India and Nepal and Iran personally from having been there for AID, is a difficult one. As you know, these countries have governmental family planning programs. They are thoroughly familiar not only with these reports, but also with what has appeared in the news media. And as a result, they are reluctant to use for a national program, products for which we have emphasized certain hazards. Now, I can understand the politics back of this, but I also think from the world situation as far as population goes, this hesitancy may have regrettable effects.

When I was first in India 2 years ago, there were 500 million people. When I was in India last year, there were 534 million people. I think India will have a billion people by the time we turn the century.

Now, one of the things that the Committee went into for all contraceptives is what is called the continuation rate. That is, if you start a person on a contraceptive, how long does she continue to use that contraceptive? This is very important.

We have these data for the intrauterine devices because the Population Council instituted a cooperative research program for the intrauterine devices at the same time that the devices were introduced. This was a very well thought out investigative program conducted by Dr. Christopher Tietze, who is a genius at such studies, so we know the continuation rate for the IUD. We know that about 80 percent, perhaps a little less, continue to use the intrauterine devices after the first year, and it drops approximately 10 percent per year thereafter. The continuation rate of the oral contraceptives is not anywhere near as well known, and our estimates again by Dr. Tietze, are that about three-quarters of the women who start on oral contraceptives continue to use them after the first year; about 60 percent after the second year, and it is down probably well below 50 percent at the end of the third or fourth year.

Senator NELSON. Fifty percent?

Dr. HELLMAN. Fifty percent. So that the continuation rates of the oral contraceptives are not quite as good as the continuation rates of the intrauterine devices.

Mr. GORDON. Doctor, Dr. Hugh Davis, who testified before our committee last week, stated that a Chicago study of this by Dr. Frank found that 40 percent of those patients started on oral contraceptives had abandoned them after 2 months, and at the Maryland Planned Parenthood Clinic, half of the patients abandoned them in less than 1 year's time.

Are you acquainted with those figures?

Dr. HELLMAN. I am acquainted with those figures. That is one of the troubles in this field, Mr. Gordon. You can get all kinds of information, and to put it together and get a general picture, is difficult.

What I said to you is that our data are the best that Christopher Tietze could put together.

In my own experience in our family planning clinic at the State University, which I said to you was a very large one, has been divergent from some of the reports that we quote. The reason that you get differences is this: In the first place, it depends on the population. If you have a highly motivated population, you can get good continuance. If you have a nonmotivated population, you get poor.

The second difference is you must, to continue contraception in any group of people, have available medical services to which the people