

Studies on the effects of abortion on teenagers' mental health have been scarce and limited by the narrow range of measures available or the lack of generalizable samples. Until now, Jocelyn T. Warren and colleagues have used data from the National Longitudinal Study of Adolescent Health, including validated measures of teenagers' mental health before pregnancy, to assess abortion's consequences for mental health for up to five years. They report in this issue of *Perspectives on Sexual and Reproductive Health* (page 230) that in terms of depression and low self-esteem, young women who terminated pregnancies during adolescence fared no worse than those who had pregnancies with other outcomes. The strongest predictors of depression and low self-esteem in the five years after an abortion were depression and low self-esteem prior to pregnancy. "Paradoxically," the authors comment, "laws mandating that women considering abortion be advised of its psychological risks may jeopardize women's health by adding unnecessary anxiety."

**Also in This Issue**

- Family planning providers are in a good position to offer screening for and services related to intimate partner violence, and many have established protocols for doing so. But having a protocol is not enough, as Lisa Colarossi and coauthors have found (page 236). In a mixed-methods study of health care staff at a large family planning organization with a screening protocol, they learned that numerous barriers—chiefly, lack of time, training and referral sources—prevent providers from conducting screening. Both licensed practitioners and unlicensed health care assistants considered screening for violence a more appropriate task for licensed than for unlicensed staff, but both types of provider also expressed the need for greater training.

- Findings from a study of public school students in Los Angeles, described by Melissa A. Habel and colleagues (page 244), indicate that as early as middle school, youth who participate in sports daily have elevated odds of engaging in intercourse and oral sex. At the same time, however, condom use appears to be more common among student athletes than among other students. The authors can only speculate as to the mechanisms underlying these associations, but they suggest that the findings point to a need to consider athletes at the middle school level a target group for interventions and counseling aimed at promoting "sexual risk reduction and healthy norms."

- A project in which staff of a reproductive health clinic phoned teenagers after they had made a visit for contraceptive services as a way of improving their contraceptive behavior had no impact on their levels of condom and hormonal method use, or on their pregnancy and STD rates. As Douglas Kirby and colleagues report (page 251), the intervention proved to be time-consuming and difficult to implement: Counselors completed only 30% of the planned number of calls to each patient and made nearly eight attempts for every call they completed. Kirby and colleagues call for research to "identify practical and effective interventions" to maximize the benefits of teenagers' access to clinical services.

- Women who have disabilities—mobility or other types of limitations—are less likely than others to receive regular Pap smears, Julia A. Rivera Drew and Susan E. Short report (page 258). What is more, they are more likely than other women to receive a recommendation that they get a Pap smear, but even among those who receive such a recommendation, women with disabilities have reduced odds of undergoing screening. Drew and Short's analyses, based on data from the National Health Interview Surveys, also revealed that lack of insurance does not explain the disparity in Pap smear receipt between women with disabilities and others. "A better understanding of the factors that result in underutilization [of Pap screening]," the authors write, "could inform discussion about health care access more generally."

- Results of a quantitative survey and qualitative interviews conducted in 2006–2008 by Marion Carter and her team (page 267) suggest that heterosexual anal sex is not an infrequent behavior among black and Puerto Rican young adults living in areas with high rates of STDs and teenage pregnancy. Its appeal was by no means universal in this population, but several individuals who had engaged in it indicated that it was sexually gratifying and a sign of an especially intimate relationship; it was more common with serious than with casual partners. In the authors' words, heterosexual anal sex is "a matter not just of 'risk' and 'risk behavior,' but of sexual health," and "an over-emphasis on [its] epidemiologic risks... would not serve this study population well."

—The Editors