than two years; two to three years; three to four years; four to five years; five or more years; and don’t want another child. Four percent (67) of respondents gave a nonnumeric response (“don’t know” or “whenever/no preference”) at a minimum of one wave and were excluded from the analytic sample. We grouped respondents who reported that they wanted a child as soon as possible with those who reported wanting a child in less than two years, because both categories reflect a desire for pregnancy in the near term. A change in the desired timing of the next birth was measured at each wave and coded as no change (reference category), a desire to delay or to accelerate the timing of the next birth.

The key independent variables in the explanatory models are life events that had occurred since a respondent’s last interview. We measured the four categories of life events—reproductive, relationship, health and economic—at each wave after the first interview. We included only life events that were experienced by at least 5% of the sample between their first and second interviews.* All items were coded dichotomously.

- **Reproductive events.** Women who experience a pregnancy or birth are likely to change the desired timing of their next birth and may also reconsider their overall family size goals, in response to unanticipated life changes associated with the pregnancy or birth.\(^{26}\) Tsogolo la Thanzi data include current pregnancy status and a biomarker for pregnancy at each interview. A woman was considered to have had a new pregnancy between interviews if she reported one since the previous interview, or if she had not reported a pregnancy at the previous interview but subsequently had tested positive for pregnancy (i.e., a likely unknown pregnancy). Because a new pregnancy is highly likely to alter the desired timing of the next birth, all models of timing apart from the baseline model include a control for new pregnancy. Respondents were considered to have had a new birth if they reported having had a child between interviews.

- **Relationship events.** Both beginning a new relationship and exiting a relationship might influence fertility preferences. Respondents were considered to have gained a partner if they had married or become seriously involved with a nonmarital partner. They were considered to have lost a partner if they had divorced, become widowed, or separated from a spouse or serious nonmarital partner. We accounted for the possibility that a woman might have both gained and lost a partner between interviews. Women were also asked whether they had heard rumors that their partner was unfaithful since the last interview. This question was designed to capture doubts about a partner’s fidelity. (Infidelity is a common cause of divorce in Malawi.\(^{33}\)) This variable was intended to measure relationship instability that might be related to a change in fertility preferences.

- **Health events.** Dramatic changes in health may influence fertility preferences. In Malawi, where HIV prevalence is high, changes in the health of a woman or her partner may suggest an HIV infection, prompting a revision of fertility preferences. Several studies have documented this tendency—to alter fertility preferences whether HIV is actually diagnosed or only suspected because of a downturn in health—in African countries such as Malawi,\(^{31,32}\) Zimbabwe\(^{34}\) and Tanzania,\(^{35}\) where HIV is common. Of course, health changes unrelated to HIV also might be associated with shifting preferences. For example, stints of poor health—whether related to a reproductive event\(^{35}\) or to an illness—may encourage a woman to delay her next pregnancy until she feels well enough to carry it to term. Health events measured in this study include experiencing a decline in health, losing weight (a symptom of HIV infection),\(^{36}\) or having a spouse or partner who has become ill.

- **Economic events.** Events that change one’s economic circumstances might alter plans for future childbearing. For example, losing a job could prompt postponement of pregnancy to allow time for a household to recover financially before adding another member. Conversely, a spouse beginning a new job could accelerate a woman’s childbearing plans. Frequent changes in fertility preferences may also reflect the economic uncertainty that is common in developing societies,\(^{23,36}\) such as Malawi, where employment may be sporadic or scarce. To measure economic change,