Measuring Unmet Need

**Unmet Need Categories for Couples**

Unmet need can be defined for husbands and for wives separately, following the logic of the upper diagram in Figure 1. The selected combinations for couples are shown in the lower diagram. The estimate of unmet need based on couples in which both spouses want to space or to limit births will obviously be lower than estimates based on responses of wives and husbands separately. This is because the couple measure requires agreement between partners on their current nonuse of contraceptives, their desires to limit or space births and their intentions to practice contraception. Thus, the measure represents a minimum estimate of unmet need, and consists of only the couples in Category 5 (Figure 1, bottom panel).

As an alternative to the minimum estimate (where both spouses agree), a maximum estimate of unmet need can be calculated if couples in which either spouse (or both spouses) having unmet need are included. However, couples in which one spouse reports currently practicing contraception and the other intends to do so within 12 months really constitute a separate group that is problematic to classify. These couples may have unmet need, depending on whose report of contraceptive use is valid, but this cannot be determined from the available data.

It would be an overestimate to consider all of these couples to have an unmet need. Among them, for example, are some in which the wife is practicing contraception surreptitiously and some in which one spouse is responding about contraceptive use with an extramarital partner. From a couple perspective, the former are users and the latter are nonusers. For the maximum estimate then, a simplifying assumption is made for these exploratory analyses: One-half of these couples for whom either contraceptive use or unmet need is ambiguous are considered here to have unmet need. Thus, the maximum measure of unmet need represents all couples in Categories 5, 6 and 7, and half of those in Categories 1 and 3. In contrast, the wife’s unmet need is based on Categories 3, 5 and 6, while the husband’s unmet need is based on Categories 1, 5 and 7.

It is possible to refine the measurement further. Since married persons may have coitus in extramarital relationships, there could be reported contraceptive use that is not with the spouse but with an extramarital partner. In the Dominican Republic and Zambia DHS surveys, both spouses were asked about extramarital intercourse in the 12 months before the survey and about the timing of the most recent occurrence. To minimize this problem, therefore, couples in which either or both spouses reported outside partners in the last month were excluded from the analyses. Slightly less than 10% of monogamous couples fell into this category in the two countries.

**Analytic Methods**

The analyses presented in this article are exploratory, so simple distributions (that are weighted with women’s sampling weights provided by Macro International) are presented, and statistical testing is minimal. The index of dissimilarity is used to contrast the marginal distributions for husbands and for wives: The value represents the proportion of responses that would have to be changed within the distribution for one sex or the other in order for the two distributions to be identical.

To further evaluate the extent to which spouses are reporting individual intentions and preferences, as distinguished from couple intentions and preferences, the kappa statistic is calculated on the cross-tabulations of spouses’ responses. A kappa value of .00 represents no agreement beyond chance, .40–.40 represents poor agreement, .40–.75 represents good agreement.