for Asia and North Africa. Only Haiti shows no sign of taking off: Twelve percent of married, fecund women wanted no more children and were actually using contraceptives both in 1977 and in 1994–1995. Guatemala and Paraguay appear to be on a slow upward trajectory. In the other countries of the region, in contrast, the proportion of limiters is increasing rapidly. For instance, in Peru, this proportion rose from 22% in 1977 to 35% in 1986 and to 46% in 1996.

**Unmet Need for Limiting**

The unmet need for means to limit births is defined simply as the proportion of all currently married, fecund women who want no more children and are not practicing any method of contraception. It represents the other component of the total potential demand for limiting. We focus here more on the trend in this measure than on the absolute level.

Unmet need for limiting has increased fairly uniformly for most of the countries in Sub-Saharan Africa (Table 1). A continuous rising trend is evident in Cameroon, Ghana and Senegal, where data are available for four time periods. This can probably be interpreted as a more rapid growth in the preference for fewer children than in the corresponding behavior that is required to implement that preference. It is more complex than simply a race between supply and demand, however, because of ambivalence and various social impediments to contraceptive use.7

The results for Kenya and Zimbabwe, where unmet need appears to have peaked at 26% and 15%, respectively, and then turned downward, suggests that the upward trend is not likely to continue for very long in most of the other countries in the region. Perhaps because of their more mature family planning programs, Kenya and Zimbabwe may well have started to experience a trend in unmet need similar to that observed for most of the countries in Asia and North Africa and Latin America.

Unmet need for limiting is declining as contraceptive practice is adopted in most Asian and North African countries (Table 2). In Bangladesh, the proportion of married women with an unmet need declined from 29% in 1979–1980 to 16% in 1996–1997, while in Indonesia it dropped from 17% in 1976 to 9% in 1997. The only exceptions among these countries are Pakistan, where an initial decline in the level of unmet need for limiting was followed by a rise, and Morocco, where unmet need for limiting has tended to remain constant.

Although less evident than in Asia and North Africa, the same pattern of decline in unmet need can be seen in the Latin American region (Table 3). For example, in Colombia, the proportion of married women with an unmet need for limiting declined from 30% in 1976 to 16% in 1986 and then to 10% in 1995. This same pattern is evident in Bolivia, the Dominican Republic and Peru. The one exception to the general trend is Haiti, where a small rise in unmet need for limiting is apparent.

**Women at Risk of Unwanted Childbearing**

The proportion of women actually exposed to the risk of unwanted childbearing is a narrower indicator of the total unmet need for limiting than the foregoing measure. It is not intended to reflect the total level of underlying unmet need in the population, since it excludes both currently pregnant and amenorrheic women.8 Its purpose is merely to capture trends in the proportion of women who are immediately at risk of a pregnancy that would exceed their desired number of children.

As is evident from the countries with more than two surveys, there is no clear direction of change in this measure in Sub-Saharan Africa (Table 1). On the one hand, Ghana and Senegal show a tendency toward an increase in the proportion at risk of unwanted childbearing at the time of the survey. For example, in Ghana, the proportion of married women currently exposed to the risk of unwanted pregnancy and not practicing contraception increased from 5% in 1979 to 7% in 1988 and to 9% in 1993. On the other hand, estimates for Kenya and Zimbabwe show an initial increase, followed by a sharp decline. In Kenya, this measure increased from 6% in 1977 to 12% in 1989 before declining to 9% in 1993 and to 5% in 1998.

There is a pronounced decline in the proportion of women at risk of unwanted childbearing in most of the Asian and North African populations included here (Table 2). This pattern is especially precipitous in Bangladesh, which has had a very strong family planning program, with the proportion dropping from 22% in 1979–1980 to 6% in 1993–1994. In some of the countries included here (especially Egypt, Indonesia and Morocco), the measure seems to be leveling off following an initial decline. Only in Pakistan is an initial decline followed by a substantial increase.9

The countries in the Latin American region are also mostly on a downward trajectory (Table 3). This trend is clear in Bolivia, Colombia, the Dominican Republic and Peru: In both Colombia and Peru, the proportion of married women who were at risk of unwanted childbearing and were not using contraceptives decreased from about 16% in the middle of the 1970s to less than 5% in 1996. Three countries (Brazil, Guatemala and Haiti) showed little or no change over time.