tries, and is fairly sizable in some. In Lithuania, for example, one-third of survey respondents identified themselves as not sexually active.

The proportions of fecund respondents who are (or whose partner is) not currently pregnant but who have been sexually active in the four weeks prior to the interview and who in the same period have been using either a modern method or a traditional method also vary sizably, but the proportions using a modern method usually far exceed those using a traditional method. This difference was especially great in Belgium and France, while it was relatively small in Bulgaria and Lithuania.

Fecund, nonpregnant respondents who had been sexually active in the four weeks preceding the interview and who had not been using a contraceptive method were divided into three groups: those who wish to have a child (or another child), those who do not wish to do so or those whose status is unknown. These groups lead finally to the two levels of unmet need: the minimum estimate and the maximum estimate.

Minimum estimates of unmet family planning needs for men and women turn out to be less than 10% in all FFS countries examined except Bulgaria (23%), Latvia (13%) and Lithuania (13%). It is possible that this represents a threshold value between more developed and less developed countries. For instance, minimum estimates for unmet need among currently married women of reproductive age in countries of the Middle East and North Africa vary between 11% and 22% (in Turkey and Egypt), in the rest of Africa between 15% and 37% (in Zimbabwe and Rwanda), in Asia between 11% and 32% (in Thailand and Pakistan), and in Latin America between 12% and 29% (in Colombia and Guatemala). The average for all developing countries together (except China) is about 20%,.

The data presented in Table 1 demonstrate that unmet need among fecund respondents who are currently pregnant (or whose partner is currently pregnant) contributes only modestly to overall levels of unmet need. This is so because in low-fertility countries, pregnancies are infrequent in comparison to their incidence in high-fertility countries. As a result, their contribution to total unmet need is small compared with that of the relatively large share of nonpregnant women with discrepancies between their stated fertility preferences and their reproductive behavior.

The national estimates shown in Table 1 are likely to be affected by a host of factors still to be considered. Nonetheless, the levels of unmet need for family planning in Belgium and Spain are particularly striking evidence of how low such levels can go in cases of (nearly) perfect contraceptive use. Yet even in these societies, some couples have an unmet need for contraception; this suggests that unless special measures are taken to reach out to those who still are in need of better quali-