The Broad Picture
A striking feature of the family planning transition, as others have noted in observations of the general fertility transition, is the regional diversity in the tempo of the emergence of the family planning norm. The reasons for this diversity, which are beyond the scope of this article, surely include social and economic development, but also certainly transcend this level of explanation. Even without major improvements in economic status or in the education of women, the idea of fertility limitation can “catch on” and spread through social networks and population mobility and through the mass media, and can be significantly augmented by family planning programs that have strong commitment from governments.

In Figures 1 through 4, we summarize with crude averages the regional patterns and trends of the empirical data assembled here. The evidence documents the spread of the demand for fertility limitation in a large number of developing countries over the period from the 1970s to the 1990s. It is important to understand that unlike the preceding discussion, in which we traced trends over time in the same countries, the averages for the three time periods are based on different groupings of countries.

The total potential demand for limiting (the sum of contraceptive use and unmet need for limiting) increased virtually in all three regional groupings and shows unmistakable signs of taking off in Sub-Saharan Africa, while beginning to level off in the other two regions (Figure 1). Over the entire period covered in this article, the total potential demand is considerably higher in Asia and North Africa and in Latin America than in Sub-Saharan Africa. However, the relative percentage-point increase in demand is largest in Sub-Saharan Africa (the only region where both current use and unmet need are increasing simultaneously).

The actual use of contraceptives for limiting is increasing almost universally in all regions of the developing world (Figure 2). On the other hand, the unmet need for family planning for limiting purposes shows sharp increases in Sub-Saharan Africa and sharp declines in the other regions (Figure 3). If evidence prior to 1960 were available, Figure 3 would show an overall inverted U shape for Asia and Latin America, with unmet need then at the approximate level of that for Sub-Saharan Africa in the 1970s. Thus, unmet need is a moving target, rising in the early stages of the transition as interest in family limitation grows, and declining in the later stages when family planning use is adopted. With continuing population increase, however, even in these later stages the actual numbers of women in need may not be diminishing and in some countries may still be increasing. Furthermore, even in the developed countries of the world, the proportions in need do not seem to become negligible.

Figure 4 summarizes trends in the reliance on contraception as used for limiting purposes compared with use for spacing. Starting at a low level in the 1970s, the proportion of contraceptive users who were using the method for limiting increased steadily over the entire period in Sub-Saharan Africa. In Latin America, this proportion was very high, and an initial period of increase (which occurred up until the 1980s) was followed by a period characterized by little or no change. In Asia and North Africa, this proportion was very high and remained relatively constant between the 1970s and 1990s.

Conclusions
It is clear from the foregoing that demand for contraception is increasing throughout the developing world. One major difference