sentatives of national public health and political organizations, as well as local antiabortion agencies.

At each contact, inquiries were made regarding the individual with the most expertise in adolescent health issues. Once identified, this individual was then asked to participate in the study. No one refused to be interviewed. During the selection process, an attempt was made to have about half of the sample consist of mental and physical health care providers and the rest be a mixture of professional backgrounds, including some who opposed making contraceptives available to young people. Public health administrators involved in making policy decisions related to contraceptive care were also included.

The group of interviews from Sweden (n=20) was completed first; the samples of subjects in the remaining countries (18 in the United States, 19 in the Netherlands, and 18 in Great Britain) were then matched to the professional backgrounds of the Swedish sample. The breakdown of country participants by backgrounds is given in Table 1. Of note is that nurses were overrepresented in Sweden, physicians were overrepresented in the United States and no politicians were interviewed in the Netherlands. Although no antiabortion activist per se was interviewed in Sweden, one of the politicians there represented the antiabortion constituency, thus offering some representation of this viewpoint in that country.

**Procedure**

The principal author conducted each interview, which lasted between one-half hour and one hour, in English. The interviews had a semi-structured format and covered the following topics with reference to the interviewee’s country of residence: the definition of the problem of teenage pregnancy; risk factors for adolescent pregnancy; the most and least successful approaches to its prevention; the impact of recent health care reforms on adolescent health care, pregnancy and abortion; and what changes the interviewee would institute to lower the incidence of teenage pregnancy. In Sweden, the interviews were conducted in the fourth quarter of 1993; in the United States, the Netherlands and Great Britain, they were conducted during the first, second and third quarters of 1994, respectively. Written informed consent was not obtained (with the approval of the Human Subjects Research Committee, Columbus Children’s Hospital), since the study sample consisted only of adult professionals.

The interviews were audiotaped and transcribed verbatim, which yielded more than 700 pages of narrative data. The transcripts were then analyzed in order to identify themes.