suggested their last pregnancy was intended.

Of the 470 women who were pregnant or postpartum at the time of the baseline survey, 31% went on to have an unwanted pregnancy during the study, a rate roughly equal to that of the larger study population. Among those who had an unwanted pregnancy in 2006–2009, only 23% had been considered to have an unmet need for contraception for limiting births on the basis of the report of the last pregnancy status of their last birth or pregnancy. The vast majority (94%) of the pregnant and postpartum women who experienced an unwanted pregnancy had said that they intended to use contraceptives.

DISCUSSION

Family planning researchers, policymakers and program administrators commonly use the indicator of unmet need as a measure of the potential unsatisfied demand for contraception and to judge the success of family planning programs. Although repeat cross-sectional surveys such as the DHS provide estimates of the aggregate levels and changes in unmet need among women over time, they do not provide insight into whether and in what proportions women move in and out of the state of unmet need. Because unmet need is not something reported by survey respondents themselves and is instead derived from women’s reports of expectation for children and of contraceptive use, it may not accurately reflect women’s (or men’s) perception of their need. In addition, the measure can vary significantly depending on how it is defined.

The longitudinal data presented here indicate that in this sample of rural Bangladesh women, nearly three-quarters of those identified as having an unmet need for limiting births in 2006 were no longer in need three years later, according to the prevailing definition of unmet need. While a small proportion of these women were no longer in need in 2009 because of demographic changes, i.e., because they were older than 49 or were no longer married, the majority had moved out of unmet need status because they had begun to use a method. While this finding is encouraging, it is tempered by the fact that overall unmet need for limiting births in the sample increased between the two surveys. The increase in unmet need is primarily due to an increase in the proportion of women who were not pregnant or postpartum but who indicated that they wanted no more children and were not using a method in 2009. This finding is not unexpected, given that women in the sample had aged three years by 2009, and some had reached their desired family size.

Women who were classified as having an unmet need in both 2006 and 2009 were older and of higher parity than women who did not have an unmet need at either time or who had moved in or out of unmet need status during the study period. Though we had hypothesized that women with consistent unmet need would have had less schooling than other women, no such difference was found in our sample. This could be due to the overall low levels of schooling in this population. Women who had used a method in the past had greatly reduced odds of having had unmet need at both points in time.

The measure of unmet need has been criticized for not taking into account women’s stated intention to use contraceptives. Our results strongly support the assumption that women who say they intend to use a method will go on to use one, whether or not they have an unmet need for contraception. Not surprisingly, the proportion of women who went on to adopt a method in the next three years was greater among those who had said in 2006 that they intended to use a method and had an unmet need than it was among women who had intended to use a method but who had not had an unmet need. However, among women with an unmet need in 2006 and no intention to practice contraception, two-fifths went on to adopt a method, reflecting the fact that many women’s intentions change over time. And while we had hypothesized that women with an unmet need who did not intend to use a method would be at heightened risk for unwanted pregnancy, we did not find evidence for this. The vast majority of women who experienced an unwanted pregnancy—both those who were classified as having an unmet need and those who were not—had reported in 2006 that they intended to use a method, however, they did not fulfill their intentions before they became pregnant.

In many contexts, including rural Bangladesh, as the present analysis shows, some proportion of women classified as having an unmet need report that they intend to use a method in the future. At the same time, many women with an unmet need do not intend to use a method, and others who say they intend to practice contraception do not fall into the unmet need category. In our analysis, the groups at risk of miscategorization were those who wanted...