

Editor's Note

Dear Reader,

The topic of contraception has been and still is a source of heated debate by the pharmaceutical industry, politicians, policymakers, religious authorities, and the general public alike. However, many of these debates have conflated contraception and abortion, hindering a fruitful and informed policy discussion. We have decided to bracket unnecessary editorializing and focus on more objective policy considerations and recommendations, such as the availability of female-controlled contraceptive options.

This issue of the Review is different in that we begin with a historical account by Spar and Huntsberger that tracks the rise of the birth control sector within the pharmaceutical industry. The birth control business, born as taboo and under intense secrecy, quickly overcame legal opposition and gained legitimate social status in the 1900s. However, it was not until social norms permitted contraceptive use and technology offered effective options that they became widely used.

The United States is not the only country where the debate over contraception takes place. While the Catholic Church continues to espouse its abstinence-only position, some European countries have begun to offer contraceptive options. Contraception usage in China is already very widespread at about 83 percent among married women, but UN research indicates that China's family planning, which includes the "one child policy," is mainly directed at married women, leaving urban youth and unmarried women out of the picture. In this issue, Wynn and her colleagues examine the religious and social forces affecting contraceptive use in the Arab world. Their findings help to foster greater cultural understanding and sensitivity that may be applicable to discussing contraception issues globally.

To continue the last issue's In Focus section, we explore another aspect of women's health: the developmental dimensions of health for adolescent girls. Nichols and Birnbaum argue that developmental hurdles of puberty

facing girls present unique challenges that must be addressed by creating gender-specific policy goals. They believe that young women must be supported throughout this transitional stage in life.

For the International section, our authors raise important considerations concerning the ethical and policy implications of clinical drug trials in developing countries. While current ethical debates over these drug tests have brought more attention to this issue, the authors suggest that these debates have not yielded clear resolution. They identify two themes that underlie the ethics and policy decisions: the welfare of current populations undergoing the process of clinical drug testing and the welfare of future populations who might benefit from these trials. They then use these themes to inform their policy recommendations, impacting the way in which policies are created to regulate this delicate issue.

As a final note, the opinions and recommendations of the authors in this issue do not necessarily reflect those of the editors of the Review. We hope that by creating a forum in which a number of perspectives can be freely expressed, you, the reader, may be inspired to continue seeking more information on these topics and to eventually form an opinion of your own. This issue is the product of the hard work of a new and devoted team of editors who are genuinely excited to share their interests in health policy in the domestic and international settings. Our board of advisors has also been indispensable in our efforts to expand and develop. We look forward to engaging our readership with health policy issues in the years to come.

Sincerely,

Richard Hsu