



A National Survey of US Women's Interest in Over-the-Counter Access to Oral Contraceptives

BACKGROUND

About half of all pregnancies in the US each year are unintended, and this statistic has been stable over the past decade. In 2012, the American College of Obstetricians and Gynecologists issued a Committee Opinion supporting over-the-counter (OTC) access to the pill, citing its potential for reducing unintended pregnancy in the US. However, little is known about women's perspectives on the availability of an OTC switch for the pill. This study aimed to fill this gap by surveying a nationally representative sample of US women at risk for unintended pregnancy on their interest in OTC access to oral contraceptive pills (OCPs).

The survey was conducted from November to December 2011 with 2,046 women aged 18 to 44 years who were at risk for unintended pregnancy (i.e., they were sexually active with a male partner in the past year, not pregnant or trying to become pregnant, did not give birth in the two months before the survey, and were not sterilized or with a sterilized partner).

FINDINGS

The majority of participants (82%) had used OCPs at some point in the past, and 33% reported currently using an OCP. The proportion of current birth control pill users found in the study was similar to other national survey data.

Overall, 62% reported being strongly or somewhat in favor of OCPs being available OTC, and 37% of respondents said they were likely to use an OTC OCP if it were available. This translates to a potential market of 11 million adult women in the US.

Analyses showed that certain groups of participants were more likely to support OTC availability of OCPs. This included never-married women, unmarried women living with a partner, and women who had unprotected sex in the past three months, all of whom had significantly higher odds of supporting OTC access. Low-income women were significantly less likely to support OTC availability of OCPs compared to women with incomes greater than 200% of the federal poverty guidelines.

Thirty-three percent of women currently using a less effective birth control method (like condoms alone) and 28% of women using no method said they were very or somewhat likely to start using the pill if it were available OTC.

Characteristics of women who reported being likely to use an OTC OCP include younger age, being divorced, widowed or separated, being unmarried and living with a partner, having private insurance or no insurance at all, and living in the southern US.

Women currently using OCPs had more than six times higher odds of reporting being likely to use an OTC OCP compared to participants using another hormonal method or an IUD. Additionally, participants who reported using a less effective birth control method or no method at all had significantly higher odds of saying they were likely to use an OTC pill.

This study also gathered data on women's perceptions of the advantages and disadvantages of OTC availability of an OCP. Most participants thought OTC access would improve the convenience and ease of obtaining birth control, save time and money, and make staying on birth control and preventing pregnancy easier. However, the majority of respondents also expressed concerns that women might not obtain their regular cervical cancer screening or might choose the wrong pill to use, and half of women were concerned that insurance might not cover an OTC OCP.

Of the participants who indicated they were likely to use an OTC pill, the most women reported being willing to pay per month was \$20 on average.

In February 2013, the Department of Health and Human Services clarified that OTC contraceptives approved by the US Food and Drug Administration must be covered without co-pays or deductibles by new private insurance plans under the Affordable Care Act. However, a woman must have a prescription to have the OTC method covered.

For more information, see: Grossman D, Grindlay K, Li R, Potter JE, Trussell J, Blanchard K. Interest in over-the-counter access to oral contraceptives among women in the United States. *Contraception*. 23 April 2013. In press: <http://dx.doi.org/10.1016/j.contraception.2013.04.005>.