

Long-acting reversible contraceptive (LARC) methods—IUDs and implants—hold great promise for meeting the needs of women who desire highly effective contraceptives that are easy to use. And their widespread use could help reduce high rates of unintended pregnancies. Yet they are not the right method for every woman and are little used in the United States. In this special issue of *Perspectives on Sexual and Reproductive Health*, we are pleased to present a collection of research articles and commentaries that examine multiple issues related to LARC methods: population-level effects of their use; how they are discussed in clinical counseling and in women's social circles; the prevalence of their use among U.S. women; which of their features are important to women; and how they might be, and should not be, promoted. By presenting work that highlights both the potential benefits and the potential pitfalls of LARC methods and their promotion, we hope to stimulate further thinking—and action—geared to ensuring that women have all the resources they need to choose the contraceptives that best suit them.

- Sue Ricketts and colleagues report on a program in Colorado that enabled Title X–funded agencies to expand access to LARC methods by offering provider training and eliminating cost barriers for clinic clients (page 125). In the two years following its implementation, the program appeared to contribute to substantial declines in births among low-income young women. At the same time, abortion rates in areas served by the program fell, as did childbearing among young women whose social circumstances suggest that they and their children may be at high risk of poor socioeconomic and health outcomes.

- Christine Dehlendorf and coauthors found considerable room for improvement in IUD counseling at six clinics they studied in the San Francisco Bay Area (page 133). IUDs were not mentioned in all visits by women seeking contraceptive counseling, and the likelihood that providers brought them up was related to their age. Counseling often emphasized negative characteristics of the method, omitted information about the insertion and removal processes, and did not address how women's preferences regarding menstrual bleeding meshed with likely side effects of IUD use. Overall, the findings suggest a need for greater comprehensiveness and patient-centeredness in IUD counseling.

- In focus groups and in-depth interviews conducted by Nora Anderson's team, women reported that they value information they get about contraception from female friends and relatives, but that information these sources provide about IUDs is more negative than positive (page 141). Interestingly, the topics that IUD users most emphasized to others were not the ones that never-users most wanted to hear about. The findings point to a need for interventions aimed at enhancing IUD-related

information exchanged in social networks and suggest that providers have a role to play in complementing this information.

- Reliance on LARC methods is generally lower among U.S. women than among their peers in eight other countries with similarly low fertility levels, as Mieke C. W. Eeckhout and colleagues report (page 149). The U.S. data, taken from the National Survey of Family Growth, show that some groups of women are more likely than others to use LARC methods and that some whose needs might be met by these methods instead turn to sterilization. Further investigation into barriers to LARC use, the authors comment, should examine U.S. women's perceptions of and demand for various contraceptive methods.

- In an exploratory study described by Anu Manchikanti Gomez and Jennifer B. Clark (page 157), women's interest in using an IUD was positively associated with their valuing a method that is highly effective and requires no regular action on their part, and negatively associated with their preferring a method that is visible to the user. Interest was not related to the importance women attached to whether a method affects the menstrual cycle or requires a physician visit, among other features. The findings underscore the complexity of contraceptive decision making and the need for counseling that addresses individual women's contraceptive preferences.

- A comment article (page 165) by Jack Stevens and Elise D. Berlan outlines how principles of behavioral economics—a field that examines consumer decision making—might be applied to help expand adoption of LARC methods. As the authors recognize, features of the behavioral economics approach may be seen as controversial in the realm of contraceptive decision making. In their view, however, the approach is designed to ensure that women seeking contraceptives receive clear information in a respectful way that enables them to choose the method that they feel is the best one for them.

- Writing in a viewpoint article (page 171), Anu Manchikanti Gomez and colleagues argue that while the availability of LARC methods is critical to ensuring U.S. women a comprehensive method mix, these methods need to be offered in ways that do not jeopardize women's reproductive autonomy. Given the history and ongoing experience of racial and socioeconomic discrimination in the provision of contraceptive care in the United States, the authors send a forceful message that woman-centeredness—not method effectiveness, not the promotion of particular technologies, not the achievement of population-level objectives—should be the goal of service provision.

—The Editors