One approach to expanding abortion access in low- and middle-income countries that has gained increasing attention in recent years is the provision of mifepristone and misoprostol by pharmacists. While pharmacy provision has been endorsed by the World Health Organization and others, little is known about pharmacists' perspectives on this approach. To examine this issue in Nepal, where abortion is available on request for any reason through 12 weeks' gestation, Goleen Samari and colleagues interviewed 19 pharmacy owners and workers, some of whom had participated in a pilot project that allowed them to dispense abortion medication legally. In general, participants believed that they could provide medication abortion services safely and effectively, and that such provision would improve access to abortion, especially for women in rural areas. They also felt they could provide abortion services in a confidential manner. However, they stated that to provide optimal services, they would benefit from ongoing training and, especially, integration into legal abortion networks, which among other benefits would streamline referrals in the unlikely event that clients experienced abortion complications.

Also in This Issue

- In 1994, female genital cutting was legalized in Egypt if performed by a health professional. Although the country banned state-licensed health workers from performing female genital cutting in 2007, many still perform the procedure, and many women choose to have their daughters cut by a medical provider rather than by a traditional provider. To explore the relationship between a woman's social position and her decision to use a trained health professional to perform genital cutting, Nina Van Eekert and colleagues analyzed data from the 2005, 2008 and 2014 Egypt Demographic Health Surveys on 11,455 ever-married women aged 15–49 whose daughter had undergone female genital cutting. Overall, 79% of women had had their daughter cut by a trained health professional. In logistic regression models, the authors found associations between several measures of social position and the decision to have genital cutting performed by a trained provider: For example, the odds of medicalization were elevated among women with at least a primary education, those in the three higher wealth quartiles and those who reported having shared (rather than no) decision-making power regarding large household purchases. In light of these findings, the authors conclude that additional research is needed to "explore the social meaning attributed in Egypt to medicalized genital cutting to inform and develop legislation and campaigns that could decrease the prevalence of the practice."
- Sexual health care among middle-aged women is a topic that has received little attention, particularly in settings that are socioculturally conservative. In 2015, Sedigheh Moghasemi and colleagues conducted face-to-face interviews with 17 women aged 40–65 residing in Iran's Golestan Province to explore the women's experiences with sexual health care. During data analysis, sexual self-care emerged as the central theme, which contained three main strategies utilized by women for this self-care: sexual risk protection, prevention of sexual problems and undesirability, and sexual information seeking. The women reported rarely seeking care or information from health care providers. They tended to rely on sexual self-care instead, as a way to preserve their privacy, and appreciated any information on sexual health that they could obtain, usually through such informal sources as friends and family. The researchers suggest that socioculturally sensitive policies and interventions are needed to improve the sexual health care conditions of middle-aged women.
- Although interventions that focus on adolescents' knowledge, attitudes and behaviors can have positive effects on their sexual health, programs that address broader school-related factors, such as academic climate, may also be beneficial. Amy Peterson and colleagues conducted a systematic review and, when possible, meta-analysis of randomized trials and quasi-experimental studies to explore the current evidence regarding the impact on sexual health of interventions that address school environment (e.g., culture and safety) or student educational assets (e.g., academic goal setting). They identified 11 evaluations that examined a wide range of sexual health outcomes, though a meta-analysis was possible for only one: Pooled data from three trials indicated that school-environment interventions may delay sexual debut. Findings for other outcomes were mixed, but suggest that addressing student-level educational assets may reduce the risk of pregnancy and STDs. Future research, the authors recommend, should not only assess the extent to which school-related factors are effective, but also "provide better understanding of the mechanisms by which they may work to improve adolescent sexual health."

—*The Editors*