

Texas women have long had a hard time obtaining subsidized family planning services, and after 2011 state legislative actions reduced access, they felt the pinch even more keenly, according to a study by Kristine Hopkins and colleagues reported in this issue of *Perspectives on Sexual and Reproductive Health* (page 63). The legislation slashed the state's 2012–2013 budget for family planning services by about two-thirds and created a “tiered” system for funding family planning providers, in which specialized providers (Planned Parenthood, for example) were assigned lowest priority. In focus group discussions conducted in various regions of the state about a year after the legislation was enacted, low-income women told the researchers that they were paying more for services that had previously been low-cost—or were paying for ones that had previously been free. Women also reported that because of new financial or administrative restrictions, they found themselves having to switch to less effective methods than they had been using or to forgo care. And they noted—with “dismay,” the authors write—that it was easier to get subsidized pregnancy-related services than contraceptive and other reproductive health care. Both established and new restrictions created particular challenges for teenagers, sterilized women and undocumented immigrants.

The researchers discuss policy steps that might be taken to fill gaps in available care for low-income women in Texas, including the 2014 recommendations of a state advisory body, which call for consolidation of women's health services into a single program. Hopkins and colleagues point out that the recommended program would not solve all of the problems study participants described, but it would alleviate some. “Whatever efforts are undertaken,” the authors write, “policymakers should ensure that women have access to a range of qualified providers.”

Also in This Issue

- With numerous states imposing ever tighter restrictions on abortion access, it is increasingly important to understand whether and how women's contraceptive use is affected by the abortion policy environment. Using two rounds of National Survey of Family Growth data in conjunction with data on state-level abortion context, Josephine Jacobs and Maria Stanfors find that women living in states where access is low or where four or more restrictive policies are in place are more likely than others to use highly effective contraceptives (page 71). However, a shift to a more restrictive environment was not associated with contraceptive behavior—likely, the authors believe, because the states that made such a shift were fairly restrictive to begin with, so women had already adjusted to living in an environment in which getting an abortion is difficult. The bottom line, according to the authors, is that access to highly effective contraceptives is crucial when abortion access is limited.

- A great deal of research attention has gone to exploring the links between fertility and religiosity, defining the latter by such institutional constructs as affiliation with a particular denomination and frequency

of attendance at religious services. Stephen Cranney adds a dimension to the discussion by looking, too, at metaphysical beliefs—the belief in a personal God or some sort of life force (page 83). Using data from nationally representative samples of women in the Czech Republic and Slovenia, two countries where organized religion had been all but obliterated by the end of the communist era, he finds that metaphysical beliefs are independently associated with fertility desires; the association held in several models containing alternative measures of institutional religiosity. Cranney suggests that his findings “should act as a starting point for future research on the effects of different dimensions of religiosity on fertility intentions in various contexts.”

- The relationship between academic success and teenage fertility has been widely studied, but with a fairly limited range of measures. Cary Lou and Adam Thomas revisit the issue in analyses using multiple measures of academic achievement and a wide array of individual-, family- and state-level characteristics (page 91). They find that in a cohort of participants in the Panel Study of Income Dynamics, reading comprehension and problem-solving scores were negatively associated with teenage childbearing, but only for young women with relatively few behavioral problems. Scores on tests of the ability to match words with pictures and to identify letters and words were not related to teenage childbearing. The researchers note that it remains to be determined why teenage fertility is related to some academic outcomes and not others, why the association varies by level of behavioral problems and, ultimately, whether improvements in academic achievement will reduce levels of teenage childbearing.

- Many women who do not intend to become pregnant nonetheless say that they would be happy about conceiving, and some of them do not use the most effective methods of contraception—all of which often results in their being categorized as ambivalent about childbearing. However, as Abigail R.A. Aiken shows (page 99), the contraceptive methods these women use are not always the ones they desire. In a sample of postpartum Texas women, those whose intentions were incongruent with their feelings about a possible pregnancy were much more likely to want a highly effective method than they were to be using one. Furthermore, the distribution of methods desired did not differ significantly between these women and those whose intentions and feelings were more consistent. Aiken concludes that the motivation to avoid pregnancy in the former group “may be as strong and sincere” as that in the latter group.

- The Digests section (page 107) contains reports on a trial of a middle school sexual health education program delivered entirely by computer, a survey of young adolescents' attitudes toward sex, pregnancy outcomes among women with developmental disabilities and more.

—*The Editors*