

The U.S. abortion rate fell by 13% between 2008 and 2011, resuming a long-term decline that had been briefly interrupted just prior to that period, according to Rachel K. Jones and Jenna Jerman, who analyzed data from the Guttmacher Institute's most recent national survey of abortion providers (page 3). Rates fell in all but six states, although the magnitude of the change varied widely. The numbers of abortion providers and clinics also declined; nine in 10 counties nationwide lack a clinic that offers abortion services, and four in 10 women of reproductive age live in these counties.

Although the data did not permit analysis of the causes of the drops in abortion incidence, the researchers suggest that several possible factors bear attention—changes in levels of unintended pregnancy and contraceptive use, for example, as well as effects of the economic recession of 2007–2009. Service availability obviously is important, but Jones and Jerman do not believe that the decline in providers revealed by the Guttmacher survey can explain the overall fall in abortions. Furthermore, they report that while 106 state-level abortion restrictions went into effect between 2008 and 2011, they could discern no pattern suggesting that these laws affected state-specific changes in abortion incidence.

Also in This Issue

- If a single vaginal product were available that could prevent both STDs and unintended pregnancy, what would make it appealing to women? A study by Candace Best and colleagues (page 15) explored this question among a clinic-based sample of young women in Indianapolis. In repeated interviews over four years, participants indicated that the most important features of a hypothetical contraceptive microbicide would be its contraceptive ability and its efficacy relative to that of condoms; its timing of use in relation to sex and its texture were of less concern. Preference for a contraceptive microbicide was linked to women's contraceptive use and commitment to avoiding pregnancy, but also to characteristics of their relationships, including partner communication and perceived partner agreement about pregnancy intention. "Relationship dynamics and pregnancy intentions associated with preference," the authors write, require close attention in research on potential contraceptive microbicides.

- State laws that require insurers to cover prescription contraceptives if they cover other prescription drugs appear to help increase use of these methods, according to Danielle N. Atkins and W. David Bradford (page 23). Using data from the Behavioral Risk Factor Surveillance System, the researchers found that insured women who lived in Delaware or Iowa after those states adopted contraceptive coverage mandates were more likely than their counterparts in states without such laws to use prescription methods; the difference was almost

entirely attributable to their greater reliance on the pill. For uninsured women, living in a state with a contraceptive mandate was not associated with use of prescription methods. Atkins and Bradford suggest that because of differences between state policies and the Affordable Care Act, their findings may reflect "a lower bound" of the effect of coverage under the Act.

- Most research on sexual activity among youth in developed countries is from the United States and thus may have limited generalizability to countries with different sociocultural environments. A study by Sonia Jovic and colleagues (page 31), based on data from France's 2010 Health Behaviour in School-Aged Children survey, provides an outline of the situation in that country. One in four teenagers in the sample had had sex "early"—before age 16. Correlates of early sexual activity were mainly family-, peer- and school-related measures. A wide range of environmental variables, describing characteristics of respondents' school neighborhoods, were assessed, and only one was significant: Young women whose schools were in neighborhoods with high proportions of residents who were foreigners had reduced odds of reporting early sexual initiation. To better understand early sexual activity in France, Jovic and coauthors stress the need for longitudinal studies and further exploration of environmental variables.

- Classifying short-term dating relationships among young adults as "casual" or long-term ones as "serious" may obscure differences within these relationship categories that are tied to patterns of contraceptive use: This is the conclusion of Jennifer Manlove and colleagues, who used latent class analysis to study relationship quality and structure among young adult participants in the National Longitudinal Survey of Youth (page 41). Four types of relationships emerged, two short-term and two long-term, distinguishable by levels of commitment and intimacy. Nonuse of contraceptives was common in every relationship type, but levels and patterns of reported use varied among categories. For instance, hormonal method use, rather than use of no method or of condoms, was more common in short-term relationships with a "rosy" outlook than in short-term relationships marked by lower levels of commitment and intimacy. The authors conclude that "future research—particularly using qualitative methods—could lead to a better understanding of... how to improve [young adults'] access to, and use of, effective methods of contraception."

- The Digests section of this issue (page 51) contains reports on trends in receipt of STD services among U.S. women, abortion decision making among minors, how teenagers think of abstinence and virginity, and more.

—The Editors