Such women have experienced a return of menstruation, are not abstaining from intercourse and are unprotected from conception. Very high proportions of these women say they wish to avoid pregnancy. One study showed that among 24 countries for which there were data, in 13 more than 80% of these women wished to stop childbearing or space their next birth, and in 21 more than 60% did so.5

Moreover, substantial proportions of women who give birth conceive again within nine months, and even more do so within 15 months, leading to shorter birth intervals than many women want. According to an analysis of data from 25 countries collected as part of the Demographic and Health Surveys (DHS) project, 17% of births (or one in six) were conceived within nine months of the previous birth, and 35% were conceived within 15 months of the previous birth.6 Many of these births were not wanted nearly so soon: Only 11% of women wanted intervals of fewer than 24 months, on average, whereas 35% actually experienced them. That research also documented that mortality risks are elevated for both the previous child and for the newborn infant. Evidence from 17 countries in three developing regions, as well as from the four geographic regions of India, reveals that in every country birth intervals are substantially shorter than wanted.7 For India as a whole, birth intervals would be four months longer, on average, if women had their preferences.

Unmet need is remarkably concentrated among women who have given birth within the last year or two. As the interval from the last birth lengthens, the absolute numbers of women with an unmet need drop dramatically. Data from the Kenya DHS, using the DHS definitions of unmet need, illustrate this pattern (Figure 1): When women with no births are omitted, the number of married women with an unmet need is highest in the 24 months following the last birth; only a few with a child older than 48 months have an unmet need.8 Because women with no birth for many years tend to be in the older agegroups, the total number of women declines toward the right of the figure, as does the number wanting another child within two years.

Another group that is not well counted consists of women who have recently had an abortion, essentially all of whom may be considered to be in need. Adding these postabortion women to those with an unmet need would shift the total even closer toward the end of the last pregnancy.

Unfortunately, past DHS reports have in one respect underestimated the amount of unmet need, especially among new mothers. Respondents who were pregnant or amenorrheic and who said they wanted that pregnancy or their last birth have been classified as not having an unmet need, regardless of their attitude toward their next pregnancy. Clearly, some amenorrheic women who say that they welcomed their last child are firm about wanting none in the future. Further, from a dynamic perspective rather than a snapshot view, many women without an unmet need today will soon move into such a group in the future. (These issues are discussed in detail elsewhere.9)

Finally, there is an emerging understanding of the importance of women’s own statements regarding their intention to use a method.10 One stated objection to unmet need is that it is only a statistical construct, composed of replies to partially unrelated questions.11 Women’s own direct statements about their intention to use a method in the future are free of this problem. A further difference is that unmet need rests on fertility preferences, whereas statements of intentions pertain to actual contraceptive use.

Further, stated intentions to use contraceptives come from somewhat different women than do statements about unmet need: Of women intending to use a method within the next year, some have an unmet need and some do not. In DHS reports, women are classified as not being in need if they say they want a child within the next two years. Yet many of these same women say they plan to practice contraception within the next year.12

One purpose of this article is to determine where intention to use contraceptives is positioned within the birth interval. Those intending to use and those with an unmet need clearly overlap only partially, with some women in either group falling outside the other. That makes for a three-way relationship, when placement within the extended postpartum period is included.

Data Sources and Methods
The analyses presented here use data from 27 DHS surveys conducted in the period 1993–1996. Twelve countries are in Sub-Saharan Africa, seven are in Latin America, six are in Asia and two are in the Mid-