



In this issue

Sexting and pornography associated with risky sex among pupils in Tigray, Northern Ethiopia

An increase in sexting and pornography viewing among teenagers has provoked widespread questions about safety. This is the first study from Ethiopia to investigate whether there is an association between access to digital sexual communication and risky sexual behaviour among school attendees, and adds to a small number of other studies from resource-poor settings. Using a cross-sectional questionnaire, the authors collated responses from 5306 male and female students. Nearly a quarter said they were involved in risky sex, a third had experience in sexting, and half said they viewed pornography. Pornography viewers had a three-fold prevalence rate of risky sex when compared with their counterparts, while sexters had double the risk. Although this association between exposure to sexually explicit materials and risk does not establish causality, the authors argue that sex education programmes should acknowledge sexting and pornography viewing as potential predictors of risky sexual behaviour. *See page 200*

Extending sublingual misoprostol for second-trimester abortion may be safe, effective and acceptable

Second-trimester abortions constitute a small minority of induced abortions worldwide, but are responsible for the majority of abortion-related complications. This small prospective study in Uzbekistan and Ukraine looked at mifepristone and unlimited sublingual misoprostol for second-trimester abortion. Some 306 women at 13–22 weeks' gestation took standard two-stage medical termination doses of mifepristone and misoprostol but, where needed, continued 3-hourly sublingual doses of misoprostol 400 µg beyond the first five doses. Fewer than a tenth needed six or more doses, none delivered before the first dose of misoprostol, and 86% delivered both fetus and placenta by 15 hours from the start of misoprostol. The rates for complete abortion within 24 and 48 hours without surgical intervention were 94.8% and 96.7%, respectively, and the

median time to completion was 7 hours at 13–18 weeks and 9.7 hours at 19–22 weeks. Importantly, nearly 9 out of 10 women reported high satisfaction with the procedure. Despite its small size, this study adds to existing evidence on the safety, efficacy and acceptability of the sublingual route for misoprostol. It also provides limited data for continued dosing where delivery has not occurred within five doses of misoprostol. *See page 177*

Reporting of abortion depends on the methodology of asking

Under-reporting of abortion in surveys is a perennial and widespread problem. Using three nationally representative population surveys, the authors examine the extent of methodological and cultural influences on abortion under-reporting by comparing survey-reporting rates with national abortion statistics. The authors find that survey questions that ask directly about abortion appear to be subject to less under-reporting than questions posed indirectly via a pregnancy-history module. The authors also found no difference in under-reporting when comparing self-administered surveys with those conducted via telephone. Results suggest that asking direct questions about abortion is less problematic than traditionally thought; indeed, it may be more effective than relying on pregnancy-history-based methods. *See page 213*

Women's views on what affects their access to abortion services

Even in settings where abortion is legal, barriers to accessing care still exist. More than 150 women attending a community abortion service were asked to rank the significance of barriers and facilitating factors to access abortion, as well as potential future improvements. The survey questions were developed by consulting literature reviews, requesting staff feedback and from the clinic's Patient and Public Involvement group. Important barriers included fear of the abortion process itself and the wait for a clinic appointment, while facilitators included self-referral and available information on the clinic's website.

Popular potential future developments included receiving early medical abortion care in the community or directly from a nurse or midwife. Such surveys offer important insights when planning future developments in abortion care services. *See page 207*

Repercussions of conscientious objection need to be debated and addressed

In her Personal View article, Sarah Gull invites us to reconsider conscientious objection in relation to the provision of abortion services. She argues that health-care professionals should be encouraged and assisted to reflect on their own moral position before seeking to impose their views on others. She draws attention to the negative repercussions of doctors' withdrawal from service provision, as has occurred in some countries, which can lead to difficulty for women seeking care, and disproportionately affects the most vulnerable. At the opposite extreme, conscientious objection is not a recognised professional option in some countries, which has the potential to cause serious personal conflict for doctors who would otherwise be happy to practise in women's health. Gull concludes that open discussion about this issue is still critically necessary, particularly so with students and trainees. *See page 221*

A lost IUD presents with bowel perforation

It is well known that intrauterine devices (IUDs) can perforate the uterus and may then migrate into other organs. Reynolds-Wright and Heller report a case of a copper IUD that made a very unusual appearance over 11 years following its insertion. The authors re-emphasise the importance of arranging appropriate pelvic imaging when an IUD is thought to be 'lost'. *See page 224*

SRH providers feel positive about expansion of pharmacy-led provision of contraception

In recent years, sexual health has faced many changes to funding and service provision. Using pharmacies to provide contraception has been highlighted as an area for development. This article

considers the views of UK contraception providers regarding pharmacist-led provision of contraception, using anonymous questionnaires at two educational sexual and reproductive healthcare (SRH) events. Respondents were largely supportive of pharmacist provision of hormonal contraception, with the provision of progestogen-only pills being most strongly supported. There was also support for pharmacy provision of combined oral contraception and injectable methods of contraception. The study considered respondents' potential concerns and positive projections regarding SRH outcomes if pharmacy provision were implemented. Training and clear referral pathways would be essential. The authors conclude that the views of pharmacists and patients would be needed before pharmacy-led provision of contraception could progress. *See page 183*

A challenging project aiming to increase LARC uptake after abortion in Sweden

Identifying a satisfactory method of contraception can be challenging in any situation, but particularly for women immediately after an abortion. Abortion consultations are busy, essential information needs to be conveyed, and future contraception may be low

on the agenda for both the patient and staff. This multicentre quality improvement project with service user input aimed to increase the proportion of women leaving an abortion clinic with a long-acting reversible contraceptive (LARC) inserted. The project did not meet the researchers' initial targets for post-abortion LARC insertion, although a high proportion of women who were counselled did select a LARC method. Additionally, staff that participated in the project felt they gained more confidence in the area and acquired new counselling skills. *See page 190*

To understand rates of HIV among MSM in Lebanon requires a sociocultural perspective

In Lebanon, research on HIV among men who have sex with men (MSM) is challenging due to social, cultural and religious stigma regarding this demographic's sexuality. In this persuasive editorial, the authors outline an urgent need for more reliable data about HIV prevalence among Lebanese MSM. They call for further analysis of risk factors for infection, and predictors of engagement with HIV care. The authors suggest that behavioural interventions, increasing current low rates of HIV testing, and facilitating access to HIV care will be maximally

impactful when we better understand the medical, behavioural and cultural drivers of Lebanon's HIV epidemic. *See page 175*

Person in practice

Abi Berger describes a surprising conversation with a patient who gave her some unsolicited but valuable advice. After making a recent lifestyle transformation, the patient emphasises how hard it can be to take those first steps towards behavioural change, particularly when it comes to health. The way medical professionals in all fields encourage their patients, and acknowledge the courage needed to self-refer, is crucial to future success. *See page 220*

Venus

Venus has diligently sought out the jewels of recent SRH research. Particular topics that caught her eye include ectopic pregnancy as a predictor of future pregnancy outcomes, acceptability of surgical abortion in the context of fetal anomaly, the mental health implications of sexual dysfunction after prostate cancer treatment among MSM, and the importance of advising women about possible bleeding patterns before intrauterine system insertion. *See page 228*