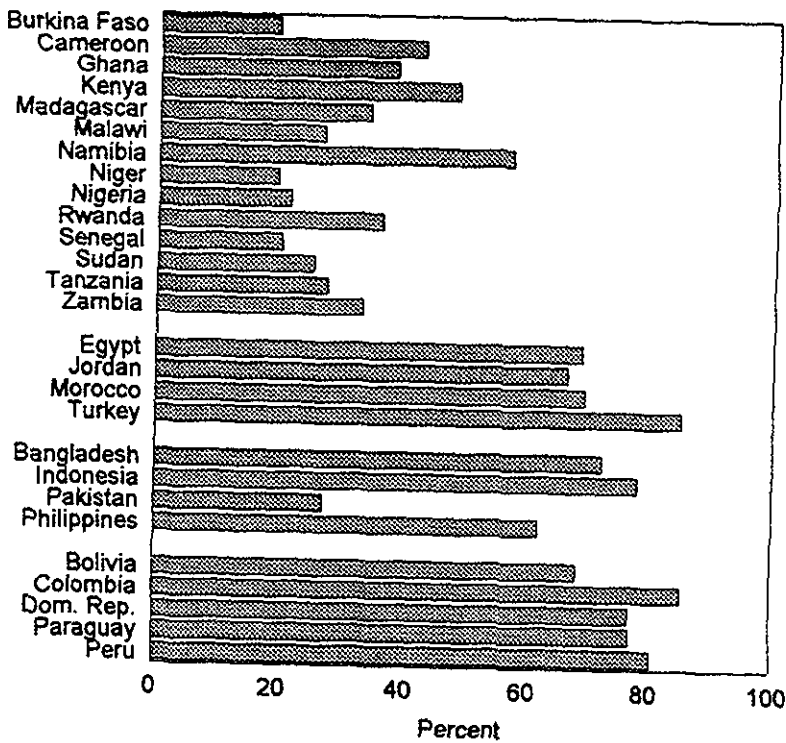


Figure 4.2 Percent of total demand satisfied, Demographic and Health Surveys, 1990-1994



An average of 29 percent of married women in sub-Saharan Africa are classified as having an unmet need for family planning, and in Bolivia, Pakistan and the Philippines, unmet need is at a similar level. In the remaining 10 countries the unmet need is far lower (an average of 17 percent). The high level of need in sub-Saharan Africa results entirely from the spacing component.

The well-known emphasis on birth spacing in sub-Saharan Africa is reflected consistently in all of the countries in the region

(Figure 4.3). Among current users, however, there are numerous exceptions to this pattern: use for limiting predominates in Kenya, Madagascar and Namibia and is about the same as use for spacing in Rwanda. In all of the countries in the other regions of the world, use for limiting exceeds use for spacing whereas the two components are more evenly distributed in the unmet need category (Table 4.2). With only one exception—Bolivia—the percentage of demand for limiting that is satisfied is greater than the satisfaction of demand for spacing.

Figure 4.3 Total demand for family planning: Spacing and limiting births, Demographic and Health Surveys, 1990-1994

