

Increased use of maternal health care services can help to reduce maternal morbidity and mortality in countries with high rates of those adverse outcomes, such as Bangladesh. Thus, it is important to better understand the characteristics that are associated with women's use of such services. In the lead article of this issue of *International Perspectives on Sexual and Reproductive Health*, Tamar Goldenberg and Rob Stephenson use data from the 2014 Bangladesh Demographic and Health Survey to investigate the relationship between deviance from community norms and maternal health care use among ever-married women aged 15–49. The authors include measures of both positive deviance (e.g., being employed in a community where the employment rate is below the national average) and negative deviance (e.g., being unemployed in a community where the employment rate is at least the national average) from local social norms in their analyses, and find that several such variables—including negative deviance on employment, as well as positive deviance on exposure to family planning messages and on age at marriage—are linked to use of maternal health care services. The findings suggest that understanding variations in women's experiences within communities may provide a deeper understanding of the factors associated with use of health care services.

One in four women in Uganda begin childbearing during adolescence, and many of their pregnancies are unintended because they experience difficulty obtaining and using contraceptive methods. A new subcutaneous version of the injectable (DMPA-SC) that can be self-administered has the potential to reduce barriers to contraceptive access. To examine young people's attitudes toward and interest in the method, Jane Cover and colleagues conducted in-depth interviews with 46 adolescent women aged 15–19 from rural and urban areas of the Gulu District. The authors found that despite fears of infertility and needles, and concerns about a lack of privacy at home, the majority of participants viewed the DMPA-SC favorably because of the time and money it could save and the private nature of its administration. Cover and colleagues conclude that DMPA-SC is a promising contraceptive option for adolescents in Uganda and suggest that their study serves as an important reminder that an effective contraceptive method must address the specific needs and desires of its target population of users.

Intimate partner violence (IPV) is associated with negative physical and mental health outcomes. Studies have shown that antenatal care can serve as an important pathway through which women access

IPV services; however, how women's experience of IPV is associated with their use of antenatal care has not been sufficiently investigated. To examine this issue, Nicholas Metheny and Rob Stephenson perform a scoping review of the literature on IPV and antenatal care in low- and middle-income countries, and find that all of the 16 identified studies (representing 10 countries) indicate a negative association between IPV and the initiation and continuation of antenatal care. They conclude that victims of IPV in low-resource settings are in need of additional interventions to ensure that they access both antenatal care and IPV services.

Despite a 2006 decision that largely decriminalized abortion in Colombia, many women there still rely on clandestine induced abortion. To examine the barriers women face in obtaining safe and legal abortion, Chelsey E. Brack, Roger W. RoCHAT and Oscar A. Bernal conducted a qualitative analysis based on in-depth interviews with 17 women who had obtained a legal abortion in Bogotá in the previous year. The women reported experiencing barriers related to knowledge and information, logistics, cost, religion and stigma, which together delayed them from receiving an abortion. In addition, they recounted how health care providers and insurance company employees often obstructed rather than facilitated their receipt of an abortion, and in some cases, were cruel and vindictive. The authors suggest that, to reduce illegal abortion, these barriers must be addressed through the dissemination of accurate information on the legality and availability of abortion services, as well as training for health care providers and insurance company personnel on their responsibilities under the current law.

Sub-Saharan Africa has long struggled with high fertility rates and low rates of modern contraceptive use. Although modern contraceptive use has increased in the region, it has done so largely because of increased use of the injectable—an effective short-acting method that is also associated with high levels of discontinuation. In their comment, Lenka Benova and colleagues use data from Demographic and Health Surveys and other sources to examine trends in the awareness, availability and use of long-acting reversible contraceptives—the IUD and implant—in the region. The authors find the indicators pointing to the implant as the long-acting method that, more and more, is filling the contraceptive need in Sub-Saharan Africa, and they suggest various strategies to help boost the IUD in the region.

—The Editors