Reducing the incidence of unintended pregnancy is a crucial public health goal, and the questions that need to be answered in order to reach that goal are seemingly endless. A few examples: What types of methods most appeal to women and men? By what means are users best able to obtain the methods they desire? What characteristics of methods do users, or potential users, find the most acceptable—and the least? How does this all play out in real people's real lives? Three articles in this issue of *Perspectives on Sexual and Reproductive Health* address some of these questions.

Jenny Higgins and coauthors report (page 115) on results of a qualitative study of the sexual acceptability of IUDs. From focus group discussions and in-depth interviews with both ever- and never-users of the method, they learned that women see some negative, but mainly positive, aspects of IUD use vis-à-vis their sex lives. Participants' most common concern regarded the IUD's potential to cause their partners discomfort; some never-users also expressed apprehension about the effects on their sex lives of the increased bleeding and cramping that may come with use. However, women lauded the method for its effectiveness, its ability to improve the spontaneity of sexual interactions and its low dose of hormones that may affect libido. While the authors acknowledge that qualitative research in this area is but a "first step in documenting the…sexual aspects of this and other methods," they also point out that their study uncovered attitudes and concerns that might have been missed by quantitative data collection efforts. They encourage family planning researchers and practitioners to "directly assess and address clients' potential sexual concerns" about IUD use.

Results of a survey described by Ruth Manski and Melissa Kottke (page 123) suggest that over-the-counter access of oral contraceptives may help expand use of this method among teenagers. Three-fourths of the 14–17-year-old women who took the online survey expressed support for this approach to providing the pill, and three-fifths said that they would likely use the method if it were available over-the-counter. Notably, sexually experienced respondents were more likely than others to say that they would likely avail themselves of an over-the-counter option; the researchers consider this an "encouraging" finding, given this group's "demonstrated need for contraceptives." Another striking finding, speaking to concerns about teenagers' ability to use oral contraceptives correctly without guidance from a health care provider, was that after reading a prototype product label, respondents correctly answered an average of seven out of eight questions about key concepts that the label was meant to convey. Priorities for further research, according to Manski and Kottke, include assessing teenagers' ability to screen themselves for contraindications to pill use and their ability to use the method correctly after obtaining it over the counter.

To explore the contraceptive behavior of a cohort of women at risk of pregnancy, Rachel K. Jones and colleagues conducted a longitudinal study that collected data at four points over the course of nearly two years. The results presented here (page 131) indicate that women's fertility intentions and the circumstances of their lives that may be related to those intentions can change very rapidly. So, too, can their contraceptive practice, which is associated with a wide range of attitudes and social characteristics. One key finding was a strong association between attitudes toward pregnancy avoidance and consistency of contraceptive use; for many women, the strength of the desire to avoid pregnancy changed over time, and the analyses revealed corresponding changes in consistent contraceptive use. Further research on contraceptive use, the authors write, should recognize the dynamic context in which women make fertility-related decisions and should take into account pregnancy avoidance attitudes; failure to do the latter, Jones et al. conclude, is an important omission.

Also in This Issue

•Although miscarriage care can be provided safely and effectively in properly equipped medical offices and emergency departments, it is generally restricted to operating rooms, and efforts to change that model have met with resistance. In in-depth interviews conducted by Amanda Dennis and her team (page 141), staff at 15 medical offices and emergency departments outlined what they saw as barriers to and facilitators of providing miscarriage care in their settings. Among the barriers identified were physician preference for providing care in the operating room; the similarity between this type of care and abortion, which can be problematic at sites that do not provide the latter; and clinic-level challenges, such as a lack of support staff and scheduling issues. Facilitators included a commitment to evidence-based practices, insurance coverage of services, having the necessary technical skills and the resources afforded by connections to training programs, and cost-effectiveness. The investigators acknowledge that "there is no universally best setting" for this type of care, but they conclude that despite the challenges, "miscarriage care is viewed as neither resource-intensive nor technically complex to provide."

• The Digests section of this issue (page 151) contains reports on results of adapting an effective STD prevention program for use among incarcerated women, the links (and absence of them) between level of acculturation and sexual behavior among Hispanic men in the United States, how women feel about their abortion decision up to three years after having the procedure, and more.

—*The Editors*