are different from either those who would like to space future births or those without an unmet need, whereas the second and third groups are similar in numerous characteristics (Table 1); the last two, therefore, are discussed first.

Overall, about 40% of both spacers with an unmet need and women without an unmet need are between 15 and 24 years of age; at the regional level, the same is true in Africa and Asia. Spacers are younger than women without an unmet need in Latin America and the Near East. (Given that the DHS covered only a small number of countries in some regions, and not all large countries are included, some results may not be generalizable to the regional level.)

With respect to family size, the two groups are again similar; about seven in 10 women in each have three or fewer children. In Africa, this proportion is smaller among spacers with an unmet need than among women without an unmet need, but no difference appears in the other regional means.

In every region, a birth within the past 15 months is less common, and a current pregnancy is more common, among women without need than among those in need for spacing. This is not surprising, since by the DHS definition, pregnant women who say they wanted the pregnancy are classified as not having an unmet need. On the other hand, some women who wanted their current pregnancy indicated that they did not want another one (either soon or ever), and intended to seek a contraceptive method.

The two groups are nearly identical in the proportion saying they have never used a method—55–56% for the 25 countries overall and similar proportions in all regions. However, they differ with regard to when they intend to adopt a method: Roughly one-third of those with no unmet need say they will defer use beyond one year, compared with about one-quarter of those with an unmet need for spacing. The pattern is the same in each region, although the proportions are somewhat lower in Latin America.

Pregnant women, with some months to go before birth and with amenorrhea to follow, may tend to say they will use a method “later” rather than “within the next year.” Others, in saying “later,” may be thinking of the period after their next birth rather than before. Also, their motivation may be weaker than that of women with an unmet need, who definitely wish to defer pregnancy for a longer period.

Women in the third group, who wish to limit births, are older and have larger families than those in the other two groups, and smaller proportions have had a recent birth or are pregnant. They report somewhat more past contraceptive use, but the differences are not great; in fact, the three groups are more alike on this feature than on any of the others.

These findings suggest that program assistance is clearly relevant for many or most women who intend to use a method—both those with an unmet need for spacing or limiting and those categorized as having no unmet need. However, judging by the responses regarding timing of use, women without an unmet need are generally less motivated to use—in some cases because they are pregnant and will be protected for some time by pregnancy and postpartum amenorrhea, and in others because they wish to become pregnant and have another birth before beginning use. Alternatively, their intention may be firm but simply placed further into the future. Therefore, we next explore the question of the intensity of attitudes toward future use among women without an unmet need.

Intensity of Interest
Among women without an unmet need who intend to use a method, 66% plan to begin use within a year. How are they different from their counterparts who intend to use later?

Averages across the 25 countries (Table 2, page 152) indicate that those who plan to use soon are older than those who intend to use later (26.7 vs. 25.9 years), have larger families (2.9 births vs. 2.1) and have given birth more recently (23 months ago compared with 32). Further, a greater proportion of those who plan to use soon are pregnant (38% vs. 26%), and a substantially higher proportion are amenorrheic (47% vs. 26%). They also have somewhat more experience with contraceptive use,* although the difference is not great (48% vs. 41%). The 25 countries are remarkably consistent in the direction of these comparisons; few break the pattern for any of these measures.

Thus, women who plan to use soon, being of higher parity and closer to recent pregnancies, are clearly under greater pressure to use a method. Given their stronger motivation to use, they are more likely to actually begin use, even though they also say they would like another child sometime in the next two years. As a measure of the in-

*In the six Latin American and three Near Eastern countries, most use has been of modern methods. In Africa, however, modern methods predominate only in three countries (Ghana, Namibia and Zimbabwe).