3 The Measurement of Unmet Need

The procedures followed here to classify currently married women according to the need for family planning are essentially those used in the first DHS comparative report on unmet need (Westoff and Ochoa, 1991), but with some changes. For example, the definition of infecundity has been expanded to include women who replied to the reproductive intentions question that they were unable to get pregnant as well as women who reported that they did not intend to use contraception because they had reached menopause. The cutoff point for the last menstrual period has also been changed to six months ago rather than six weeks. Finally, an additional check to classify the need for limiting for pregnant and amenorrheic women was imposed; the pregnancy had to be reported as never wanted and the woman had to want no more children in the future. These changes do not make much of a difference in the proportions classified as in need. However, to maintain comparability the new criteria have been applied when possible to those DHS-I countries for which trend analysis is conducted.²

The actual algorithm used for the classification of unmet need among married women (algorithms for unmarried women are described later) is illustrated in Figure 3.1 for Kenyan women in the 1993 survey. As in the earlier report, the distinction between pregnant or amenorrheic women and women who are fecund non-users but who are neither pregnant nor amenorrheic is retained. In the Kenya illustration, this latter category comprises 24.6 percent of married women and those pregnant or amenorrheic are 30.0 percent of the total. An additional 12.6 percent are classified as

Figure 3.1 Unmet need among currently married women: Kenya, 1993

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1 This change was necessary because of some ambiguity in the wording of the question used to determine planning status for currently pregnant women. Consequently, significant fractions of women reported the pregnancy as never wanted (especially in sub-Saharan Africa) but said that they wanted another child soon or later. These inconsistent cases were reassigned from the "need for limiting" to the "need for spacing" category.

² It is evident from the history of the measurement of unmet need that it has been an evolving process subject to periodic refinements. Because of continuing modifications, the estimates in this report will not correspond exactly with those in the published DHS First Country Reports. Moreover, they will not agree precisely with the revised definitions in the Standard Recode Files for DHS-II (the total unmet need should be the same, but the spacing component should be higher and the limiting component lower). They should be very close, however.
infecund, which is a lower bound on the estimate of that parameter.4

The unmet need for pregnant or amenorrheic women is determined primarily from the reported planning status of that pregnancy or birth in an effort to capture the woman's intention at the time of that conception. Depending on whether the pregnancy was reported as occurring before it was wanted (mistimed) or as having occurred when no more children at all were wanted (unwanted), these women are divided into a need for spacing or a need for limiting. As already noted, an additional check for the unwanted category is imposed, which reclassifies those who want more children into the "need for spacing" category.

Earlier work had regarded all pregnant and amenorrheic women as simply not exposed to the risk of pregnancy, but the problem with that procedure can be understood by imagining a population in which all women who did not use contraception became pregnant unintentionally. It is unreasonable to conclude from this example that there would be no unmet need at all. In Kenya, 12.7 percent of married women who are pregnant or amenorrheic are classified as in need of spacing because of a mistimed pregnancy and 4.6 percent are classified as in need of limiting because of an unwanted pregnancy/birth.

Nonusers who are neither pregnant nor amenorrheic but who are classified as fecund are defined as having an unmet need for spacing if they say they want to wait at least two more years before the birth of the next child (9.4 percent of all Kenyan married women). If they say they want no more children, they are then classified as having an unmet need for limiting (8.7 percent in Kenya). These two categories are then combined with the corresponding need categories for pregnant or amenorrheic women for the summary measures of unmet need. In the Kenya illustration, the total estimated unmet need is 35.5 percent for currently married women. This is a very high level, as will be seen in the next section.

3 Women are classified as infecund if they are not using contraception, are neither pregnant nor amenorrheic, have been married at least five years, have not used any method in the last five years (or in African countries have never used any method) and have not had a birth in the past five years, or who have not menstruated in the last six months, or who stated that they could not have a baby in response to the question on reproductive intentions, or who gave menopause as the main reason that they did not intend to use any method. The remaining women in the sample are fecund users or nonusers.

4 The algorithm for estimating infertility for purposes of classifying unmet need first excludes contraceptive users and then pregnant or amenorrheic women, some of whom may be infecund.

5 Pregnant or amenorrheic women whose pregnancy was the result of a contraceptive failure are not defined as in need of family planning because in fact they were users at the time of the conception. It may be that they are in need of a better method but that is a different concept. It should be noted, however, that although such women are not included in the unmet need category, they are included in the total demand. Estimates of these failure rates are not available for sub-Saharan countries where, because of low contraceptive prevalence, the relevant questions were not included in the questionnaire.

6 Women who are undecided about whether they want another child are classified in the "need for spacing" category.