

National survey data have not been assembled after 1965. Estimates of subsequent use of oral contraceptives are based on manufacturers' reports and market surveys. By early 1969, twenty preparations of combination or sequential oral contraceptives were being distributed in the United States at the rate of approximately 8.5 million cycles per month.¹ The apparent doubling of the number of current users since 1965 suggests much wider use than four years ago among older women and women of limited education. Combined progestin-estrogen products prescribed in 20- or 21-day cycles account for eighty per cent of this total. There has been a gradual trend toward the use of lower dosage forms, so that over 90 per cent of the combination tablets prescribed contain 2.5 mg. or less of the synthetic progestin.¹

The use of oral contraceptives abroad has spread rapidly since this Committee's last report was issued. Among countries that regulate drug distribution, only Japan and the USSR proscribe the general distribution or sale of hormonal steroids for contraceptive purposes. In India hormonal contraceptives are approved for commercial sale but not for general use in the governmental family planning program. It is estimated that the world-wide distribution of oral contraceptives in early 1969 was 18.5 million cycles per month.²

CONTINUANCE OF USE

According to the National Fertility Survey of 1965 (11), almost three out of four American women starting oral contraception continued to use the method for at least one year, and more than three out of five continued for at least two years. These estimates are based on terminations as a result of side effects and other problems of use; terminations for reasons not related to the method are excluded.

Continuation rates after two years of use were eleven to twelve points higher for women under thirty years of age and for those with fewer than three births than for older women and those of higher parity. Continuation was related also to the women's level of education, ranging from 50 per cent after two years for women who had not completed high school to seventy-one per cent for those with one or more years of college. The survey also revealed the marked improvement in continuation rates for women who had started oral contraception in 1964 to 1965, compared with those who started earlier, possibly reflecting fewer side effects resulting from lower dosage as well as increased confidence in the method. The maximal rate of discontinuation was observed during the early months of use.

Continuation rates reported in clinical studies cannot be compared with the results of the National Fertility Survey without giving appropriate consideration to the special circumstances of each study, including the socioeconomic and cultural characteristics of the patients and the possible effects of any special efforts on the part of the investigator to encourage continued medication. However, all available evidence indicates that continuation rates with oral contraception are higher than with traditional contraception, such as the diaphragm and lower than with intrauterine devices in the same or comparable populations (16, 19).

FUTURE USE

In its previous report the Advisory Committee presented rough estimates of the anticipated future use of oral contraceptives in the United States. Assuming, series B. population projection,³ 46 per cent of each cohort of married women starting oral contraception at the same rate as the women who were under 25 years of age in 1965, no further changes to oral contraceptives by older women, and about 60 per cent of those who ever used the drug remaining current users, the following were tabulated.

¹ This estimate is based on data provided by the National Prescription Audit, R. A. Gosselin & Company, Inc., Dedham, Massachusetts, October, 1968, and information provided by the major manufacturers of oral contraceptives in the United States.

² This estimate was made by R. L. Belsky, Population Council, New York, and was based on information provided to him by major manufacturers, United States Agency for International Development, International Planned Parenthood Federation and Swedish Developmental Agency.

³ Current Population Reports, Series P-25, No. 329, March 10, 1966.